

CITY OF GOSHEN, ARKANSAS
INSPECTION DIVISION
Phone: 479-442-9128 Fax: 479-442-9181
Email: cityhall@cityofgoshen.net
Web: 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: _____

Under Slab: _____ Yard Line: _____ Rough-In/Second Story Water Test: _____ 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 ACCOMPANY THE APPLICATION.**

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

SIGNED: _____ MASTER LIC. #: _____ EXP. DATE: _____