Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

Permit Extension / Reactivation of Expired Permit

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.

√	#	Permit Extension / Reactivation of Expired Permit	Fee	x Qty	Subtotal $
☐	21.1	Permit Extension / Reactivation of Expired Permit	50% of the Original Permit Fee		

1. Initial permits are good for 180 days. See CFC Section 105.3.1.
2. Permit extensions can be granted in 180 day increments.
3. Permit extension processing is only for those that meet CFC Section 105.3.2.

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: _____