Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

Fire Service Utilities

Name of Project: _____ **Submittal Date:** _____

Project Address (range): _____

City's Permit Number: _____ **Installing Contractor's City of Chula Vista Business License # :** _____

Installing Contractor: _____ **Contractors License # :** _____

Contractor Address: _____ **City:** _____ **State:** _____ **Zip :** _____

Contact Person: _____ **Phone:** _____ **Fax:** _____

Company / Person paying for permit: _____ **Phone:** _____

Check / Mark √ if applicable, indicate quantity, multiply with fee amount and type/write subtotal. Add subtotals in TOTAL box.

√	#	Fire Service Utilities	Fee	x Qty	Subtotal $
☐	7.1	Fire Service Utilities [base fee, inspection only]	$795.00		
☐	7.2	Per additional 100 linear feet of pipe [or fraction thereof]	$65.00		
☐	7.3	Fire Service Utility Repair [emergency repairs up to 100ft]	$530.00		

1. Base fee includes inspection of the first 100 linear feet of pipe.
2. Applies to emergency repairs less than 100 linear feet.
3. Additive to the base fee.

TOTAL: _____

REMIT TO:

Chula Vista Fire Department ● Fire Prevention Division
276 Fourth Avenue ● Building 300, Suite B-143 ● Chula Vista CA 91910 ● (619) 691-5029 ● fax (619) 691-5204

OFFICIAL USE:

Deposit Account # 15900-3743 (2121) Accepted by: _____ Date: _____