

CITY OF GOSHEN, ARKANSAS

INSPECTION DIVISION

City Hall, Goshen

Phone: 479-442-9128 Fax: 479-442-9181

Inspector: 479-841-0919

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 _____ Built-in Oven _____ Built-in Top _____ Dishwasher
_____ Disposal _____ Clothes Washer _____ Clothes Dryer _____ Water Heater
_____ Furnace _____ Central Heat _____ Space Heater _____ Central Air
_____ Ceiling Fan _____ Window Air _____ Hoods _____ Motors
_____ Signs _____ Other: _____

POWER OUTLETS: _____ # RECEPTACLES: _____ # LIGHT FIXTURES: _____ # SWITCHES: _____

TOTAL # OPENINGS: _____

FIRST FOUR METERS, new or replacement _____ **\$ 20.00**

ADDITIONAL METERS _____ **@ \$5.00**

EACH \$ _____ **INSPECTIONS UNDER CONCRETE** _____

@ \$10.00 EACH \$ _____

TOTAL # OPENINGS _____ **@ \$ 0.25 EACH \$** _____

Minimum Permit Fee: \$ 20.00

TOTAL FEES: \$ _____

THE WORK PERFORMED SHALL BE IN COMPLIANCE WITH THE 2003 INTERNATIONAL CODE AND ANY 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 ACCOMPANY THE APPLICATION.

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

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

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