

**GREENE COUNTY BUILDING REGULATIONS**

Telephone: 417-868-4015    940 N. Boonville, Springfield, MO 65802    Fax: 417-868-4175  
 ResourceManagement@greencountymo.gov

**SINGLE FAMILY DWELLING PERMIT APPLICATION**

****FOR OFFICE USE ONLY****	
RECEIVED BY: _____	PERMIT # _____  PERMIT COST _____  _____ APPLICATION _____ SITE PLAN _____ FLOOR PLANS _____ SEWER CONNECT _____ WASTEWATER DESIGN/SOILS _____ OWNERSHIP

**BASIC INFORMATION** -----

1. Permit for:       New Single Family Dwelling       Accessory Building w/Living Quarters
2. Permit Issued To:       Property Owner       Contractor/Installer
3. Name of Recorded Property Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Work/Day Phone: \_\_\_\_\_      Mobile/Evening Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_
4. Contractor/Installer (If other than Owner) Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Work/Day Phone: \_\_\_\_\_      Mobile/Evening Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_
5. Work Site Address: (Must be approved by the Greene County Addressing Office – Room 305)  
 \_\_\_\_\_
6. Is proposed structure within a Subdivision? If so, Subdivision Name: \_\_\_\_\_  
 Lot Number: \_\_\_\_\_
7. Is structure being constructed on acreage?       Yes       No      If yes, how many acres? \_\_\_\_\_  
 If the acreage was/is established by an Administrative Subdivision, give Subdivision number: \_\_\_\_\_
8. EXACT Directions to Work Site: (Must furnish nearest intersection of county and/or state roads).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME (LAST, FIRST):

DATE CALLED:

INITIALS:

**STRUCTURE INFORMATION** -----

9. NUMBER OF SQUARE FEET FOR: Main Floor: \_\_\_\_\_ Second Floor: \_\_\_\_\_ Third Floor: \_\_\_\_\_  
Garage: \_\_\_\_\_ Basement: \_\_\_\_\_ Bonus Room/Storage: \_\_\_\_\_

MUST indicate where Bonus Room/Storage is 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 a Covered:  Porch  Patio  Deck

Give Dimensions of each: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

10. Estimated Cost of Construction: \_\_\_\_\_

11. 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)

12. Type of Framing in Structure:  Wood  Metal Framing Contractor: \_\_\_\_\_

13. Type of Footing:  Concrete  Slab  Piers  If other, give type: \_\_\_\_\_

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

14. 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.\*\*\***

**UTILITIES & MECHANICAL INFORMATION** -----

15. UTILITY CONTRACTORS: Electrician: \_\_\_\_\_ Plumber: \_\_\_\_\_

Mechanical Installer: \_\_\_\_\_

Well Driller: \_\_\_\_\_

Onsite Wastewater System Installer: \_\_\_\_\_ Cert. # \_\_\_\_\_

16. 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): \_\_\_\_\_

17. 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.

18. WATER SOURCE: Private Well:  New  Existing  CU  Other: \_\_\_\_\_

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

Onsite Wastewater Treatment System\*\*  Mechanical  Conventional  Other: \_\_\_\_\_

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

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

19. Will repairs be made to existing:  Tank  Lateral Lines  Tank/Lateral Lines  No Repairs

20. Will this Structure be connected to a new onsite wastewater treatment system?  Yes  No

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 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.*

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 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: \_\_\_\_\_

GREENE COUNTY BUILDING REGULATIONS

PHONE: 417-868-4015

INSPECTIONS CHECK LIST-SINGLE FAMILY DWELLING

FAX: 417-868-4175

- \_\_\_\_ 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 CERTIFICATE **When required.**
- \_\_\_\_ 13. 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 IINSPECTION 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: \_\_\_\_\_