Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

Fire Service Utilities

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 Number: _____ **Inspector / Area:** _____

Check / Mark √ if applicable, indicate quantity, multiply with fee amount and type/write subtotal. Add subtotals in TOTAL box.

√	#	Fire Service Utilities	Fee	x Qty	Subtotal $
☐	7.1	Fire Service Utilities [base fee, inspection only]	$795.00		
☐	7.2	Per additional 100 linear feet of pipe [or fraction thereof]	$65.00		
☐	7.3	Fire Service Utility Repair [emergency repairs up to 100ft]	$530.00		

1. Base fee includes inspection of the first 100 linear feet of pipe.
2. Applies to emergency repairs less than 100 linear feet.
3. Additive to the base fee.
4. Applies to emergency repairs greater than 100 linear feet.

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: _____