Print Form

APPLICATION

CHULA VISTA FIRE DEPARTMENT

DSA Local Fire Authority Review

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

Project Address (range): _____

Architect's City of Chula Vista Business License # : _____

Architect: _____ **Architects License # :** _____

Architects 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.

√	#	DSA Plan Review	Fee	x Qty	Subtotal $
☐	20.1	DSA Review [per one-hour and a half minimum]	$190.00		
☐	20.2	DSA Review [each additional quarter-hour increment]	$30.00		
☐	20.4	Accelerated Plan Review $195.00 per one- hour (two hour minimum) (Additive to the original permit base fee)	$390.00		

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: _____