Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

Fire Alarm System - NFPA 72

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 Alarm System - NFPA 72	Fee	x Qty	Subtotal $
☐	8.1	Fire Alarm System - NFPA 72 [base fee per system and/or building up to 25 devices]	$630.00		
☐	8.2	Per additional group of 25 devices [or fraction thereof]	$130.00		
☐	8.3	Per additional sub, booster panel, and amplifier	$130.00		
☐	8.4	Floors 2 through 6 and floors below grade [per floor/level]	$265.00		
☐	8.5	Floors 7 and above [per floor/level]	$395.00		
	#	**Activity & Frequency [per line item Fire Alarm Tenant Improvement and Fire Sprinkler Monitoring and Notification Systems]**	**Fee**	**x Qty**	
☐	8.6	Fire Alarm T.I. & Sprinkler Monitoring & Notification Systems [base fee includes first 25 devices]	$430.00		
☐	8.7	Per additional group of 25 devices [or fraction thereof]	$130.00		
☐	8.8	Per additional sub, booster panel, and amplifier	$130.00		

1. All line items are additive to the base fee.
2. Devices are defined as all notification, initiating, annunciation panel, RTS, warning, alarm, supervisory hold-open dev., etc.
3. To quantify devices use all devices identified on the submittal.
4. Base fee per system and/or building includes review inspection for the first 25 devices.

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: _____