



CITY of CLOVIS

BUILDING DEPARTMENT

1033 FIFTH STREET • CLOVIS, CA 93612

COMMERCIAL BUILDING PERMIT APPLICATION

Permit #: _____

Job Site Address: _____

Contact Person **Applicant:**

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____

Email: _____

Property Owner:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____

Email: _____

Contractor Information:

Company Name: _____

Contractor's Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____

Email: _____

Contractor's License #: _____

Design Professional: (Architect / Engineer)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____

Email: _____

License #: _____

PURPOSED CONSTRUCTION "check one"	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Family

Description of Work

REQUIRED INFORMATION
Indicate the value of the work to be performed under this permit (rounded to the nearest dollar) including all equipment, materials, labor, overhead and profit.
Valuation: \$ _____
Square Foot Tenant Improvement : _____
Square Foot New Construction : _____

Check box for Expedited Plan Review
Expedited plan reviews are performed on overtime; Subject to availability and an additional fee.

NOTICE
EXPIRATION OF APPLICATION: This application will expire if a permit is not obtained within 180 days after it has received an approval to proceed.

CERTIFICATION
I hereby certify that I have authority to make the foregoing application, the information contained herein is correct and that the construction will comply with all applicable codes and regulations adopted by the City of Clovis

Self-Haul or Will Serve Letter
Please indicated which method will be used.
<input type="checkbox"/> Self-Haul <input type="checkbox"/> Will Serve Letter

Signature of Applicant
