

10. WATER SOURCE: Private Well: New Existing CU Other: _____
 Sewer* City of Springfield Other sewer system, give name: _____
 Onsite Wastewater Treatment System** Mechanical Conventional Other: _____

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

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: _____

PHONE: 417-868-4015 GREENE COUNTY BUILDING REGULATIONS
 INSPECTIONS CHECK LIST-MISCELLANEOUS FAX: 417-868-4175

- ____ 1. ELECTRICAL, PLUMBING, MECHANICAL (**BEFORE** Insulation and Sheetrock are installed.)
- ____ 2. ELECTRIC METER.
- ____ 3. AIR TEST (on ALL gas lines)
- ____ 4. Gas Meter
- ____ 5. 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 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: _____