

CITY OF GOSHEN, ARKANSAS
INSPECTION DIVISION
Phone: 479-442-9128 Fax: 479-442-9181
www.cityofgoshen.net

BUILDING PERMIT APPLICATION

Building Permit # _____

SITE PLAN TO SCALE REQUIRED FOR ALL RESIDENTIAL APPLICATIONS/CONSTRUCTION DOCUMENTS/BUILDING PLANS TO ACCOMPANY APPLICATION AT THE DESCRETION OF THE BUILDING OFFICIAL. EFFECTIVE MAY 15, 2007 A MANUAL N OR J WILL BE REQUIRED TO BE SUBMITTED WITH THE PERMIT APPLICATION. EFFECTIVE IMMEDIATELY, DUMPSTERS ARE REQUIRED AT ALL CONSTRUCTION SITES. BURNING OF CONSTRUCTION MATERIAL IS PROHIBITED, CONTACT THE GOSHEN FIRE DEPT FOR ALL OTHER BURN PERMITS

SITE ADDRESS: _____ ZONE: _____

LOT NUMBER AND SUBDIVISION: _____

Property Owner: _____ Mailing Address: _____

Phone: _____

Contractor: _____ Mailing Address: _____

Phone: _____ Contractor's License Number: _____ Expiration Date: _____

Architect: _____ Mailing Address: _____ Phone: _____

Engineer: _____ Mailing Address: _____ Phone: _____

TYPE: Residential _____ Commercial _____ Other _____

CLASS OF WORK: New _____ Addition _____ Alteration _____ Repair _____ Move _____ Demolition _____

BUILDING INFORMATION

of Stories: _____ Sum Total Area _____ sq. ft. Slab Floor: _____ Yes _____ No

Height: _____ Total Heated/Cooled: _____ sq. ft. Basement: _____ sq. ft.

Length: _____ Total Unheated: _____ sq. Ft. Add/Alt Area: _____ sq. ft.

Width: _____ **Structure:** ___ Wood ___ Metal ___ Masonry ___ Other _____

TOTAL ESTIMATED VALUATION: \$ _____

Is a retaining wall to be constructed: ___ Yes ___ No Will an automatic sprinkler system be provided? ___ Yes ___ No

Flood Plain?: ___ Yes ___ No Base Flood Elevation: _____ Lowest Finished Floor: _____

Washington County Septic Approval Number: _____

NOTICE:

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, GAS, AND MECHANICAL. THIS PERMIT BECOMES NULL AND VOID IF WORK/CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX (6) MONTHS OR IF WORK/CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX (6) MONTHS.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

OFFICE USE ONLY

Signature of Property Owner/Contractor/Authorized Agent Date \$ _____
Inspection Division Valuation

Signature of Inspection Division, City of Goshen Date \$ _____
Building Permit Fee

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CERTIFICATE OF ZONING COMPLIANCE

ALL WORK MUST MEET WITH CITY OF GOSHEN CODES AND ORDINANCES.
SITE PLANS MUST BE SUBMITTED IN DUPLICATE WITH THIS APPLICATION.

Property Owner: _____ Mailing Address: _____

Phone: _____

Contractor: _____ Mailing Address: _____

Phone: _____ Contractor's License Number: _____ Expiration Date: _____

LOT NUMBER AND SUBDIVISION: _____

(OR LEGAL DESCRIPTION)

LOT AREA: _____ SETBACKS: FRONT _____ REAR _____ SIDE _____

PROPOSED USE: _____

ACCESSORY USE: _____ LOT COVERAGE: _____

OFF-STREET PARKING SPACES PROVIDED: _____ LOADING SPACE: _____

SIGNAGE: _____

(NUMBER, SIZE, TYPE, LOCATION, ETC.)

SIGNATURE OF APPLICANT

DATE

PLANNING COMMISSION APPROVAL REQUIRED: _____ YES _____ NO

CORRECTION LIST: _____

_____ APPROVED _____ NO

Date: _____

Zoning Official