Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

Kitchen Fire Suppression Systems

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.

√	#	Kitchen Fire Suppression Systems [per line item]	Fee	x Qty	Subtotal $
☐	9.1	Kitchen Fire Suppression Systems [base fee, per system]	$465.00		
☐	9.2	Per additional group of 10 nozzles [or fraction thereof]	$130.00		

1. All line items are additive to the base fee.
2. Base fee includes the review / inspection of the first 10 nozzles.

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: _____