

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: _____

******INFORMATION REGARDING PUBLIC IMPROVEMENTS******

Please read carefully to be sure you understand the information provided concerning damage(s) to public improvements.

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-MISCELLANEOUS

PHONE: 417-868-4015

FAX: 417-868-4175

- ____ 1. SITE EVALUATION REVIEW AND ON-SITE INSPECTION for all construction on sites with **NEW** or **EXISTING** onsite wastewater treatment systems, or on **VACANT** lot. This review and on-site inspection must be done **BEFORE** any excavation is started.
- ____ 2. ELECTRICAL, PLUMBING, MECHANICAL (**BEFORE** Insulation and Sheetrock are installed.)
- ____ 3. ELECTRIC METER.
- ____ 4. AIR TEST (on ALL gas lines)
- ____ 5. Gas Meter
- ____ 6. 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 one hundred and eighty (180) days from issuance of permit.**

****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: _____

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: _____