Statement of Fees

Special Event

Applicant (or name on check, if different): _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Name of Event: _____ Date of Event: _____

Special Event Permit

☐ ***(NO street closure)*** *(internal code 0512000-5231 051200)*
$150

☐ ***(with street closure)*** *(internal code 0512000-5251 051200)*
$300

TOTAL: $_____ ***Date of Payment:*** _____

Please pay in-person:

Make Checks Payable to "CITY OF CHULA VISTA"

Deliver to:
Chula Vista Finance Department
276 Fourth Avenue, Building A *(door to Finance is located closest to Davidson)*
Chula Vista, CA 91910

Hours:
Monday - Thursday 9 a.m. - 4 p.m.
Friday 9 a.m. - noon

Questions?

Contact Olga Berdial
oberdial@chulavistaca.gov • 619-409-5445