## **GREENE COUNTY BUILDING REGULATIONS**

Telephone: 417-868-4015 940 N. Boonville, Springfield, MO 65802

Resourcemanagement@greenecountymo.gov

	SOLAR PANEL PERMIT AP	PLICATION	ME (I
ą	**PERMITS MUST HAVE ALL REQUIRED (*) DOCUMENTS FOI	R PERMIT APPLICATION TO BE ACCEPTED**	AS-
RFCF	VED VIA:	PERMIT #  PERMIT COST APPLICATION*SITE PLAN*APPROVAL LETTER FROM UTILITY CO*MISSOURI ELECTRICIAN LICENSE*MISSOURI ENGINEER STAMPED PLANS & CALCULATIONS*	ME (LAST. FIRST):
	VED BY:	MISSOURI ENGINEER STAMPED STRUCTURAL PLANS* OWNERSHIP*	
	Type of Project: ☐ Ground Mount ☐ Roof Mount  Permit Issued To: ☐ Property Owner ☐ C  Name of Recorded Property Owner:	Generator Install: ☐ Yes ☐ No Contractor/Installer	
	Mailing Address: Mobile Email Address:	e/Evening Phone:	
4.	Contractor/Installer (If other than Owner) Name: Mailing Address:		DATE
		e/Evening Phone:	DATE CALLED:
5.	Field Correction Notification First Name:		
	Work Site Address: (Must be approved by the Greene Coun		
7.	EXACT Directions to Work Site: (Must furnish nearest interse	ection of county and/or state roads).	INITIALS:
8.	UTILITY CONTRACTOR: Electrician:	(Must be licensed in State of Missouri)	
9.	UTILITY PROVIDER (For Services at this Location): Electricity	Provider:	

\*\*\*\*INFORMATION REGARDING PUBLIC IMPROVEMENTS\*\*\*\*

☐ Yes

□ No

Please read carefully to be sure you understand the information provided concerning damage(s) to public improvements.

10. Is there an onsite wastewater treatment system on the property?

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

K

Fax: 417-868-4175

PRINT NAME: _						DATE:	
SIGNATURE:						-	
		GRE	ENE COUNTY BUI	I DING REGII	Ι ΔΤΙΩΝΙς		
PHONE:	417-868-4015		PECTIONS CHECK			FAX: 417-868-4175	
1.	SITE EVALUATION REVIE	W AND ON-S	ITE INSPECTION for a	III construction	on sites with <b>NEV</b>	<b>V</b> or <b>EXISTING</b> onsite wastewater treatmen	
	systems, or on <b>VACANT</b> I	ot. This revie	w and on-site inspec	tion must be do	ne <b>BEFORE</b> any ex	cavation is started.	
2. 3. 4.	ELECTRICAL, PLUMBING						
3.	ELECTRIC METER						
4.	AIR TEST						
5.	GAS METER						
6.	FINAL INSPECTION						
1.	Permit number must ren		** IMPORTANT NOT			Failure to do so could result in inspection(s	
	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.  No Final Occupancy will be scheduled for any permit until all required inspections and documents have been completed and approved. THIS PERMIT WILL EXPIRE SIX (6) MONTHS FROM DATE OF ISSUANCE IF WORK HAS NOT COMMENCED. PERMIT WILL EXPIRE IF						
2. 3.							
3.	INSPECTION FOR COMPI						
4.						3. Boonville, Room 305, Springfield, MO 65802	
··	and no refunds will be g		-				
	_		SPONSIBLE FOR ALL				
	11012	· OWNER RE	SI ONSIDEE I ON ALL	DEED RESTRICT	IONS AND COVEN		
PLEASE GIVE THE F	OLLOWING INFORMATION	N WHEN SCH	EDULING INSPECTION	IS:			
1. Permit Numb	er 2. Address of Insp	ection Site	3. Type of Inspect	tion Needed	4. Caller's Nam	e and Phone Number	
IINSPECTION CONI		N UNCOVERII	NG WORK SO THAT T	HE REQUIRED I		UNTY COMMISSION. FAILURE TO HAVE AN BE ACCOMPLISHED. I UNDERSTAND THAT A	
SIGNATURE:						DATE:	
					0.45.45.150		
			MATION REGARDING	3 PUBLIC IMPR	OVEIVIEN 15		
	elow I certify that I unders						
						lic improvements on right-of way property	
	lled, inspected and approv	•	•		-		
				ruction, it is m	y responsibility as	the permittee to repair these damage(s) in	
	ith the Greene County De	-					
	y Highway Department <b>M</b>						
	concrete pour for drivewa					2524	
	allation of any culverts on						
						r before a final inspection will be conducted	
	of Occupancy will not be is						
By my signature be	elow, I certify that I am the	e permittee o	or his/her legally auth	orized represer	itative and I am in	agreement with the above.	
PRINT NAME:						DATE:	
SIGNATURE:							

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.



## **Greene County Building Site Plan**

Please note that failure to provide the below information will result in your application being rejected

Please use this space to sketch a drawing of the property.									
		_							

Does not need to be drawn to exact scale but MUST be legible and drawn clearly.

☐ Check here if the sketch is attached on a separate document instead of this form.

Sketch must include labeling the location, dimensions, and distance from property lines of existing and/or proposed:

- Proposed Structure MARKED WITH P
- Septic tank and lateral field area
- · Wells If a shared well, show location of well to be used
- Distances to all property lines from proposed structure
- Distances from proposed structure to other structures, septic tank, lateral field, well
- Driveways, along with all access points to the property
- Porches, decks, pools, garages, carports, out-buildings, and other structures. EXISTING STRUCTURES
   MARKED WITH E
- Location of Overhead Power lines
- Location of Fill Dirt if applicable

Personal information provided on this form is subject to public scrutiny or release.