Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

Smoke Management Systems

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.

√	#	Smoke Management Systems [per line item]	Fee	x Qty	Subtotal $
☐	11.1	Smoke Management Systems [base fee]	$65.00		
☐	11.2	Per 1/4 - hour of meetings, plan reviews, inspections, etc. performed	$30.00		

1. All line items are additive to the base fee.
2. Base fee shall be paid at the time of permit submittal.
3. All meetings, plan reviews, inspections, and similar work will be charged the exact time of work performed [1/4 hour increments].
4. S.M.S. = An engineered system that includes all methods that can be used singly or in combination to modify smoke movement.

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: _____