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## APPLICATION FOR PLUMBING PERMIT (WELL ONLY)

SITE ADDRESS: \_\_\_\_\_

LOT #: \_\_\_\_\_ BLOCK #: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ LICENSE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

**TYPE OF BUILDING:**

RESIDENTIAL:	COMMERCIAL:	OTHER:	
NEW:	ADDITION:	ALTERATION:	REPAIR:
HEATED SQ FT:		UNHEATED SQ FT:	

**INSPECTIONS: \$35.00 EACH**

UNDER SLAB:	YARD LINE:	ROUGH-IN AND SECOND STORY:	WATER TEST:	FINAL:

**PERMIT FEE: \$35**

+

NUMBER OF INSPECTIONS @ \$35/EACH = TOTAL PERMIT FEE: \_\_\_\_\_

THE WORK PERFORMED SHALL BE IN COMPLIANCE WITH THE LATEST VERSION OF THE PLUMBING CODE ADOPTED BY THE BOARD OF STATE BOARD OF HEALTH AND ALL ORDINANCED ADOPTED BY THE CITY OF GOSHEN.

THIS PERMIT SHALL BE NULL AND VOID IF THE 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 THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT; AND THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION. ALL PROVISIONS OF LAW AND ORDINANCED GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HERIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAW. \*\*\* A COPY OF THE APPLICABLE LICENSE AND CERTIFICATE OF INSURANCE MUST ACOMPANY THIS APPLICATION AND PERK TEST RESULTS MAY BE ASKED FOR.

**SIGNATURE:** \_\_\_\_\_ **PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_