FORM 4540

City of Chula Vista
Building Division Inspection Division
Planning and Building Department
276 Fourth Avenue
Chula Vista CA 91910
Information (619) 409-5868 Fax (619) 585-5639

PROPERTY
OWNER/CONTRACTOR
AGREEMENT

Special Inspection/Construction Materials Testing/Off-Site Fabrication/HERS Rating

Note: Both sections A and B shall be completed, signed and executed.

To: Building Official
City of Chula Vista
Building Division Inspection Section
Planning and Building Department
276 Fourth Ave
Chula Vista CA 91910

PERMIT NO.: ____________________________________________

(For projects with multiple permit numbers, you may list all permit numbers on a separate sheet.)

PROJECT ADDRESS: ____________________________________________

AGREEMENT

I, the undersigned, declare under penalty of perjury under the laws of the State of California, that I have read, understand, acknowledge and promise to comply with the City of Chula Vista requirements for special inspections, construction materials testing and off-site fabrication of building components as prescribed in the instructions attached herewith and incorporated by reference herein. I hereby agree to have all work requiring special inspection, material sampling and testing, or off-site fabrication of building components for structure(s) constructed under the subject permit(s) performed in the manner prescribed by the California Building Code or California Energy Efficiency Standards as adopted by the City of Chula Vista, and in conformance with the plans and specifications, and other construction documents as approved by the City of Chula Vista.

A. NAME: (TYPE OR PRINT) ____________________________________________

(FIRST) (M.I.) (LAST)

I AM THE: (PLEASE CHECK ONE)

☑ PROPERTY OWNER □ PROPERTY OWNER’S AGENT OF RECORD

☑ ARCHITECT OF RECORD □ ENGINEER OF RECORD

State of California Registration Number: ____________________________ Expiration Date: ____________________________

MAILING ADDRESS: ____________________________________________

Executed on this ____________________________ day of _________ / _________

Signature: ____________________________________________

B. CONTRACTOR/BUILDER – NAME: (TYPE OR PRINT) ____________________________________________

(FIRST) (M.I.) (LAST)

MAILING ADDRESS: ____________________________________________

Executed on this ____________________________ day of __________ / _________

MONTH YEAR

Signature: ____________________________________________