Print Form

# APPLICATION

CHULA VISTA FIRE DEPARTMENT

## Failed/TCO Inspections

**Name of Project:** _____ **Submittal Date:** _____

**Project Address (range):** _____

**Bldg 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:** _____

**E-Mail:** _____

**Fire Permit /Bldg Permit Number of Failed Inspection:** _____ **Inspector / Area:** _____

**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 C, Suite B-143 ● Chula Vista CA 91910 ● (619) 691-5029 ● fax (619) 691-5204

OFFICIAL USE:

Deposit Account # 15900-3743 (2121) Accepted by: _____ Date: _____