Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

Plan Resubmittals

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.

√	#	Plan Resubmittals [per line item]	Fee	x Qty	Subtotal $
☐	16.1	Plan Resubmittals [minimum fee]	$195.00		
☐	16.2	Per additional 1/4-hour of work performed [or fraction thereof]	$30.00		

1. All line items are additive to the base fee.
2. Minimum charged time shall be 1.50 hrs.
3. Fees are for work performed during business hours only.
4. Resubmittals are for FSE plans that need a 2nd, 3rd, 4th review, etc. and/or for plan changes.

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: _____