MOVING A STRUCTURE

GREENE COUNTY BUILDING REGULATIONS 940 N. BOONVILLE, ROOM 305, SPRINGFIELD, MO 65802 PHONE: (417) 868-4015 FAX: (417) 868-4175

Resourcemanagement@greenecountymo.gov

I. PURPOSE

a. To insure all phases of construction have been brought up to current building codes before approving dwelling for occupancy.

II. REQUIREMENTS

- a. A cash bond of fifteen hundred dollars (\$1,500.00). This bond is accepted at the time the permit is issued, and is required to be cash only. This cash bond will be refunded to the permittee once the structure has been moved and the proper inspections have been completed and approved by this office, and a Certificate of Occupancy has been issued by this office.
- b. Furnish this office with a legal description for the property where the structure will be moved to. If unable to obtain one, this office will assist you.
- c. Furnish a site plan showing the proposed setbacks from each property line and if there is an onsite wastewater treatment system, the site plan must show where the tank and lateral lines are located.
- d. Must obtain a soil analysis from a registered Soil Scientist if installing a new onsite wastewater treatment system. A list of certified Soil Scientists is available in our office.
- e. Provide the name and Greene County Certification Number of the onsite wastewater treatment system installer. A list of certified installers is available in our office.
- f. Provide the well driller's name and state I.D. number.
- g. Obtain a permit to move a structure from our office using the attached application and other required documents listed.
- h. When moving the proposed structure on any State Highway or County Farm Road, the proper permit(s) must be obtained by the appropriate office(s). The State Highway Department can be reached at (417) 840-6245. The Greene County Highway Department can be reached at (417) 831-3591.

GREENE COUNTY BUILDING REGULATIONS

Telephone:

417-868-4015

940 N. Boonville, Springfield, MO 65802

Resource management @ greene county mo.gov

	RE PERMIT APPLICATION
****FOR OFFIC	RE PERMIT APPLICATION CE USE ONLY**** PERMIT #
RECEIVED BY:	PERMIT # PERMIT COST APPLICATION SITE PLAN FLOOR PLANS SEWER CONNECT WASTEWATER DESIGN/SOILS OWNERSHIP
BASIC INFORMATION	
1. Permit Issued To: Property Owner	☐ Contractor/Installer
Name of Recorded Property Owner:	
Mailing Address:	
Work/Day Phone:	Mobile/Evening Phone:
3. Contractor/Installer (If other than Owner) Name:	
Mailing Address:	
Work/Day Phone:	Mobile/Evening Phone: DATE
	CAL
4. Work Site Address: (Must be approved by the Gre	eene County Addressing Office – Room 305)
5. Is proposed structure within a Subdivision? If so,	Subdivision Name:
	Lot Number:
6. Is structure being constructed on acreage?	☐ Yes ☐ No If yes, how many acres?
If the acreage was/is established by an Administra	ative Subdivision, give Subdivision number:
7. EXACT Directions to Work Site: (Must furnish near	rest intersection of county and/or state roads).
CTDUCTURE INFORMATION	
	Second Floor: Third Floor:
Garage:	
Will a basement be placed on the new property?	☐ Yes ☐ No If yes, list square footage:
, Will hasement be finished? □ Ves □ No	

NAN

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(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 a Covered: \square Porch \square Patio \square Deck
	Give Dimensions of each:x xxxx
9.	Does structure have an elevator? ☐ Yes ☐ No (If yes, a separate permit for elevator is required.)
10.	Estimated Cost of Construction:
11.	Will fill dirt be used on property? \square Yes \square No (If yes, designate fill area on the site plan)
	Will fill dirt be placed under any portion of the proposed structure? \Box Yes \Box No
	(If yes, a compaction test <u>MAY</u> be Required to be submitted to this office prior to approval of footing inspection)
12.	Type of Footing: ☐ Concrete ☐ Slab ☐ Piers ☐ If other, give type:
	Existing Footing:
	Is Blasting required? Yes No ***IF YES, STOP*** ***Before we can issue a building permit, we must have a Blasting Permit, including any required pre-blast survey. **** ES & MECHANICAL INFORMATION
14.	UTILITY CONTRACTORS: Electrician: Plumber: Mechanical Installer:
	Well Driller:
	Onsite Wastewater System Installer: Cert. #
15.	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 Department
	Type of Air Conditioning: Central Air Other (Give Type):
16.	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.
17.	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 tank: \Box Metal \Box Concrete
	**Use of an existing system will require approval from the Environmental Division.
18.	Will repairs be made to existing: □Tank □Lateral Lines □Tank/Lateral Lines □No Repairs
19.	Will this Structure be connected to a new onsite wastewater system? \Box Yes \Box No
20.	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

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.

