



APPLICATION

CHULA VISTA FIRE DEPARTMENT

Smoke Management 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.

<input checked="" type="checkbox"/>	#	Smoke Management Systems [per line item]	Fee	x Qty	Subtotal \$
<input type="checkbox"/>	11.1	Smoke Management Systems [base fee]	\$65.00		
<input type="checkbox"/>	11.2	Per 1/4 - hour of meetings, plan reviews, inspections, etc. performed	\$30.00		

TOTAL:

- All line items are additive to the base fee.
- Base fee shall be paid at the time of permit submittal.
- All meetings, plan reviews, inspections, and similar work will be charged the exact time of work performed [1/4 hour increments].
- S.M.S. = An engineered system that includes all methods that can be used singly or in combination to modify smoke movement.

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 # 15900-3743 (2121) Accepted by: _____ Date: _____