

Howland Township Fire Department

169 Niles Cortland Road N.E. Warren, Ohio 44484

Phone 330-856-5022 FAX 330-609-9977

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:	Pre-Plann	ed 🗌	Emer	gency					
Type of system imp	aired:	•							
Reason for Fire Watch:									
Date out of service:			Expected date returned to service:						
Fire watch # 1:				Fire wa	tch # 2:				
Fire watch # 3:				Fire wa	tch # 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 Howland Fire Department or email Fire.Inspection@howlandtownship.org

Repair contractor:	Phone:	
Date returned to service:		

		Office Use Only
Notified out of service:	Yes	

Notified out of 50	ervice.		105		
Approved by:				Date:	
Cleared by:				Date:	
Notified returned to service		🗆 Yes			

<u>"Safely Protecting Lives and Property"</u> <u>www.howlandtownship.org/fire</u>