

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