

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

APPLICATION FOR DRIVEWAY PERMIT

The application shall be accompanied by graphic representation showing the location, the proposed dimensions, the proposed use of the driveway, the size of the proposed drainage tile, along with such other descriptive material necessary for decision-making.

DRIVEWAY PERMIT #: _____ DATE: _____

SITE ADDRESS: _____

OWNER/CONTRACTOR: _____ PHONE: _____

OWNER/CONTRACTORS ADDRESS: _____

Each Inspection: \$35.00 X _____ Total Inspections = \$ _____
Minimum Permit Fee: \$50.00

TOTAL FEES: \$ _____

THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION AUTHORIZED IS NOT COMMENCED
WITHIN SIX MONTHS, OR CONSTRUCTION OR WORK IS SUSPEDED FOR A PERIOD OF 6 MONTHS
AT ANY TIME AFTER WORK COMMENCED.

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

LIABILITY INSURANCE: _____ EXP. DATE: _____

SIGNATURE: _____ DATE: _____

You are required to notify the Building Official 24 hours in advance of required inspections.