Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

Fire Safety Engineering [F.S.E.] Inspections

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 Safety Engineering [F.S.E.] Inspections	Fee	x Qty	Subtotal $
☐	18.1	Failed / Re-inspections	$265.00		
☐	18.2	Temporary Certificate of Occupancy	$395.00		

1. Inspections within this line item aren't meant to represent the inspections already pre-factored into other activities.
2. Re-inspections as a result of requested inspections not cancelled two hours or more prior to established appointment time or not ready for inspection and/or test upon arrival of the fire department representative [failed per code].

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: _____