



# APPLICATION

CHULA VISTA FIRE DEPARTMENT

## Special 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"/>	#	Special Fire Suppression System	Fee	x Qty	Subtotal \$
<input type="checkbox"/>	12.1	Special Fire Suppression Systems [base fee is per system and shall incorporate 12.2, 12.3, or 12.4]	\$725		
<input type="checkbox"/>	12.2	Clean Agent System [FM200, Inergen, CO2, etc.]	\$320		
<input type="checkbox"/>	12.3	Water Mist or Dry Chemical	\$160		
<input type="checkbox"/>	12.4	Foam Systems	\$320		

- All line items are additive to the base fee. Final fee will be a combination of the base fee and additive fee.
- Alternative systems not identified will be charged fees in accordance with base fee and clean agent system.
- Requisite fire alarm permit is not part of this fee.

**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: \_\_\_\_\_