

APPLICATION FOR SOLAR PANEL PERMIT

City of Goshen, Arkansas
P.O. Box 7, 124 N. Church Street
Phone: 479-442-9128
Email: cityhall@cityofgoshenar.net

DATE _____

OWNER/BUILDER _____ PHONE #: _____

SITE ADDRESS _____

ELECTRICAL CONTRACTOR _____ PHONE # _____

CONTRACTOR MAILING ADDRESS _____

New _____ Addition _____ Alteration _____ Repair _____

SERVICE:

Service Amperes: _____ Service Provider: _____ Overhead: _____ Underground _____

PRICE BASED ON VALUATION OF COMPLETE PROJECT

Valuation Amount \$ _____ Permit Cost: _____

Re-Inspection Fee _____ \$42.00

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months after the time of work is 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 to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Est. Valuation: _____ AR. Cont. Lic. # _____ Exp. Date: _____

Signed: _____ Master Lic. #: _____ Exp. Date: _____

Building Official Signature: _____ Date: _____