



**City of Clovis**  
**Fire Prevention Division**  
 1233 Fifth Street Clovis, California 93612  
 (559) 324-2200 Fax (559) 324-2846

PROJECT NO. _____
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**BUILDING PERMIT APPLICATION**  
**FIRE PROTECTION SYSTEMS**

**TO BE COMPLETED BY THE APPLICANT**

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ APPLICANT PHONE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_ SUITE / APT: \_\_\_\_\_

RESIDENTIAL     COMMERCIAL                      Clovis, CA    ZIP CODE: 936 \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_ # STORIES: \_\_\_\_\_ LOT NO: \_\_\_\_\_ TRACT NO: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

**TYPE OF WORK: FIRE PROTECTION SYSTEMS**

- Underground Fire Service
- U.L. 300 – Hood System
- Tenant Improvement Overhead Fire Sprinkler: Number of Sprinkler Heads \_\_\_\_\_
- Overhead Fire Sprinkler: Number of Sprinkler Heads \_\_\_\_\_
- Fire Alarm: Number of Devices \_\_\_\_\_
- OTHER \_\_\_\_\_

Valuation \$ \_\_\_\_\_

**DESCRIPTION OF WORK TO BE DONE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Lic. No: \_\_\_\_\_ Workers Comp. Provider: \_\_\_\_\_ Policy No: \_\_\_\_\_

**Type:** A    C-10    C-16    C-34    C-36    Other \_\_\_\_\_                      **City Business License? Y N**

Contractor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Lic. No: \_\_\_\_\_ Workers Comp. Provider: \_\_\_\_\_ Policy No: \_\_\_\_\_

**Type:** A    C-10    C-16    C-34    C-36    Other \_\_\_\_\_                      **City Business License? Y N**