



CITY OF CLOVIS

Fire Prevention Division

1233 Fifth Street, Clovis, CA 93612 · (559) 324-2278

PERMIT NUMBER

FIRE CONSTRUCTION PERMIT APPLICATION

FIRE PROTECTION SYSTEMS

RESUBMITTAL

TO BE COMPLETED BY THE APPLICANT

DATE: _____

PROJECT BUSINESS NAME: _____

PROJECT SITE ADDRESS: _____

TYPE OF WORK (Fire Protection Systems):

- Overhead Fire Sprinklers (Number of Sprinkler Heads) _____
- T.I. Overhead Fire Sprinklers (Number of Sprinkler Heads) _____
- Fire Sprinkler Monitoring
- Fire Alarm (Number of Devices) _____
- U.L. 300 – Hood System
- Fire Suppression / Clean Agent System _____
- Underground Fire Service
- Electronic Access Gate
- Temporary Fire Access Road
- OTHER _____

Valuation \$ _____

DESCRIPTION OF WORK TO BE DONE: _____

Name of Applicant: _____ Applicant Cell Number: _____

Applicant's Email Address: _____

Installing Contractor: _____ Phone: _____

Contractor's Email Address: _____

Address: _____ City, ST ZIP _____

FOR NEW APPLICANTS:

Lic. No: _____ Workers Comp. Provider: _____ Policy No.: _____

Type: A C-10 C-16 C-34 Other _____ **City Business License?** Yes No **BL#** _____