

GREENE COUNTY BUILDING REGULATIONS

Telephone:(417) 868-4015

940 Boonville Springfield, MO 65802

Fax:(417)868-4175

CONNECT TO CITY SEWER

A copy of a sewer impact permit must accompany this application.

The sewer impact permit for Springfield Sanitary Services can be obtained in Room 105 of the City Busch Building at 840 Boonville, Phone Number: 417-864-1921.

1. Permit Issued To: Installer/Contractor Recorded Property Owner New Property Owner

2. Name of Recorded Property Owner: _____
Mailing Address: _____
City _____ State _____ Zip _____
Day Phone _____ Evening Phone _____ Mobile _____

3. Contractor/Installer Information
Name: _____
Mailing Address: _____
City _____ State _____ Zip _____
Day Phone _____ Evening Phone _____ Mobile _____

4. Where is connect being made? Within Subdivision Acreage
Subdivision Name _____ Lot # _____

5. Work Site Address: (Must be approved by the Green County Addressing Office-Room 305).

(Street or Farm Road #) (City) (State) (Zip)

6. EXACT Directions to Building Site: *(Must furnish nearest intersection of county and/or state roads.)*

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.

PLEASE PRINT YOUR NAME: _____ Date _____

SIGNATURE: _____

PARCEL NO. _____

PERMIT NO. _____

GREENE COUNTY BUILDING REGULATIONS

PHONE: 417-868-4015

INSPECTIONS CHECK LIST-SEPTIC / SEWER

FAX: 417-868-4175

- _____ 1. SITE EVALUATION REVIEW AND/OR ON-SITE INSPECTION for all construction on sites with **NEW** or **EXISTING** septic systems. This must be done **BEFORE** any excavation is started.
- _____ 2. SEPTIC TANK PUMPED. A receipt showing tank has been pumped must be supplied to this office prior to scheduling a final inspection.
- _____ 3. EXISTING SEPTIC TANK CRUSHED AND FILLED. An inspection must be done after filling and crushing and prior to covering.
- _____ 4. SEPTIC & LATERAL LINES (**before** covering).
- _____ 5. SEWER CONNECTION - **NOTE: No. 2 & 3 as shown above are also applicable if not previously connected to sewer.**
- _____ 6. FINAL APPROVAL

!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 inspection 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 IS 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.**

***NOTE: OWNER RESPONSIBLE FOR DEED RESTRICTIONS AND COVENANTS**

REQUESTING AN INSPECTION

If requesting a same day inspection, call must be received by 8:15 A.M. All inspection scheduling is subject to work load and the individual inspector's route.

When requesting a Final inspection, these requests must be called in **before 8:15 a.m., 24 hours** prior to the date of the requested inspection. If a Final inspection is called in **after 8:15 a.m.**, it will be scheduled **48 hours** from the day of the request.

THE FOLLOWING INFORMATION IS REQUIRED 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(S) CAN BE ACCOMPLISHED. I UNDERSTAND THAT A FINAL INSPECTION IS REQUIRED ON ALLWORK.

SIGNATURE _____ **DATE** _____

PERMIT NO. _____

INFORMATION REGARDING PUBLIC IMPROVEMENTS

By my signature below I certify that I understand the following:

- a. 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.
- b. 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.
- c. **Greene County Highway Department MUST be notified twenty-four (24) hours BEFORE:**
 - 1. Any concrete pour for driveway and/or sidewalks on right-of-way
 - 2. Installation of any culverts on right-of-way**Phone number for Highway Dept. 417-831-3591**
- d. All damage(s) must be repaired and accepted by Greene County Highway Department or the utility owner before a final inspection will be conducted.
- e. 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)

Permit Number

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