

GREENE COUNTY BUILDING REGULATIONS

940 Boonville, Room 305

Springfield, MO 65802

Phone: (417) 868-4015 Fax: (417) 868-4175

SINGLE FAMILY DWELLING PERMIT APPLICATION

- 1. Permit for: New Single Family Dwelling Accessory building w/living quarters
- 2. Permit Issued To: Property Owner New Property Owner Contractor
- 3. Name of Recorded Property Owner _____

Mailing Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Mobile _____

- 4. Contractor Information (If other than owner):

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Mobile _____

- 5. Construction Site Address (Must be approved by the Greene County Addressing Office-Room 305)

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

- 6. Is structure being constructed within a Subdivision? Yes No
If yes, give Subdivision Name _____ Lot# _____

- 7. **EXACT** Directions to Building Site: *(Must furnish directions from Historical Courthouse.)*

- 8. Will fill dirt be used on this property? Yes No **(If yes, designate fill area on site plan)**
Will proposed structure be placed on fill dirt? Yes No
(If structure to be placed on fill and footings or holes are not below fill area, a compaction test MAY be required prior to scheduling a footing inspection.)

- 9. Type of Structure: Wood Metal

- 10. Type of Footing: Concrete Slab
 If other, give type _____

Footing Contractor _____

- 11. Is blasting required? Yes No If yes, must provide name of blasting company.
Name of Blasting Co. _____ Blasting Permit # _____

- 12. **NUMBER OF SQUARE FEET FOR:** **Main Floor** _____
Second Floor _____ **Third Floor** _____ **Garage** _____ **Basement** _____

Bonus Room/Storage _____ **MUST** indicate where Bonus Room/Storage located:
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: Covered Porch Covered Patio
 Covered Deck

If so, give dimensions for each: _____ x _____ x _____

13. Estimated Cost of Construction \$ _____

14. **UTILITIES:**
CONTRACTORS: Electrician _____
Plumber _____ Mechanical _____

15. Type of Heat: Forced Air Wood
 Ground Source/Heat Pump --*This type of installation requires inspection of vertical holes by Greene County Health Department. Contact Jerry Wagner at 417-864-1658.*

Air Conditioning: Yes No (If yes, Central Air Yes No)

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

Electricity Provider: _____ Office Location: _____

Natural Gas Propane Gas Supplier: _____

***IMPORTANT:** Does the proposed structure have fifteen feet (15') of horizontal AND fifteen feet (15') of vertical clearance from all overhead 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.**

17. **WATER SOURCE:** Private Well: New Existing CU
 Other _____

If new, give name of company drilling well _____

18. **Type of Wastewater System:** ("X" Appropriate Answer)

Sewer* City of Springfield City of Willard Other _____

Septic** Existing New
 Mechanical Conventional Other _____

For **EXISTING** septic systems, type of septic tank: Metal Concrete

19. Will any repairs be made to existing? Tank Lateral Lines Tank and Lateral lines
 No Repairs

20. Will structure be connected to a new septic system? Yes No

Name of Septic Installer _____
Septic Installer's Greene County Certification Number: _____

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 serviced by septic system, a detailed site plan must be submitted at time of application and a pre-site evaluation must be conducted by Environmental Section 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

INFORMATION REGARDING PUBLIC IMPROVEMENTS:
Please read carefully and be sure you understand the information provided with your permit 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.

PLEASE PRINT YOUR NAME: _____ Date _____

SIGNATURE: _____

SINGLE FAMILY DWELLING BUILDING CHECKLIST

- _____ 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.
- _____ 3. IN-GROUND PLUMBING (plumbing, electrical and 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) and GAS METER (after furnace is installed).
- _____ 8. SEPTIC & LATERAL LINES (before covering).
- _____ 9. *SEWER CONNECT (**BEFORE** work is covered).
- _____ 10. **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.
- _____ 11. **IMPORTANT: ALL** driveway installations that access a Greene County farm road **MUST** be approved by the Greene County Highway Department **24 hours prior** to pouring. 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. Please call their office for on-site evaluation 417-831-3591.
- _____ 12. 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
- _____ 13. FINAL INSPECTION (**BEFORE** occupancy or placement of articles in the structure).
IMPORTANT NOTE: *Willard sewer patrons **must** provide documents showing approval of sewer and all public improvements prior to final being scheduled. Scheduling inspection of public improvements must be made by calling Randy Brown at Willard City Hall, 417-742-3033.

!IMPORTANT NOTES, PLEASE READ!

- _____ 1. **Permit number must remain clearly posted 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, THE 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 requests are scheduled according to the number of inspections 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 |
| 8. 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:**
 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.
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)

Permit Number

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