



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

PROJECT NO. _____

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**