

GREENE COUNTY BUILDING REGULATIONS

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

MANUFACTURED HOME PERMIT APPLICATION

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

RECEIPTED BY: PERMIT # PERMIT COST APPLICATION SITE PLAN SEWER CONNECT WASTEWATER DESIGN/SOILS OWNERSHIP

BASIC INFORMATION

- 1. Permit issued to: Property Owner Contractor/Installer
2. Does home have its own axle? Yes No
3. Name of Recorded Property Owner: Mailing Address: Work/Day Phone: Mobile/Evening Phone: Email Address:
4. Contractor/Installer (If other than Owner) Name: Mailing Address: Work/Day Phone: Mobile/Evening Phone: Email Address:
5. Work Site Address: (Must be approved by the Greene County Addressing Office - Room 305)
6. Is home being set up on: Park or Subdivision Name: Lot #: Acreage** - how many acres?
7. EXACT Directions to Work Site: (Must furnish nearest intersection of county and/or state roads).

STRUCTURE INFORMATION

- 8. What are the dimensions of the home? x Year Home Manufactured**:
**If prior to 1974, mobile home must be approved prior to permit issuance
Does manufacture home have a Covered: Porch Patio Deck
Give Dimensions of each: x x x
9. Estimated value of home:
10. Will fill dirt be placed under any portion of the proposed structure? Yes No (If yes, designate fill area on the site plan) (If yes, a compaction test MAY be Required to be submitted to this office prior to approval of footing inspection)

NAME (LAST, FIRST): DATE CALLED: INITIALS:

11. Type of Footing: Concrete Slab Piers If other, give type: _____
Existing Footing: Yes No If new footings, Contractor's Name: _____

UTILITIES & MECHANICAL INFORMATION -----

12. UTILITY CONTRACTORS: Electrician: _____ Plumber: _____
Mechanical Installer: _____
Well Driller: _____
On-Site Wastewater Installer: _____ Cert. # _____

13. Type of Heat: Forced Air Wood Gas Logs Other: _____
Ground Source/Heat Pump – This type of installation requires inspection of vertical holes by Greene County Environmental Department
Type of Air Conditioning: Central Air Other (Give Type): _____

14. UTILITY PROVIDERS (For Services at this Location):
Electricity Provider: _____ Natural Gas Propane Gas
IMPORTANT: Does the proposed structure have fifteen feet (15') of horizontal AND fifteen feet (15') of vertical clearance from all utility lines? Yes No Gas Supplier: _____
*If structure DOES NOT have 15' vertical AND horizontal clearances, placement of structure must be approved by utility provider prior to issuance of permit.

15. WATER SOURCE: Private Well: New Existing CU Other: _____

16. WASTEWATER:
 Sewer* City of Springfield Other sewer system, give name: _____
 On-site Wastewater System** Mechanical Conventional Other: _____
For existing onsite wastewater treatment systems, type of tank: Metal Concrete
****Use of an existing system will require approval from the Environmental Division.**

17. Will repairs be made to existing: Tank Lateral Lines Tank/Lateral Lines No Repairs

18. Will this Structure be connected to a new onsite wastewater treatment system? Yes No

19. Is sewer available within 200 feet of property? Yes No
**If the property serviced by an approved sewer and requires a sewer impact fee, no permit will be issued without the correct sewer connect documents.
**If property is serviced by an on-site wastewater system, a detailed site plan must be submitted at the time of application and a site evaluation and on-site inspection must be conducted by the Environmental Division BEFORE conducting ANY work connected with this permit.*

20. DRIVE OR ACCESS INFORMATION: Access from Farm Road: New Existing
If drive or access is existing, is an additional entrance proposed? Yes No
Driveway in Subdivision: Yes Length _____ Width _____ Access from State Highway

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

PHONE: 417-868-4015

INSPECTIONS CHECK LIST-MANUFACTURED HOME

FAX: 417-868-4175

- 1. SITE EVALUATION REVIEW AND ON-SITE INSPECTION. This review and on-site inspection must be done BEFORE any excavation is started.
2. FOOTING INSPECTION (before pouring concrete) ALL PROPERTY PINS MUST BE VISIBLE AT TIME OF INSPECTION. ***Compaction Test may be required to pass footing inspection if fill dirt has been used***
3. IN-GROUND PLUMBING (plumbing, electrical & mechanical in any concrete floors (before pouring concrete)
4. ELEVATION CERTIFICATE (Minimum Floor Elevation for Storm Water) When Required.
5. TIE DOWNS, ELECTRICAL, AND PLUMBING CONNECTIONS (before skirting)
6. ELECTRIC METER
7. AIR TEST (on ALL gas lines)
8. Gas Meter
9. ONSITE WASTEWATER TREATMENT SYSTEM & LATERAL LINES (before covering)
10. *SEWER CONNECT (BEFORE work is covered)
11. SKIRTING, LANDINGS AND PERMANENT STEPS
12. IMPORTANT: ALL concrete pours for driveways and/or sidewalks and County Right of ways must be approved by the Greene County Highway Department 24 hours prior to pouring.
13. IMPORTANT: ALL driveway installations that access a Greene County farm road must be approved by the Greene County Highway Department 24 hours prior to ALL driveway installations.
14. If drive is to access a state highway, access permit MUST be obtained from the Missouri Dept. of Transportation located at 3025 E. Kearney St.
15. FEMA ELEVATION When required.
16. FINAL INSPECTION. (BEFORE occupancy or placement of articles in the structure).

**** 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.
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 IINSPECTION 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: _____

INFORMATION REGARDING PUBLIC IMPROVEMENTS

By my signature below I certify that I understand the following:

- 1. Public Improvements (sidewalks, curbs, driveways, and/or driveway entrances, streets and all other public improvements on right-of way property) must be installed, inspected and approved by Greene County in accordance with adopted design standards.
2. Should any damage(s) occur to any of these improvements during construction, it is my responsibility as the permittee to repair these damage(s) in accordance with the Greene County Design Standards.
3. Greene County Highway Department MUST be notified twenty-four (24) hours BEFORE:
a. Any concrete pour for driveway and/or sidewalks on right-of-way
b. Installation of any culverts on right-of-way. Phone number for Highway Department is 417-831-3591.
4. Any damage(s) must be repaired and accepted by Greene County Highway Department or the utility owner before a final inspection will be conducted.
5. A Certificate of Occupancy will not be issued until all damage(s) are repaired and approved.

By my signature below, I certify that I am the permittee or his/her legally authorized representative and I am in agreement with the above.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____



Greene County Building Site Plan

Please note that failure to provide the below information will result in your application being rejected

Please use this space to sketch a drawing of the property.

Does not need to be drawn to exact scale but MUST be legible and drawn clearly.

Check here if the sketch is attached on a separate document instead of this form.

Sketch must include labeling the location, dimensions, and distance from property lines of existing and/or proposed:

- Proposed Structure **MARKED WITH P**
- Septic tank and lateral field area
- Wells If a shared well, show location of well to be used
- Distances to all property lines from proposed structure
- Distances from proposed structure to other structures, septic tank, lateral field, well
- Driveways, along with all access points to the property
- Porches, decks, pools, garages, carports, out-buildings, and other structures. **EXISTING STRUCTURES MARKED WITH E**
- Location of Overhead Power lines
- Location of Fill Dirt if applicable

Personal information provided on this form is subject to public scrutiny or release.