21. DRIVE OR ACCESS INFORMATI	ON: \square Ac	cess from Farm Road:	☐ New	u ☐ Existing	
If drive or access is existing, is	an additional e	ntrance proposed?	☐ Yes	□ No	
$\hfill\Box$ Driveway in Subdivision:	Length	Width		☐ Access from State Highway	
****	NFORMATION I	REGARDING PUBLIC IMPI	ROVEMENTS	S**** <u></u>	
Please read carefully to be sure you u	nderstand the i	nformation provided con-	cerning dam	age(s) to public improvements.	
DISCLAIMER: Individual signing applic application has been furnished for the the application for permit are not the the property owner or his/her authori	e purpose of issume purpose of	uance of permit. Errors a f Greene County or this c	ind/or omiss	ions of information submitted wi	th
PRINT NAME:				DATE:	
SIGNATURE:					

GREENE COUNTY BUILDING REGULATIONS INSPECTIONS CHECK LIST-MOVING A STRUCTURE FAX: 417-868-4175

PHONE:	417-868-4015	INSPEC	TIONS CHECK LIST-MOVING	A STRUCTURE	FAX: 417-868-4175
1.	Pre-inspection of bu	uilding before buil	ding may be moved from current l	ocation.	
2.					r EXISTING onsite wastewater treatment
			ection must be done BEFORE any		
3.	FOOTING INSPECTION	ON (before pouri r	ng concrete) ALL PROPERTY PINS	MUST BE VISIBLE AT TIN	ME OF INSPECTION. ***Compaction Test
			ection if fill dirt has been used**		
4.		-	ectrical & mechanical in any conc		ing concrete)
5.		•	loor Elevation for Storm Water) W	•	
6.		AMING, ELECTRIC	AL, PLUMBING, MECHANICAL (BEF	ORE insulation and shee	etrock are installed.)
7.	ELECTRIC METER	- P \			
8. 9.	AIR TEST (on ALL ga Gas Meter	s lines)			
9. 10.		FD CVCTEM & I AT	ERAL LINES (before covering)		
11.	*SEWER CONNECT				
12.				County Right of ways n	nust be approved by the Greene County
					and approved by Greene County Highway
	Department BEFOR				
13.				y farm road must be ap	oproved by the Greene County Highway
					spected and approved by Greene County
	Highway Departme	nt BEFORE a final i	nspection will be scheduled. ALL	driveway permits are iss	ued through the Greene County Highway
	Department. Call th	neir office for info	rmation at 417-831-3591.		
14.	If drive is to access a	state highway, ac	cess permit MUST be obtained fro	m the Missouri Dept. of T	Transportation located at 3025 E. Kearney
	St. Phone: (417) 468				
15.	FEMA ELEVATION C		-		
16.	FINAL INSPECTION.	(BEFORE occupar	ncy or placement of articles in the	structure).	
		4.4	** 10.000		
4	Dawe it would as well		** IMPORTANT NOTES, PLEASE R		(م) معالم مساحدة منا فاسمت الماسمة معالم مسا
1.			oosted at site address until constr	uction is complete. Fail	lure to do so could result in inspection(s)
2	not being conducte		l for any permit until all required i	nenactions and docume	ents have been completed and approved.
				•	COMMENCED. PERMIT WILL EXPIRE IF
			IS NOT CONDUCTED AT LEAST EN		COMMENCED: I ERRORT WHEE EXTINE II
4.					nville, Room 305, Springfield, MO 65802
			one hundred and eighty (180) day		
		_	SPONSIBLE FOR ALL DEED RESTRI	•	
PLEASE GIVE T	HE FOLLOWING INFORM.				
					151
1. Permit N	umber 2. Address of	Inspection Site	3. Type of Inspection Needed	4. Caller's Name a	nd Phone Number
IINSPECTION C	CONDUCTED COULD RESU	JLT IN UNCOVERI			TY COMMISSION. FAILURE TO HAVE AN ACCOMPLISHED. I UNDERSTAND THAT A
SIGNATURE					DATE:
SIGNATORE.					DATE:
		INFOR	MATION REGARDING PUBLIC IM	PROVEMENTS	
By my cignatur	e below I certify that I ur				
				ts and all other nublic i	improvements on right-of way property)
			e County in accordance with adop		improvements on right of way property)
					e permittee to repair these damage(s) in
	ce with the Greene Coun			,	- p
			ied twenty-four (24) hours BEFOF	RE:	
	Any concrete pour for dr				
			. Phone number for Highway De	partment is 417-831-35	91.
			reene County Highway Departmer damage(s) are repaired and appr		efore a final inspection will be conducted.
By my signatur	e below, I certify that I a	m the permittee o	r his/her legally authorized repres	entative and I am in agr	reement with the above.
PRINT NAME:	:				DATE:

SIGNATURE: