



**STRUCTURE INFORMATION** -----

9. NUMBER OF SQUARE FEET FOR: Main Floor: \_\_\_\_\_ Second Floor: \_\_\_\_\_ Third Floor: \_\_\_\_\_  
Garage: \_\_\_\_\_ Basement: \_\_\_\_\_ Bonus Room/Storage: \_\_\_\_\_

MUST indicate where Bonus Room/Storage is located:  Main Floor  Second Floor  Garage  
 Basement  Attic

Is Basement a Walk-out Basement?  Yes  No Is Basement Finished?  Yes  No

*(If basement to be finished at a later date, an additional and separate permit is required prior to ANY of that work being started.)*

Does structure have a Covered:  Porch  Patio  Deck

Give Dimensions of each: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

10. Estimated Cost of Construction: \_\_\_\_\_

11. Will fill dirt be used on property?  Yes  No (If yes, designate fill area on the site plan)

Will fill dirt be placed under any portion of the proposed structure?  Yes  No

*(If yes, a compaction test MAY be Required to be submitted to this office prior to approval of footing inspection)*

12. Type of Framing in Structure:  Wood  Metal Framing Contractor: \_\_\_\_\_

13. Type of Footing:  Concrete  Slab  Piers  If other, give type: \_\_\_\_\_

Existing Footing:  Yes  No If new footings, Contractor's Name: \_\_\_\_\_

14. 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** -----

15. UTILITY CONTRACTORS: Electrician: \_\_\_\_\_ Plumber: \_\_\_\_\_

Mechanical Installer: \_\_\_\_\_

Well Driller: \_\_\_\_\_

Onsite Wastewater System Installer: \_\_\_\_\_ Cert. # \_\_\_\_\_

16. Type of Heat:  Forced Air  Wood  Gas Logs

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): \_\_\_\_\_

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

Electricity Provider: \_\_\_\_\_ Office Location: \_\_\_\_\_

Natural Gas  Propane Gas  Gas Supplier: \_\_\_\_\_

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

\*If structure DOES NOT have 15' vertical AND horizontal clearances, placement of structure must be approved by utility provider prior to issuance of permit.

18. WATER SOURCE: Private Well:  New  Existing  CU  Other: \_\_\_\_\_

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.**

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

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

21. 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 onsite wastewater treatment 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.*

22. 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

PHONE: 417-868-4015

INSPECTIONS CHECK LIST-SINGLE FAMILY DWELLING

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. ROUGH-INS FOR FRAMING, ELECTRICAL, PLUMBING, MECHANICAL (BEFORE insulation and sheetrock are installed.)
- \_\_\_ 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. 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. All public improvements **MUST** be inspected and approved by Greene County Highway Department **BEFORE** a final inspection will be scheduled.
- \_\_\_ 12. **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. 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. Call their office for information at 417-831-3591.
- \_\_\_ 13. 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. Phone: (417) 468-1381.
- \_\_\_ 14. FEMA ELEVATION CERTIFICATE **When required.**
- \_\_\_ 13. 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 THE BUILDING IS TO BE OCCUPIED.

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