



APPLICATION

CHULA VISTA FIRE DEPARTMENT

DSA/OSHPD Local Fire Authority Review

Name of Project: _____ Submittal Date: _____

Project Address (range): _____

Architect's City of Chula Vista Business License #: _____

Architect: _____ Architects License #: _____

Architects 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"/>	#	DSA Plan Review	Fee	x Qty	Subtotal \$
<input type="checkbox"/>	20.1	DSA/OSHPD Review [one hour minimum]	\$160		
<input type="checkbox"/>	20.2	DSA/OSHPD Review [each additional .25 hour increment]	\$40		

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: _____