REQUEST FOR FIRE WATCH

We, the undersigned, are seeking Central County Fire Department approval for fire watch at:		
Location:	Date:	
Location: Anticipated end time of Reason for fire watch: Anticipated end time of Location in the control of the co	fire watch:	
We are requesting approval for a standby fire watch as an alternameeting all provisions set forth by the local municipal fire code, to Title 19 of the California Code of Regulations regarding minimum requirements to continue operation within the stated location.	the California Fire	Code, and/or
We understand that fire watch personnel are contracted and paid acknowledge that we assume the full responsibility for covering to personnel.	d for by the permit the cost of the stand	applicant. We dby fire watch
We attest that within 24 hours of the activation of fire watch, we Fire Department, at prevention@ccfd.org to request an on-si include: Fire Prevention personnel, the owner of the building or watch personnel. This meeting will include a site inspection to ve County Fire Department <i>Fire Watch Guideline</i> .	te meeting. Attende their authorized ag	ees will ent, and fire
We understand that once a fire watch has been activated that it verifies have received written approval from fire department personnel to discontinued.	vill continue to ope hat the fire watch i	erate until we may be
Building Owner/Authorized Representative Name (print)	Signature	Date
Fire Watch Personnel: Name (print)	Signature	Date
Fire Watch Personnel: Name (print)	Signature	Date
Approved by Central County Fire Department: Name (to be signed by Fire Prevention AFTER the on-site inspection)	Signature	Date