



APPLICATION

CHULA VISTA FIRE DEPARTMENT

Kitchen Fire Suppression 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"/>	#	Kitchen Fire Suppression System	Fee	x Qty	Subtotal \$
<input type="checkbox"/>	9.1	Kitchen Fire Suppression System [base fee, per system]	\$565		
<input type="checkbox"/>	9.2	Each additional group of 10 nozzles [or fraction thereof]	\$160		

1. All line items are additive to the base fee.
2. Base fee includes the review/inspection of the first 10 nozzles.
3. The fees set forth herein are also used for system alterations.

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: _____