

1221 Mitchell Street PO Box 760 Clovis, New Mexico 88101 PHONE (575) 769-7829 FAX (575) 769-7829 EMAIL buildingsafety@cityofclovis.org www.cityofclovis.org

## APPLICATION FOR NEW COMMERCIAL BUILDING PERMIT

**REQUIRED DOCUMENTS: TWO SETS OF PLANS, PLOT PLAN** 

FLOOD ZONE:	YES 1	NO				
Job Location: _						
			Phone:			
Address:						
Email:						
City of Clovis Business License #:			New Mexico Contractor's License #:			
Property Owner:			Phone:			
Address:						
City Business License #:			New Mexico Contractor License #:			
Mechanical Contr	ractor:					
City Business License #:			New Mexico Contractor License #:			
<b>Electrical Contra</b>	ctor:					
City Business License #:			New Mexico Contractor License #:			
Project description	:					
Building:	sq. ft.	Garage:	sq. ft.	Porch:		sq. ft.
Carport:			sq. ft.	Basement:		
Other:						sq. ft.
Fence: Material:Length:		Curb Cuts: Number:		Length:		
Estimated Value:	6					

I hereby certify that all information and measurements in this application are correct and that any additional required permits will be obtained. All work will be performed in strict accordance with the building, zoning, electrical and plumbing codes of the City of Clovis, New Mexico. Furthermore, I understand that I am responsible for ensuring that all work is completed in compliance with the Americans with Disabilities Act (ADA). I understand that the permit fee may be doubled if work is begun prior to obtaining a permit and that the permit card must be posted at all times during construction. Applications are subject to approval. I have read and understand this statement.

APPLICANT SIGNATURE DATE

**INSPECTOR SIGNATURE** DATE