



# City of Clovis

## COMMERCIAL BUILDING PERMIT APPLICATION

1033 Fifth Street Clovis, California 93612  
(559) 324-2390 \* building@cityofclovis.com

Applications may be obtained online at:

[www.ci.clovis.ca.us/SiteCollectionDocuments/BuildingDivision/BuildingPermitApplication.pdf](http://www.ci.clovis.ca.us/SiteCollectionDocuments/BuildingDivision/BuildingPermitApplication.pdf)

### 1. Job Site Information & Location

Address: \_\_\_\_\_

### 2. Contact Person (building permit correspondence)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

### 3. Applicant (person submitting plans, if different than above)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

### 4. Property Owner:

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

### 5. Contractor Information (person/co performing the work)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_

### 6. Business Name:

Business Owner: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

### 7. Design Professional (Architect / Engineer)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ License #: \_\_\_\_\_

### 8. Description of work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only
Permit #:
Date Received:

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Family
TYPE OF WORK	
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> New
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair
<input type="checkbox"/> Alteration	<input type="checkbox"/> Sign
<input type="checkbox"/> Change of Use	<input type="checkbox"/> Tenant Improvement
REQUIRED DATA	
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: \$ _____	
Type of Construction:	
Occupancy Group:	
(If more than one):	
Existing Area, sq ft:	
New Area, sq ft:	
T.I. - Affected Area sq ft:	
Will structure be equipped with fire sprinklers prior to final occupancy? NO <input type="checkbox"/> YES <input type="checkbox"/>	
Will any proposed work take place within and/or adjacent to the public way? NO <input type="checkbox"/> YES <input type="checkbox"/>	
<input type="checkbox"/> EXPEDITED PLAN REVIEW REQUEST	
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 forgoing 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	
Signature of Applicant	

PERMIT TECHNICIAN:		
REQUIRED FOR PLAN REVIEW		
1. <b>Four copies</b> of drawings drawn to scale include all applicable sheets consisting of all or a combination of the following: site plan, floor plan, electrical, mechanical, plumbing, structural, details, etc.		
2. <b>Two copies</b> of supporting documents such as: calculations, truss drawings, energy compliance docs.		
3. One copy of the drawings routed to:		
FIRE	PLANNING	ENGINEERING