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APPLICATION FOR DEMOLITION PERMIT

SITE ADDRESS: _____

LOT #: _____ BLOCK #: _____ SUBDIVISION: _____

OWNER NAME: _____

OWNER ADDRESS: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

PHONE: _____ LICENSE: _____ EXP DATE: _____

PERMIT FEE: \$100

THE WORK PERFORMED SHALL BE IN COMPLIANCE WITH THE LATEST VERSION OF THE ICC 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.

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____