



BUILDING SAFETY DEPARTMENT

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

DECLARATION

Date: _____

This is to certify that the installation, appliances, or work performed at

_____ **Address**
for _____ **Homeowner/**
Business Name

conforms to the provisions of the 2009 International Fuel Gas Code and the orders, rules, regulations, codes and minimum standards made pursuant to that Code.

I further certify that Permit No. _____ dated _____ was issued for the described work and a copy of said permit has been submitted to the City of Clovis Department of Building Safety.

I understand the City of Clovis requires any defect noted by the respective inspector to be rectified within five (5) days of receipt of written notice thereof from the City of Clovis.

Time Pressure Test Began: @ PSI _____ a.m. or p.m.

Time Pressure Test Ended: @ PSI _____ a.m. or p.m.

Contractor

New Mexico State License

Address

City of Clovis Business License

RED TAG NUMBERS:

Signature of Licensee

Signature of Journeyman