

POOL INSTALLATIONS (Applicant Copy)

INSPECTIONS

1. UNDERSLAB INSPECTION, to include the following in all concrete floors: **(ALL OF THESE INSPECTIONS MUST BE APPROVED PRIOR TO POURING ANY CONCRETE.)**
 - a. Pool Bonding
 - b. Plumbing
 - c. Electrical
 - d. Mechanical
2. COMPACTION TEST: If **ANY** fill dirt has been used on the construction site, submittal and approval of compaction tests may be required prior to any concrete pours.
3. ELEVATION CERTIFICATE:
4. GAS: If pool or pool apron area are heated by gas, the following may be required:
 - a. Air Test
 - b. Gas Meter
5. ELECTRIC: If pool or pool apron area are heated by electric, this would be included in the electrical inspection.
6. DRIVEWAY: Any proposed access other than an existing residential driveway must be approved by the Greene County Highway Department or MODOT.
7. FENCING/BARRIERS: All required fencing and safety barriers must be in place, inspected and approved. Fencing and safety barrier items can typically be done at the time of the final, but must be in place **PRIOR** to scheduling a final inspection.
8. FINAL INSPECTION: NO USAGE IS PERMITTED WITHOUT ALL REQUIRED APPROVALS.

Permit number must remain clearly posted at the site address until construction is complete. Failure to do so could result in inspection(s) not being conducted.

*No usage is permitted until all required inspections have been approved. **(This includes all fencing and safety barriers.)***

THIS PERMIT WILL EXPIRE SIX (6) MONTHS FROM THE DATE OF ISSUANCE IF WORK HAS NOT COMMENCED. PERMIT WILL EXPIRE IF INSPECTIONS FOR COMPLETED WORK IS NOT CONDUCTED AT LEAST EVERY SIX (6) MONTHS.

Any request for refund must be in writing to Resource Management Department, 940 Boonville, Room 305, Springfield, MO 65802, and no refunds will be granted after one hundred and eight (180) days from issuance of the permit.

NOTE: OWNER IS RESPONSIBLE FOR ALL DEED RESTRICTIONS AND COVENANTS.

The following information is required when scheduling inspections:

1. Permit Number
2. Address of Inspection Site
3. Type of Inspection
4. Name and Phone Number for Contact

POOL INSTALLATIONS (Property Owner Copy)

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2. Address of Inspection Site
3. Type of Inspection
4. Name and Phone Number for Contact

I have received 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 any usage of the pool.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

GREENE COUNTY BUILDING REGULATIONS

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

PERMIT APPLICATION FOR POOL INSTALLATION

FOR OFFICE USE ONLY

RECEIVED BY: _____

PERMIT # _____

PERMIT COST _____

_____ APPLICATION

_____ SEWER

_____ ON-SITE WASTEWATER

_____ ON-SITE EVALUATION FEE

_____ SITE PLAN

_____ BUILDING LOCATIONS

_____ FENCE LOCATION

_____ OWTS LOCATION

_____ WELL LOCATIONS

_____ OWNERSHIP

NAME (LAST, FIRST):

BASIC INFORMATION

- 1. In-ground Above-Ground Enclosed Within Structure Dimensions: _____ X _____
- 2. If a deck is being constructed, give the dimensions: _____ x _____
- 3. Permit Issued to: Property Owner Contractor/Installer
- 4. Estimated Cost of Construction: (To include fencing) _____
- 5. Name of Recorded Property Owner: _____
Mailing Address: _____
Work/Day Phone: _____ Mobile/Evening Phone: _____
Email Address: _____
- 6. Contractor/Pool Installer (If other than Owner) Name: _____
Mailing Address: _____
Work/Day Phone: _____ Mobile/Evening Phone: _____
Email Address: _____
- 7. Contractor/Fence Installer Name: _____
- 8. Work Site Address: (Must be approved by the Greene County Addressing Office—Room 305)

- 9. EXACT Directions to Work Site: (Must furnish nearest intersection of county and/or state roads).

DATE CALLED:

INITIALS:

STRUCTURE INFORMATION

- 10. Is pool being installed within a subdivision? Yes No
If yes, give Subdivision Name: _____ Lot # _____

11. Is pool being installed on acreage? Yes No If yes, how many acres? _____

12. Type of Wastewater System on this property: ("X" Appropriate Answer)

Sewer* City of Springfield Other sewer system, give name: _____

Onsite Wastewater Treatment 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.**

*If the property is serviced by onsite wastewater treatment system, a detailed site plan must be submitted at the time of application and an on-site evaluation must be conducted by Environmental Section BEFORE conducting ANY work connected with this permit.

****NOTE** If the installation and approval of the existing onsite wastewater treatment system tank was not within the last three (3) years OR if tank has not been pumped within the last three (3) years, it is required that the tank be pumped and the receipts supplied to this office prior to scheduling final inspection.**

13. Is Blasting required? Yes No *****IF YES, STOP***** *****Before we can issue a building permit, we must have a Blasting Permit, including any required pre-blast survey.*****

UTILITIES & MECHANICAL INFORMATION -----

14. UTILITY CONTRACTORS: Electrician: _____ Plumber: _____

Mechanical Installer: _____

Well Driller: _____

Onsite Wastewater Installer: _____

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

16. UTILITY PROVIDER (For Services at this Location):

Electricity Provider: _____ Office Location: _____

IMPORTANT: Does the proposed structure have twenty-two and one-half feet (22 1/2') clearance to all utility lines from the edge of the water level, water surface or diving platform of the pool? Yes No

****If the pool does not have the required clearances, the installation of the pool at the proposed location will not be allowed.***

17. Is this pool heated? Yes No Type of Heat: Mechanical Gas Other: _____

If Gas, Name of Gas Supplier: _____

18. 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

**** 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: _____

GREENE COUNTY BUILDING REGULATIONS
INSPECTIONS CHECK LIST-POOL INSTALLATION

PHONE: 417-868-4015

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. ELECTRIC METER
- ____ 6. SAFETY BARIRERS: Gates, fencing, locks, etc. as required by regulations must be in place at time of final.
- ____ 7. IMPORTANT: ALL concrete pours for driveways and/or sidewalks that access County Right-of-Ways must be approved by the Greene County Highway Department twenty-four (24) hours prior to pouring. All public improvements MUST be inspected and approved by the Greene County Highway Department prior to scheduling a final inspection. These permits are issued and inspected by the Greene County Highway Department: (417) 831-3591; <https://greenecountymo.gov/highway>
- ____ 8. Driveways that access a state highway, MUST obtain a permit from the Missouri Dept. of Transportation located at 3025 E. Kearney St. Phone: (417) 468-1381 or (888) 275-6636; <https://www.modot.org/permits>
- ____ 9. FEMA ELEVATION **When required.**
- ____ 10. **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. 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 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 ANY POOL USAGE.

SIGNATURE: _____

DATE: _____



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.