

**CITY OF GOSHEN, ARKANSAS
INSPECTION DIVISION**

Phone: 479-442-9128 Fax: 479-442-9181
www.cityofgoshen.net

APPLICATION FOR PLUMBING PERMIT

WELL ONLY

BUILDING PERMIT# _____ **DATE:** _____

BUILDING CONTRACTOR/OWNER: _____

SITE ADDRESS: _____

PLUMBING CONTRACTOR: _____ **PHONE** _____

MAILING ADDRESS _____

Type of Building: Residential Units: _____ Commercial Units: _____ Other Units _____

New _____ Addition: _____ Alteration: _____ Repairs: _____

Rough-In _____ Yard Line _____ Top Out _____ Final _____

Each Inspection: \$35.00 **Total Inspections** _____

Minimum Permit Fee: \$35.00 **TOTAL FEE:** _____

THE WORK PERFORMED SHALL BE IN COMPLIANCE WITH THE LATEST VERSION OF THE ARKANSAS PLUMBING CODE ADOPTED BY THE STATE BOARD OF HEALTH AND ALL ORDINANCES ADOPTED BY THE CITY OF GOSHEN.

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

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS 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: _____ **MASTER LIC. #** _____ **EXP. DATE** _____