



**VENTURA COUNTY FIRE PROTECTION DISTRICT
FIRE PREVENTION BUREAU
165 DURLEY AVENUE
CAMARILLO, CA 93010
www.vcfd.org**

Office: 805-389-9738 Fax: 805-388-4356

FIRE PREVENTION FORM 634 FIRE WATCH APPLICATION

Please fill in the requested information below and submit the completed form to the Fire Prevention Bureau by email at fireprevention@ventura.org. A fire code official will contact you upon receipt and an inspection may be scheduled.

Business name: _____

Address: _____ Phone: _____

Impairment: (check one) Pre-Planned Emergency

Type of system impaired: _____

Reason for Fire Watch: _____

Date out of service: _____ Expected date returned to service: _____

Fire Watch #1: _____ Fire Watch #2: _____

Fire Watch #3: _____ Fire Watch #4: _____

I certify that I am an authorized representative for the building owner and that I have read and understand all of the requirements for a fire watch as set forth in Fire District Standard 519. I understand that failure to comply may result in additional fees and/or fines, which may require a court appearance.

Printed name of applicant Signature of applicant Date

To request release of fire watch upon impaired equipment being restored to normal working condition, fill in the requested information below and email to the Fire Prevention Bureau at fireprevention@ventura.org.

Repair contractor: _____ Phone: _____

Date returned to service: _____

Official Use Only

Station(s) #: _____ Notified out of service: Yes Battalion notified: Yes

Approved by: _____ Date approved: _____

Cleared by: _____ Date cleared: _____

Station notified returned to service: Yes Battalion notified returned to service: Yes

Record #: _____