



APPLICATION

CHULA VISTA FIRE DEPARTMENT

Smoke Control 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"/> | # | Smoke Control System | Fee | x Qty | Subtotal \$ |
|-------------------------------------|------|--|---------|-------|-------------|
| <input type="checkbox"/> | 11.1 | Smoke Control Systems - SCS [base fee] | \$1,370 | | |
| <input type="checkbox"/> | 11.2 | SCS inspections in excess of 4 hours, each additional .25 hour | \$40 | | |

TOTAL:

1. All line items are additive to the base fee.
2. Base fee shall be paid at the time of permit submittal.
3. Base fee Includes plan review time and inspections up to 4 hours.
3. Inspections in excess of 4 hours are subject to an additional fee per .25 hour.
4. S.C.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 # 1563000-4782 (156304) Accepted by: _____ Date: _____