



FORM 611 INSPECTION REQUEST

Inspection request shall be submitted by 4:00 pm one business day prior to inspection.

Sections 1 & 2 must be completed to process request. See page 2 for instructions.

Phone: 805-389-9744

Email: fire.inspections@ventura.org

Fax: 805-388-4356

SECTION 1 INFORMATION

Project Name:	_____		
Record Number(s):	_____		
Inspection Address:	_____		
	(Number/Street)	(City)	
Additional Information:	_____		
	<i>(Tract Number, Lot Number(s), Travel Time, AM/PM Request, etc.)</i>		
Requestor Name:	_____	Phone: _____	Email: _____

SECTION 2 INSPECTIONS

Underground Fire Line	<input type="checkbox"/> UG Rough	<input type="checkbox"/> UG Hydro	<input type="checkbox"/> UG Flush
Commercial Fire Sprinklers	<input type="checkbox"/> OH Rough	<input type="checkbox"/> OH Hydro	<input type="checkbox"/> OH Final
	<input type="checkbox"/> TI Rough	<input type="checkbox"/> TI Final	Number of Heads: _____
Residential Fire Sprinklers	<input type="checkbox"/> UG Rough	<input type="checkbox"/> UG Hydro	<input type="checkbox"/> UG Flush
	<input type="checkbox"/> OH Rough	<input type="checkbox"/> OH Hydro	<input type="checkbox"/> OH Bucket
	<input type="checkbox"/> OH Final		
Other Fire Protection Systems	<input type="checkbox"/> Hood System	<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Spray Booth System
	<input type="checkbox"/> Clean Agent	<input type="checkbox"/> Other: _____	
Certificate of Occupancy	<input type="checkbox"/> Commercial Occupancy Final	<input type="checkbox"/> Residential Occupancy Final	
	<input type="checkbox"/> Fire Protection System Verification		
Operational Fire Code Permit	<input type="checkbox"/>		
Licensed Care Inspection	<input type="checkbox"/> LCF Pre-Inspection	<input type="checkbox"/> LCF Re-Inspection	
Other	<input type="checkbox"/>	_____	

Inspection Request Instructions

*Inspection requests shall be received by the Fire District before 4:00pm, a minimum of one business day prior to any inspection. **An inspector will call you back between 7:30-8:30am on the day of the inspection with an inspection time.** Inspections are normally scheduled between 9:00 am to 2:00 pm Monday, and Wednesday through Friday. No inspections are conducted on Tuesday. After hours inspections require prior Fire Department approval.*

Sections 1 and 2 must be completed in order to process the inspection request

SECTION 1 INFORMATION

- Enter the Project Name (name of business, event, facility, etc.)
- Enter the fire prevention Record number. (This starts with FPLN, FNC, FPS, FCP, LCF)
- Enter the physical address of the project to be inspected. If no address has been assigned use the parcel information and nearest cross street(s).
- Provide any additional information such as Lot #'s, Tract #, Special Requests, Inspection date
- Enter the contact person's name and phone number and email address

Note: the contact person must be available for calls by 7:30 a.m. on the day of the

inspection **SECTION 2 INSPECTIONS**

1. Identify all inspections to be requested.
2. Check the box next to each inspection being requested.
3. If you do not see your inspection type, check other and provide a description.

Submit your inspection request via email at fire.inspections@ventura.org