

**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)

**APPLICATION FOR MECHANICAL PERMIT**

**MANUAL N OR J MUST BE SUBMITTED WITH THIS APPLICATION**

MECHANICAL PERMIT #: \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING CONTRACTOR/OWNER: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

H/A CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR MAILING ADDRESS: \_\_\_\_\_

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

INSPECTION:       \_\_\_ Underground   \_\_\_ Rough-In   \_\_\_ Final

FIRST UNIT: \_\_\_\_\_ \$ 35.00

ADDITIONAL UNITS: \_\_\_\_\_ @ \$5.00 EACH \$ \_\_\_\_\_

Each Inspection: \$35.00 X   \_\_\_ Total Inspections   =   \$ \_\_\_\_\_  
Minimum Permit Fee: \$35.00

TOTAL FEES:       \$ \_\_\_\_\_

THE WORK PERFORMED SHALL BE IN COMPLIANCE WITH THE LATEST VERSION OF THE ARKANSAS MECHANICAL CODE ADOPTED BY THE HVACR LICENSING BOARD OF THE STATE OF ARKANSAS 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 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 ACCOMPANY THE APPLICATION.**

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

SIGNED: \_\_\_\_\_ MASTERS LIC #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_