



Wauseon Fire Department

230 Clinton Street, Wauseon, Ohio 43567

Phone 419-335-7831 FAX 419-335-3866

Fire Watch Application

Please fill in the requested information below and fax to the Fire Department. An Inspector will contact you upon receipt and an inspection may be scheduled.

Business Name:			
Address:			
City:	State:	Zip:	
Contact Name:			
Contact Phone:			
Impairment:	<input type="checkbox"/> Pre-Planned	<input type="checkbox"/> 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 the Ohio Fire Code. I understand that failure to comply may result in additional fees and / or fines.

Print name of applicant

Signature of applicant

Date

Request for release of fire watch upon impaired equipment being restored to normal working condition, fill in the requested information below and fax to the Wauseon Fire Department or email jasonfisher@wauseonfire.com.

Repair contractor:	Phone:
Date returned to service:	

Office Use Only

Notified out of service:	<input type="checkbox"/> Yes
Approved by:	Date:
Cleared by:	Date:
Notified returned to service	<input type="checkbox"/> Yes

"Safely Protecting Lives and Property"

www.wauseonfire.com