

**CITY OF GOSHEN, ARKANSAS
INSPECTION DIVISION**

Phone: 479-442-9128

Email: cityhall@cityofgoshenar.net

Web: www.cityofgoshenar.net

APPLICATION FOR DEMOLITION PERMIT

PERMIT #: _____ DATE: _____

SITE ADDRESS: _____

OWNER/CONTRACTOR: _____

OWNER/CONTRACTORS ADDRESS: _____

Minimum Permit Fee: \$100.00 TOTAL FEES: \$ _____

THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION AUTHORIZED IS NOT COMMENCED
WITHIN SIX MONTHS, OR CONSTRUCTION OR WORK IS SUSPEDED FOR A PERIOD OF 6 MONTHS
AT ANY TIME AFTER WORK COMMENCED.

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

LIABILITY INSURANCE: _____ EXP. DATE: _____

SIGNATURE: _____ DATE: _____

You are required to notify the Building Official 24 hours in advance of required inspections.