



REQUEST FOR FIRE WATCH

We, the undersigned, are seeking Central County Fire Department approval for fire watch at:

Location: _____ Date: _____

Start time of fire watch: _____ Anticipated end time of fire watch: _____

Reason for fire watch: _____

We are requesting approval for a standby fire watch as an alternate means of protection in lieu of meeting all provisions set forth by the local municipal fire code, the California Fire Code, and/or Title 19 of the California Code of Regulations regarding minimum fire and life safety requirements to continue operation within the stated location.

We understand that fire watch personnel are contracted and paid for by the permit applicant. We acknowledge that we assume the full responsibility for covering the cost of the standby fire watch personnel.

We attest that within 24 hours of the activation of fire watch, we will contact the Central County Fire Department, at **prevention@ccfd.org** to request an on-site meeting. Attendees will include: Fire Prevention personnel, the owner of the building or their authorized agent, and fire watch personnel. This meeting will include a site inspection to verify compliance with the Central County Fire Department *Fire Watch Guideline*.

We understand that once a fire watch has been activated that it will continue to operate until we have received written approval from fire department personnel that the fire watch may be discontinued.

Building Owner/Authorized Representative	Name (print)	Signature	Date
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Fire Watch Personnel: Name (print)	Signature	Date
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Fire Watch Personnel: Name (print)	Signature	Date
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Approved by Central County Fire Department: Name (to be signed by Fire Prevention AFTER the on-site inspection)	Signature	Date
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