

and insured.) Name of Blasting Co. _____

12. UTILITY CONTRACTORS:

Electrician _____
Plumber _____
Mechanical _____

13. WATER SOURCE: Private Well: New Existing CU Other _____
If new, give name of company drilling well _____

14. UTILITY PROVIDER (For Services At This Location):

Electricity Provider _____ Office Location _____

*IMPORTANT: Does the proposed pool have twenty-two and one-half feet (22 ½) of clearance **to all overhead 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.*

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

16. If Gas, Name of Gas Supplier _____

17. 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 Width _____ Length _____

Access From State Highway

****See Number 6 and 7 on inspection check list**

******INFORMATION REGARDING PUBLIC IMPROVEMENTS:******

Please complete the back side of this application. 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 legally authorized representative.

SIGNATURE: _____ **DATE** _____

GREENE COUNTY BUILDING REGULATIONS
INSPECTIONS CHECK LIST-POOL

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** septic systems. This review and on-site inspection must be done **BEFORE** any excavation is started.
- _____ 2. SETBACK INSPECTION (**after excavation**) ALL PROPERTY PINS MUST BE VISIBLE AT TIME OF INSPECTION.
- _____ 3. POOL BONDING, ELECTRIC AND PLUMBING (**before pouring concrete**).
- _____ 4. ELECTRIC METER.
- _____ 5. SEPTIC & LATERAL LINES (before covering).
- _____ 6. **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.
- _____ 7. **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 on-site evaluation 417-831-3591.
- _____ 8. 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.
- _____ 9. FINAL INSPECTION.

!IMPORTANT NOTES, PLEASE READ!

- _____ 1. Permit number must remain clearly posted at site entrance 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, 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.

ψNOTE: OWNER RESPONSIBLE FOR DEED RESTRICTIONS AND COVENANTS

REQUESTING AN INSPECTION

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-wayPhone number for Highway Department: 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 am in agreement with the above.

Print Name

Date

Signature