

Received on: _____ Time: _____

By: _____

City of Clovis
Department of Building Safety
APPLICATION for
ADD/REMODEL RESIDENTIAL

PERMIT CARD must be posted at all times during construction.

Fee may be doubled if work is begun prior to obtaining a permit. ALL information must be complete before submitting application.

Required documents:

- Two (2) floor plans for ADD/REMODEL RESIDENTIAL
- Plot plan required

Please complete all applicable information. Incomplete applications may delay permit. All applications are subject to approval. You will be notified when your permit is ready for pick up.

Name of Applicant: _____

Address: _____

Phone: _____

Name of Property Owner: _____

Address: _____

Phone: _____

Project description: _____

Address (Job location): _____

Addition: _____

Tract: _____ Unit #: _____ Block/s: _____ Lot/s: _____

Zone: _____ Flood: () Yes () No

Exterior: () Brick () Frame () Other _____ Stories: _____

SQUARE FT. AND HEIGHT

Building: _____ Garage: _____ Storage Bldg: _____ Other: _____

Carport: _____ Covered Porches: _____ Basement: () Finished () Unfinished

Fence Type: _____ Length: _____ Number of fixtures: _____

Curb Cuts: Number _____ Length _____ **Estimated Value: \$** _____

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 done in strict accordance with the building, zoning, electrical and plumbing codes of the City of Clovis, New Mexico. The City of Clovis does not enforce covenants. I understand that it is my responsibility to read and understand the covenants applicable to this neighborhood. I have read and understand this statement.

Applicant signature

Date

Inspector signature

Date

Contractor: _____

Address: _____

Phone: _____

City Business License #: _____ NM Contractor License #: _____

Plumber: _____

Address: _____

Phone: _____

City Business License #: _____ NM Contractor License #: _____

() Electric () List gas appliances: _____

Number of plumbing fixtures: _____

Heating/Vents Contractor: _____

Address: _____

Phone: _____

Number and type of heaters installed: _____

City Business License #: _____ NM Contractor License #: _____

Electrician: _____

Address: _____

Phone: _____

City Business License #: _____ NM Contractor License #: _____

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