

GREENE COUNTY BUILDING REGULATIONS

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

SOLAR PANEL PERMIT APPLICATION

***PERMITS MUST HAVE ALL REQUIRED (*) DOCUMENTS FOR PERMIT APPLICATION TO BE ACCEPTED**

RECEIVED VIA: _____ RECEIVED BY: _____	PERMIT # _____ PERMIT COST _____ ____ APPLICATION* ____ SITE PLAN* ____ APPROVAL LETTER FROM UTILITY CO* ____ MISSOURI ELECTRICIAN LICENSE* ____ MISSOURI ENGINEER STAMPED ____ PLANS & CALCULATIONS* ____ MISSOURI ENGINEER STAMPED ____ STRUCTURAL PLANS* ____ OWNERSHIP*
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1. Type of Project: Ground Mount Roof Mount Generator Install: Yes No

2. Permit Issued To: Property Owner Contractor/Installer

3. Name of Recorded Property Owner: _____

Mailing Address: _____

Work/Day Phone: _____ Mobile/Evening Phone: _____

Email Address: _____

4. Contractor/Installer (If other than Owner) Name: _____

Mailing Address: _____

Work/Day Phone: _____ Mobile/Evening Phone: _____

Email Address: _____

5. Field Correction Notification First Name: _____ Mobile Phone: _____

6. Work Site Address: (Must be approved by the Greene County Addressing Office – Room 305)

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

8. UTILITY CONTRACTOR: Electrician: _____ (Must be licensed in State of Missouri)

9. UTILITY PROVIDER (For Services at this Location): Electricity Provider: _____

10. Is there an onsite wastewater treatment system on the property? Yes No

NAME (LAST, FIRST):

DATE CALLED:

INITIALS:

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-SOLAR PANELS

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
- _____ 3. ELECTRIC METER
- _____ 4. AIR TEST
- _____ 5. GAS METER
- _____ 6. FINAL INSPECTION

****** 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