GREENE COUNTY BUILDING REGULATIONS

Phone: (417) 868-4015 *940 Boonville, Springfield, MO 65802* *Fax: (417) 868-4175*

PERMIT APPLICATION FOR ADDITION/REMODEL

ACCESSORY BUILDING, DETACHED GARAGE, AND POLE BARN

NOTE: ***If accessory building, detached garage and / or pole barn structures is to be used as a temporary residence and / or has living quarters, applicant must complete the Single Family Dwelling Application.***

1. Permit for: Addition (s)* Remodel Pole Barn* Accessory Building* Detached Garage*

2. Describe Project:_____
Does project involve addition of:
1. Bathroom? No Yes If yes, how many:_____
2. Rooms with Closets? No Yes If yes, how many:_____

3. Type of use: Personal Commercial Home Occupation (Approved Case #_____)

4. Will fill dirt be used on this property? Yes No (If yes, designate fill area on site plan)
Will proposed structure be placed on fill dirt? Yes No
(If structure to be placed on fill and footings or holes are not below fill area, a compaction test MAY be required prior to scheduling a footing inspection.)

5. What are dimensions of structure? _____ X _____ Side height_____

6. Type of Structure: Wood Metal *Estimated Cost of Construction:*_____

7. Type of Wastewater System: *("X" Appropriate Answer)*

☐ Sewer* ☐ City of Springfield ☐ City of Willard ☐ Other sewer system_____
☐ Septic** ☐ Existing ☐ New
☐ Mechanical ☐ Conventional ☐ Other Type_____
For EXISTING septic systems, type of septic tank: ☐ Metal ☐ Concrete

8. Will any repairs be made to existing? Tank Lateral Lines Tank and Lateral lines
No Repairs

9. Will structure be connected to a new septic system? Yes No
Name of Septic Installer_____

Septic Installer's Greene County Certification Number:_____

10. 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 serviced by septic system, a detailed site plan must be submitted at time of application and a pre-site evaluation must be conducted by Environmental Section BEFORE conducting ANY work connected with this permit.***

11. Permit Issued To: Property Owner New Property Owner Contractor/Installer

12. Name of Recorded Property Owner_____
Mailing Address _____
City_____State_____Zip_____
Day Phone_____Evening Phone_____Mobile_____
Email Address_____

13. Contractor Information (If other than owner):
Name_____
Mailing Address_____
City_____State_____Zip_____
Day Phone_____Evening Phone_____Mobile_____Pager_____
Email Address_____

14. Construction Site Address (Must be approved by the Greene County Addressing Office-Room 305)

_____
(Street or Farm Road #) (City) (State) (Zip)

15. Is structure being constructed within a Subdivision? Yes No
If yes, give Subdivision Name_____ Lot#_____

16. Is structure being constructed on acreage? Yes No If so, how many acres?_____

17. EXACT Directions to Building Site: *(Must furnish nearest intersection of county and/or state roads.)*
_____
_____
_____
_____

18. Type of Footing: ☐ Concrete ☐ Slab
☐ If other, give type_____
Footing Contractor_____

19. Will structure have electricity? Yes No If so, who is electrician?_____

20. Will structure have plumbing? Yes No ○If yes, ○Sink ○Stool Shower
(If the structure has a complete plumbing group (sink, stool, shower) and can be used as a bedroom, a soil analysis and the necessary modifications to the septic system must be included.)

21. Plumbing Contractor:_____

22. Mechanical Contractor:_____
Type of Heat_____

23. UTILITY PROVIDER (For Services At This Location):
Electricity Provider_____ Office Location_____

***IMPORTANT: Does the proposed structure have fifteen feet (15') of horizontal *AND* fifteen feet (15') of vertical clearance from all overhead utility lines?** ☐Yes ☐No*

If structure DOES NOT have 15' vertical AND horizontal clearances, placement of structure must be approved by utility provided prior to issuance of permit. Appropriate form to be completed is available at Building Regulations Office upon request.

24. WATER SOURCE: Private Well: ☐ New ☐ Existing ☐ CU ☐ Other_____
If new, give name of company drilling well_____

25. 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 Length _____ Width _____

☐ Access From State Highway

INFORMATION REGARDING PUBLIC IMPROVEMENTS:
Please read carefully and be sure you understand the information provided with your permit 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 legally authorized representative.

PLEASE PRINT YOUR NAME: _____ Date_____

SIGNATURE:_____

GREENE COUNTY BUILDING REGULATIONS

PHONE: 417-868-4015 INSPECTIONS CHECK LIST FAX : 417-868-4175

SINGLE FAMILY, ROOM ADDITION / REMODEL & ACCESSORY BUILDING

_____ 1. SITE EVALUATION REVIEW AND ON-SITE INSPECTION for all construction on sites with **NEW** or **EXISTING** septic systems. 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.

_____ 3. IN-GROUND PLUMBING (plumbing, electrical and mechanical in any concrete floors **BEFORE** pouring concrete).

_____ 4. ELEVATION CERTIFICATE (Minimum Floor Elevation for Storm Water) **When Required**.

_____ 5. ROUGH-INS FOR FRAMING, ELECTRICAL, PLUMBING, MECHANICAL (**BEFORE** insulation and sheetrock are installed).

_____ 6. ELECTRIC METER.

_____ 7. AIR TEST (on **ALL** gas lines) and GAS METER (after furnace is installed).

_____ 8. SEPTIC & LATERAL LINES (before covering).

_____ 9. *SEWER CONNECT (**BEFORE** work is covered).

_____ 10. **IMPORTANT: ALL** concrete pours for driveways and/or sidewalks must be approved by the Greene County Highway Department **24 hours prior** to pouring. All public improvements **MUST** be inspected and approved by Greene County Highway Department **BEFORE** a final inspection will be scheduled.

_____ 11. **IMPORTANT: ALL** driveway installations that access a Greene County farm road **MUST** be approved by the Greene County Highway Department **24 hours prior** to pouring. All driveway installations **MUST** be inspected and approved by Greene County Highway Department **BEFORE** a final inspection will be scheduled. **ALL** driveway permits are issued through the Greene County Highway Department. Please call their office for on-site evaluation 417-831-3591.

_____12. If drive is to access a state highway, access permit MUST be obtained from Missouri Dept. of Transportation located at 3025 East Kearney Street. Dennis Underhill at 417-766-2691

_____ 13. FINAL INSPECTION (**BEFORE** occupancy or placement of articles in the structure).

!IMPORTANT NOTES, PLEASE READ!

_____ **1. Permit number must remain clearly posted 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 by the proper jurisdiction.**

_____ **3. THIS PERMIT WILL EXPIRE SIX (6) MONTHS FROM DATE OF ISSUANCE IF WORK HAS NOT COMMENCED. IF INSPECTION FOR COMPLETED WORK ARE NOT CONDUCTED AT LEAST EVERY SIX (6) MONTHS, THE PERMIT WILL EXPIRE.**

_____ **4. Any request for refund must be in writing to Resource Management Department, 940 Boonville, Springfield, MO 65802 and no refunds will be granted after one hundred and eighty (180) days from issuance of permit.**

ξ ***NOTE: OWNER RESPONSIBLE FOR DEED RESTRICTIONS AND COVENANTS***

THE FOLLOWING INFORMATION IS REQUIRED 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. All 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 legally authorized representative and I am in agreement with the above.

_____ _____

(Print Name) **(Date)**

_____ _____

(Signature) **Permit Number**