



City of Clovis Building Division

1033 Fifth Street Clovis, California 93612 (559) 324-2390
Fax (559) 324-2844

Permit #: _____

SPN: _____

Plan #: _____

Number of Sheets: _____

RESIDENTIAL BUILDING PERMIT APPLICATION DATE: _____

JOBSITE ADDRESS: _____

Tract Number: _____ Lot: _____

Company Name: _____ California Contractor's License Number: _____

Applicant: _____

First Name: _____ Business Phone: _____

Last Name: _____ Home Phone: _____

Title: _____ Mobile Phone: _____

E-mail: _____ Fax: _____

Owner / Builder

Property Owner Name: _____ Phone: _____

Property Owner Address: _____

TYPE OF WORK:

Check all that apply

Demolition

Electrical

Grading

Cut: _____

Fill: _____

Total: _____

HVAC

Mechanical

Multi-Family

Re-Roof

Photovoltaic

Plumbing

Fire Repairs

Number of squares: _____

Patio squares: _____

Sign

Single-Family

Swimming Pool

Water Heater Replacement

DETAILED DESCRIPTION OF WORK TO BE DONE:

PROPOSED / ADDED SQUARE FOOTAGE:

VALUATION: \$ _____

Building SQ FT

Patio / Porch SQ FT

Garage / Misc SQ FT
