



# CITY *of* CLOVIS

BUILDING DEPARTMENT

1033 FIFTH STREET • CLOVIS, CA 93612

## Plan Change/ Addendum Request

Plan Review/Permit #: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**Submittal Requirements:** Below please describe the exact changes you are submitting on your plans. Identify which area and sheet number the changes are located. Please attach all appropriate documentation to support the change request. Additional plan review fees may be assessed.



Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All construction requirements are based on the California Code of Regulations (CCR) Title 24: 2019 California Residential Code; 2019 California Electrical Code; 2019 California Mechanical Code; 2019 Plumbing Code; 2019 California Fire Code. 2019

Updated: 06/2020