



City of Clovis Building Division

1033 Fifth Street Clovis, California 93612 (559) 324-2390
e-mail building@cityofclovis.com

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: _____

Sign Single-Family Swimming Pool Water Heater Replacement WELO

Patio squares: _____

DETAILED DESCRIPTION OF WORK TO BE DONE:

PROPOSED / ADDED SQUARE FOOTAGE: _____ **VALUATION:** \$ _____

Building SQ FT

Patio / Porch SQ FT

Garage / Misc SQ FT

Signature: _____