

**CITY OF GOSHEN, ARKANSAS
INSPECTION DIVISION
CITY HALL**

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www.cityofgoshen.net

APPLICATION FOR DRIVEWAY PERMIT

DRIVEWAY PERMIT# _____ DATE: _____

SITE ADDRESS _____

OWNER/CONTRACTOR _____

OWNER/CONTRACTORS ADDRESS _____

Minimum Permit Fee: \$50 .00

TOTAL FEE: _____

THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX MONTHS, OR CONSTRUCTION OR WORK IS SUSPEDED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK COMMENCED.

EST. VALUATION \$ _____ AR. CONT. LIC# _____ EXP. DATE _____

LIABILITY INSURANCE _____ EXP. DATE _____

SIGNATURE _____ DATE _____

*You are required to notify the Building Official Jeff Hutcheson,
479-957-1812, 24 hours in advance of required inspections.*