

**CITY OF GOSHEN, ARKANSAS
INSPECTION DIVISION**

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

Email: cityhall@cityofgoshen.net

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Building Official Jeff Hutcheson

Phone: 479-530-7570

UTILITY/ ROW PERMIT APPLICATION

CONSTRUCTION DOCUMENTS and PLANS ARE REQUIRED TO ACCOMPANY APPLICATION.

SITE ADDRESS/ LOCATION: _____
(STREET ADDRESS)

LOT NUMBER AND SUBDIVISION, where applicable: _____
(OR LEGAL DESCRIPTION)

Utility Company:	Mailing Address/City/Zip:	Phone:
Contractor:	Mailing Address/City/Zip:	Phone:
State Contractor s License Number:	Expiration Date:	
Engineer:	Mailing Address/City/Zip:	Phone:
TYPE: Residential__ Commercial__ Other: _____		
CLASS OF WORK: New Addition Alteration Repair Move Demolition		
INFORMATION		
Project Description:	Sum Total Area: _____ In. ft	Total # Crossings (Indicate location and cut or bore. Use separate sheet if necessary):
Attach separate plan for each permit		
Attach separate bond in the amount of \$5000 for each permit.		
Width:	TOTAL ESTIMATED VALUATION: \$ _____	
Is a retaining wall to be constructed: Yes__ No__ Flood Plain? Yes__ No__ Base Flood Elevation: _____		
Attach State Highway Department and ADEQ Permits for Each permit.		
OSHA and other applicable trenching safety requirements must be in place. Attach plan.		
Sub-Contractors must follow Highway and Traffic Safety Laws at all times.		

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR Each Bore or Jack within the City Limits of Goshen, AR. STREET CUTS ARE NOT PERMITTED.

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.

Signature of Property Owner/Contractor/Authorized Agent Date

Signature of Inspection Division, City of Goshen Date

OFFICE USE ONLY
\$ _____
Inspection Division Valuation
\$100.00 each crossing
Building Permit Fee