



124 N Church St
PO Box 07
Goshen, AR 72735
Phone: 479.442.9128
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DRIVEWAY PERMIT APPLICATION

This application shall be accompanied by graphic representation showing the location, the proposed dimensions, the proposed use of the driveway, and the size of the proposed drainage tile. Any additional descriptive material necessary for decision-making should also be included. ***A copy of the applicable license and certificate of insurance must accompany this application.

SITE ADDRESS: _____

OWNER: _____ PHONE: _____

CONTRACTOR: _____ PHONE: _____

LICENSE: _____ EXP: DATE: _____

NUMBER OF INSPECTIONS:
_____ / @ \$35/EACH +

At least 1 inspection is required, if engineering inspection is necessary, it will be at the applicant's expense.

PERMIT FEE \$50 =

TOTAL PERMIT: \$ _____

The work performed must comply with all applicable state and city ordinances and the most recent edition of the Arkansas Fire Prevention Code adopted by the State of Arkansas and the City of Goshen. Work must also comply with Washington County's Standard Specifications for Highway and Roadway Construction.

This permit becomes **null and void** if construction does not begin within six months, or if construction is suspended for more than six months after it has 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 ordinances governing this type of work will be complied with whether specified in this herein or not. This permit does not grant authority to violate or cancel any other federal, state, or local law.

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____