



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: Please describe the exact changes you are submitting to your plans. Identify which area and sheet number the changes are located. Please attach appropriate energy, truss, and or structural calculations and layouts that support your proposal. Additional plan review fees may be assessed.

Applicant's Signature: _____

Date: _____

All construction requirements per the California Code of Regulations (CCR) Title 24: 2019 California Residential Code; 2019 Building Code; 2019 California Electrical Code; 2019 California Mechanical Code; 2019 California Plumbing Code; 2019 California Fire Code; 2019 California Energy Code; 2019 California Green Building Standards.