



APPLICATION

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: _____ Contractor 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.

<input checked="" type="checkbox"/>	#	Smoke Management Systems [per line item]	Fee	x Qty	Subtotal \$
	10.1	Smoke Management Systems [base fee]	\$66.00		\$
	10.2	Per 1/4-hour of meetings, reviews, inspections, etc. performed [or fraction]	\$33.00		\$

*Line items are additive.

TOTAL \$

REMIT TO:

CHULA VISTA FIRE DEPARTMENT • FIRE PREVENTION DIVISION • 447 F Street • Chula Vista, CA 91910
Phone (619) 691-5055 • Fax (619) 691-5057

OFFICIAL USE:

Deposit Account # 15900-3743 Accepted by: _____ Date: _____