

**CITY OF GOSHEN, ARKANSAS
INSPECTION DIVISION**

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

www.cityofgoshen.net

APPLICATION FOR ELECTRICAL PERMIT

ELECTRICAL PERMIT #: _____ **DATE:** _____

BUILDING CONTRACTOR/OWNER: _____

SITE ADDRESS: _____

ELECTRICAL CONTRACTOR: _____ **PHONE** _____

CONTRACTOR MAILING ADDRESS: _____

TYPE OF BUILDING: Residential Units Commercial Units Other Units
 New Addition Alteration Repair

SERVICE: Service Amperes Overhead Underground

POWER OUTLETS: Range Built-in Oven Built-in Top Dishwasher
 Disposal Clothes Washer Clothes Dryer Water Heater
 Furnace Central Heat Space Heater Central Air
 Ceiling Fan Window Air Hoods Motors
 Signs Other: _____

POWER OUTLETS: _____ # RECEPTACLES: _____ # LIGHT FIXTURES: _____ # SWITCHES: _____

TOTAL # OPENINGS: _____

Temp. Electric _____ **Rough In** _____ **Yard Line** _____ **Perm. Power** _____ **Final** _____

Minimum Permit Fee: \$35.00

Maximum Permit Fee: \$75.00

TOTAL FEES: \$ _____

THE WORK PERFORMED SHALL BE IN COMPLIANCE WITH THE 2014 INTERNATIONAL ELECTRICAL CODE OR THE LATEST VERSION OF THE ELECTRICAL CODE ADOPTED BY BOARD OF ELECTRICAL EXAMINERS OF THE STATE OF ARKANSAS AND ALL ORDINANCES SET FORTH BY THE CITY OF GOSHEN.

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

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THE 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 AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. A COPY OF THE APPLICABLE LICENSE AND CERTIFICATE OF LIABILITY INSURANCE MUST ACOMPANY THE APPLICATION.

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

SIGNED: _____ **MASTERS LIC #:** _____ **EXP. DATE** _____