

**CITY OF GOSHEN, ARKANSAS  
INSPECTION DIVISION**

Phone: 479-442-9128 Fax: 479-442-9181

Email: [cityhall@cityofgoshen.net](mailto:cityhall@cityofgoshen.net)

Web: [www.cityofgoshen.net](http://www.cityofgoshen.net)

Building Official Jeff Hutcheson

Phone: 479-530-7570

**BUILDING PERMIT APPLICATION**

Building Permit #: \_\_\_\_\_

**SITE PLAN TO SCALE IS REQUIRED FOR ALL RESIDENTIAL APPLICATIONS/CONSTRUCTION DOCUMENTS/BUILDING PLANS TO ACCOMPANY APPLICATION AT THE DESCRETION OF THE BUILDING OFFICIAL. 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**

Building Permit #: \_\_\_\_\_

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

\_\_\_\_\_  
Zoning Official

\_\_\_\_\_  
Date