

**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

**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 FEES: \$** \_\_\_\_\_

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:** \_\_\_\_\_