





999 Central Ave., Suite 200, Los Alamos, NM 87544 Phone (505) 662-8301 ● Fax (505) 662-8302

## **FIRE WATCH REQUEST**

Occupancy Name	
Occupancy Address	
Owner/Occupant or Their Representative	
Email and Phone Number of Owner/Occupant or Their Representative	
This request is to utilize a fire watch as an alternative fire protection feature fo	r the following reason
I attest that all required and applicable information noted above has been pro and understand that inadequate or incorrect content is cause for denial of an revocation of an approved early start. I also understand that any work perforinstalled beyond the early start approval is subject to removal or a stop work revocation of the early start permit.	early start or the med and materials
Name of Occupancy Owner/Occupant or Their Representative	Date