

STRUCTURE INFORMATION -----

10. Does project involve addition of: Bathroom: Yes No If yes, how many? _____
Rooms with closets? Yes No If yes, how many? _____

11. What are the dimensions of the structure? _____ X _____ Side height: _____

12. Estimated Cost of Construction: _____

13. 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)*

14. Type of Framing in Structure: Wood Metal **If metal framed, full engineering is required

Framing Contractor: _____

15. Type of Footing: Concrete Slab Piers If other, give type: _____

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

UTILITIES & MECHANICAL INFORMATION -----

16. Will the structure have electricity? Yes No

17. Will the structure have plumbing? Yes No If yes, check all that apply: 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 onsite wastewater treatment system must be included.)

18. Will the structure have heating and air conditioning? Yes No

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 Division

Type of Air Conditioning: Central Air Other (Give Type): _____

19. UTILITY CONTRACTORS: Electrician: _____ Plumber: _____

Mechanical Installer: _____

Well Driller: _____

Onsite Wastewater Installer: _____ Cert. # _____

20. 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.

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

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

Onsite Wastewater System** Mechanical Conventional Other: _____

For existing onsite wastewater systems, type of onsite wastewater treatment tank: Metal Concrete

****Use of an existing system will require approval from the Environmental Division.**

22. Will repairs be made to existing: Tank Lateral Lines Tank/Lateral Lines No Repairs
23. Will this Structure be connected to a new onsite wastewater treatment system? Yes No
24. 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.*

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 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: _____

INSPECTIONS CHECK LIST-ACCESSORY BUILDING/DETACHED GARAGE/POLE BARN

- ____ 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 **When required.**
- ____ 15. 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 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: _____