

GREENE COUNTY BUILDING REGULATIONS

Telephone: 417-868-4015 940 N. Boonville, Springfield, MO 65802 Fax: 417-868-4175  
ResourceManagement@greencountymo.gov

PERMIT APPLICATION FOR CONNECT TO CITY SEWER

\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*

RECEIVED BY: \_\_\_\_\_

PERMIT # \_\_\_\_\_  
PERMIT COST \_\_\_\_\_  
\_\_\_\_\_ APPLICATION  
\_\_\_\_\_ SEWER CONNECT  
\_\_\_\_\_ OWNERSHIP

NAME (LAST, FIRST):

BASIC INFORMATION -----

- 1. Permit Issued to:  Property Owner  Contractor/Installer
- 2. Name of Recorded Property Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Work/Day Phone: \_\_\_\_\_ Mobile/Evening Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_
- 3. Contractor/Installer (If other than Owner) Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Work/Day Phone: \_\_\_\_\_ Mobile/Evening Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_
- 4. Work Site Address: (Must be approved by the Greene County Addressing Office—Room 305)  
\_\_\_\_\_
- 5. EXACT Directions to Work Site: (Must furnish nearest intersection of county and/or state roads).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE CALLED:

INITIALS:

CONNECTION INFORMATION -----

- 6. Is connection being made within a subdivision?  Yes  No  
If yes, give Subdivision Name: \_\_\_\_\_ Lot # \_\_\_\_\_
- 7. Is connection being made on acreage?  Yes  No If yes, how many acres? \_\_\_\_\_
- 8. UTILITY PROVIDER (For Services at this Location)  
Electricity Provider: \_\_\_\_\_ Office Location: \_\_\_\_\_

DISCLAIMER: Individual signing application is responsible for accuracy of information submitted. Information provided on the application has been furnished for the purpose of issuance of permit. Errors and/or omissions of information submitted with the application for permit are not the responsibility of Greene County or this office. By my signature below, I affirm that I am the property owner or his/her authorized representative.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

GREENE COUNTY BUILDING REGULATIONS  
INSPECTIONS CHECK LIST-SEWER CONNECT

PHONE: 417-868-4015

FAX: 417-868-4175

- \_\_\_\_ 1. ONSITE WASTEWATER TREATMENT SYSTEM TANK PUMPED. **Applicable if not previously connected to sewer.** A receipt showing tank has been pumped must be supplied to this office prior to scheduling a final inspection.
- \_\_\_\_ 2. EXISTING ONSITE WASTEWATER TREATMENT SYSTEM TANK CRUSHED AND FILLED. **Applicable if not previously connected to sewer.** An inspection must be done after filling and crushing and prior to covering.
- \_\_\_\_ 3. SEWER CONNECTION
- \_\_\_\_ 4. FINAL APPROVAL.

\*\*\*\* IMPORTANT NOTES, PLEASE READ \*\*\*\*

- \_\_\_\_ 1. **Permit number must remain clearly posted at site address until construction is complete. Failure to do so could result in inspection(s) not being conducted.**
- \_\_\_\_ 2. **No Final Occupancy will be scheduled for any permit until all required inspections and documents have been completed and approved.**
- \_\_\_\_ 3. **THIS PERMIT WILL EXPIRE SIX (6) MONTHS FROM DATE OF ISSUANCE IF WORK HAS NOT COMMENCED. PERMIT WILL EXPIRE IF INSPECTION FOR COMPLETED WORK IS NOT CONDUCTED AT LEAST EVERY SIX (6) MONTHS.**
- \_\_\_\_ 4. **Any request for refund must be in writing to Resource Management Department, 940 N. Boonville, Room 305, Springfield, MO 65802 and no refunds will be granted after ninety (90) days from issuance of permit. Minimum of \$60.00 will be retained. No refunds will be issued for projects that are started or have inspections conducted.**

**\*\*NOTE: OWNER RESPONSIBLE FOR ALL DEED RESTRICTIONS AND COVENANTS\*\***

PLEASE GIVE THE FOLLOWING INFORMATION WHEN SCHEDULING INSPECTIONS:

- 1. Permit Number
- 2. Address of Inspection Site
- 3. Type of Inspection Needed
- 4. Caller's Name and Phone Number

I HAVE REVIEWED THESE STATEMENTS AND AGREE TO ABIDE BY THE CODES ADOPTED BY THE GREENE COUNTY COMMISSION. FAILURE TO HAVE AN INSPECTION CONDUCTED COULD RESULT IN UNCOVERING WORK SO THAT THE REQUIRED INSPECTION CAN BE ACCOMPLISHED. I UNDERSTAND THAT A FINAL INSPECTION MUST BE APPROVED BEFORE THE BUILDING IS TO BE OCCUPIED.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_