



City of Clovis Building Division

1033 Fifth Street Clovis, California 93612 (559) 324-2390
Fax (559) 324-2842

SPN: _____

Plan # : _____

Number of Sheets: _____

DATE: _____

BUILDING PERMIT APPLICATION

Residential

Commercial

JOBSITE ADDRESS:

Company

Contact

Tract Number: _____

Lot: _____

Company Name: _____

First Name: _____

Business Phone: _____

Last Name: _____

Home Phone: _____

Title: _____

Mobile Phone: _____

E-mail: _____

Fax: _____

Owner / Builder

California Contractor's License Number: _____

Owners Name: _____

Owners Phone: _____

Owners Address: _____

TYPE OF WORK:

Check all that apply

Demolition

Electrical

Grading

Cut: _____

Fill: _____

Total: _____

HVAC

Mechanical

Multi-Family

Non-Residential

Photovoltaic

Plumbing

Fire Repairs

Re-Roof

Number of squares: _____

Sign

Single-Family

Swimming Pool

Water Heater Replacement

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

Existing Building SQ FT

Existing Patio / Porch SQ FT

Existing Garage / Misc SQ FT

Commercial Tenant Improvement SQ FT