Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

Fees for Overtime Services

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.

√	#	Fees for Overtime Services	Fee	x Qty	Subtotal $
☐	22.1	Overtime Services Per Hour	$195.00		

1. For any inspections or activities performed outside of normal business hours requested by or caused by the applicant.
2. Two-hour minimum for overtime services.

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: _____