

CITY OF CLOVIS
BUILDING DIVISION
SUB –CONTRACTOR LIST FOR SWIMMING POOLS

Homeowners must complete this form and return it to the City of Clovis Building Division, along with the completed pool submittal packet. All sub-contractors must possess a **valid CA contractor’s license**.

Owner’s Name _____

Address _____ **Phone#** _____

City, ZIP _____

<u>SUB- CONTRACTOR INFO.</u> REQUIRED INFORMATION	<u>NAME</u>	<u>ADDRESS</u> (City, State, ZIP)	<u>PHONE</u> <u>NUMBER</u>	<u>STATE</u> <u>LICENSE#</u>
PLUMBING				
ELECTRICAL				
GUNITE				
EXCAVATION				
STEEL (TIE)				
CONCRETE/DECKING				
PLASTERING				
TILE				

I certify that I have read this application and state that the above information is true and correct. I hereby authorize representatives of this City to enter upon the above mentioned property for inspection. I agree to comply with all the City ordinances and State laws relating to building construction.

Homeowner’s printed name: _____

Homeowner’s signature: _____

Date: _____