



APPLICATION

CHULA VISTA FIRE DEPARTMENT

Emergency Responder Radio Coverage System

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.

<input checked="" type="checkbox"/>	#	Emergency Responder Radio Coverage System	Fee	x Qty	Subtotal \$
<input type="checkbox"/>	19.1	Emergency Responder Radio Coverage System [each system]	\$480		

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 # 1563000-4782 (156304) Accepted by: _____ Date: _____