Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

Special 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.

√	#	Special Fire Suppression Systems [per line item]	Fee	x Qty	Subtotal $
☐	12.1	Special Fire Suppression Systems [base fee is per system and shall incorporate 12.2, 12.3, or 12.4]	$595.00		
☐	12.2	Clean Agent System [FM200, Inergen, CO2, etc.]	$265.00		
☐	12.3	Water Mist or Dry Chemical	$130.00		
☐	12.4	Foam Systems	$265.00		

1. All line items are additive to the base fee. Final fee will be a combination of the base fee and additive fee.
2. Alternative systems not identified will be charged fees in accordance with base fee and clean agent system.
3. Requisite fire alarm permit is not part of this fee.

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: _____