



CITY OF CLOVIS BUILDING DIVISION

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

PROJECT NO. _____

BUILDING PERMIT APPLICATION

TO BE COMPLETED BY THE APPLICANT:

DATE: _____

NAME OF APPLICANT: _____ APPLICANT PHONE: _____

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 NEW ADDITION ALTERATION REPAIR DEMOLITION

\$ _____ VALUATION MUST BE PROVIDED (REPLACEMENT or ADDED VALUE).

DESCRIPTION OF WORK TO BE DONE: _____

PROPOSED SQUARE FOOTAGE:

BLDG SQ.FT. _____ GARAGE/CARPORT SQ.FT. _____ PATIO/PORCH SQ.FT. _____

OWNER / BUILDER

BLDG. CONTRACTOR: _____ PHONE(_____) _____

ADDRESS: _____ CITY/STATE/ZIP: _____

STATE LIC. NO: _____ WORKERS COMP. PROVIDER: _____ POLICY NO: _____

PLUMB.CONTRACTOR: _____ PHONE(_____) _____

ADDRESS: _____ CITY/STATE/ZIP: _____

STATE LIC. NO: _____ WORKERS COMP. PROVIDER: _____ POLICY NO: _____

ELECT.CONTRACTOR: _____ PHONE(_____) _____

ADDRESS: _____ CITY/STATE/ZIP: _____

STATE LIC. NO: _____ WORKERS COMP. PROVIDER: _____ POLICY NO: _____

MECH.CONTRACTOR: _____ PHONE(_____) _____

ADDRESS: _____ CITY/STATE/ZIP: _____

STATE LIC. NO: _____ WORKERS COMP. PROVIDER: _____ POLICY NO: _____

ARCH. OR ENGINEER : _____ PHONE(_____) _____

ADDRESS: _____ CITY/STATE/ZIP: _____

STATE LIC. NO: _____ EXPIRATION DATE: _____