

**CITY OF GOSHEN, ARKANSAS
INSPECTION DIVISION**

Phone: 479-442-9128

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APPLICATION FOR ELECTRICAL PERMIT

ELECTRICAL PERMIT #: _____ DATE: _____

BUILDING CONTRACTOR/OWNER: _____

SITE ADDRESS: _____

ELECTRICAL CONTRACTOR: _____ PHONE: _____

CONTRACTOR MAILING ADDRESS: _____

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

SERVICE: _____ Service Amperes _____ Overhead _____ Underground

POWER OUTLETS: _____ Range _____ Dishwasher _____ Clothes Washer _____ Clothes Dryer
_____ Water Heater _____ Furnace _____ Central Heat _____ Central Air
_____ Hoods _____ Motors _____ Signs
_____ Other: _____

NO. RECEPTACLES: _____ NO. LIGHT FIXTURES: _____ NO. SWITCHES: _____

TOTAL NUMBER OF OPENINGS: _____

Temporary Electric: _____ Rough-In: _____ Yard Line: _____

Permanent Power: _____ Final: _____

Permit Fee:	\$35.00
Inspection Fee:	\$70.00
(2 @ \$35/ea.)	
TOTAL FEES:	\$105.00

THE WORK PERFORMED SHALL BE IN COMPLIANCE WITH THE 2017 INTERNATIONAL ELECTRICAL CODE OR THE LATEST VERSION OF THE ELECTRICAL CODE ADOPTED BY BOARD OF ELECTRICAL EXAMINERS OF THE STATE OF ARKANSAS AND ALL ORDINANCES SET FORTH 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 ACOMPANY THE APPLICATION.

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

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