Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

Other Activities

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.

√	#	Other Activities	Fee	x Qty	Subtotal $
☐	20.1	Other Activities [per hour, one-hour minimum]	$130.00		
☐	20.2	Other Activities [each additional quarter-hour increment]	$30.00		
☐	20.3	Partial work Fee [contractors that perform design only versus installation only]	50% of the Total Permit		
☐	20.4	Accelerated Plan Review [the greater value shall be used, 50% of permit or Overtime]	50% of the Total Permit vs O.T.		

1. Item #20.1 and 20.2 for FSE services not specifically identified in this fee schedule.
2. Item #20.4 is in addition (separate) to the primary permit.

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: _____