GREENE COUNTY BUILDING REGULATIONS

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

Fax: 417-868-4175

	Resourcemanagement@greenecou	untymo.gov	NAN									
WELL PERMIT APPLICATION												
	****FOR OFFICE USE ONLY****		NAME (LAST. FIRST):									
RECEI	/ED BY:	PERMIT # PERMIT COST APPLICATION SITE PLAN OWNERSHIP	T):									
1. 2.	Permit Issued To:	ral 🗆 Monitoring										
4.	Email Address: Contractor/Driller (If other than Owner) Name: Mailing Address: Work/Day Phone: Mobile/Evening Email Address:	g Phone:	DATE CA									
5.	Work Site Address: (Must be approved by the Greene County Addr		CALLED:									
6.	EXACT Directions to Work Site: (Must furnish nearest intersection o	f county and/or state roads).										
7			INITIALS:									
7.	Is the well being placed within a Subdivision? If so, Subdivision Name:											
8.	Is well being placed on acreage?											
9.	Will the well be connected to a new electric meter: \Box Yes \Box N	lo										
10.	UTILITY PROVIDER											
	Electricity Provider:	Office Location:										

****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:		
PHONE: 417-868-4015	GREENE COUNTY BUILDING REGULATIONS INSPECTIONS CHECK LIST-WELL	FAX: 417 969 4175
1. SITE EVALUATION REVIEW	/ AND ON-SITE INSPECTION for all construction on sites wit t. This review and on-site inspection must be done BEFORE	
not being conducted. 2. No Final Occupancy will be 3. THIS PERMIT WILL EXPIR INSPECTION FOR COMPLE 4. Any request for refund me and no refunds will be graded by the second sec	**** IMPORTANT NOTES, PLEASE READ **** ain clearly posted at site address until construction is comp e scheduled for any permit until all required inspections and E SIX (6) MONTHS FROM DATE OF ISSUANCE IF WORK I TED WORK IS NOT CONDUCTED AT LEAST EVERY SIX (6) M ust be in writing to Resource Management Department, 94 anted after one hundred and eighty (180) days from issuan OWNER RESPONSIBLE FOR ALL DEED RESTRICTIONS AND (d documents have been completed and approved. HAS NOT COMMENCED. PERMIT WILL EXPIRE IF ONTHS. 40 N. Boonville, Room 305, Springfield, MO 65802 ce of permit.
PLEASE GIVE THE FOLLOWING INFORMATION	WHEN SCHEDULING INSPECTIONS:	
1. Permit Number 2. Address of Inspec	ction Site 3. Type of Inspection Needed 4. Caller'	s Name and Phone Number
	AGREE TO ABIDE BY THE CODES ADOPTED BY THE GREEN UNCOVERING WORK SO THAT THE REQUIRED INSPECTION RE THE BUILDING IS TO BE OCCUPIED.	
SIGNATURE:		DATE:
	INFORMATION REGARDING PUBLIC IMPROVEMENTS	
must be installed, inspected and approve	and the following: driveways, and/or driveway entrances, streets and all othe ed by Greene County in accordance with adopted design sta	ndards.

- 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.
 - 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: ______

3.

DATE: _____

SIGNATURE: _____



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.

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

\Box 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