



**FIRE PREVENTION FORM 632
LICENSED CARE PRE-INSPECTION REQUEST**

To request a pre-inspection of your facility, complete and submit this form with payment to the Ventura County Fire Department to the address listed below.

Do not send payment or this request to Community Care Licensing.

The pre-inspection fee includes one site review / consultation. Additional reviews / consultations will require additional fees. Pre-inspection fees are listed in the current fee schedule.

I hereby request the Ventura County Department to survey my property for compliance with the fire and life safety provisions required for licensing.

Type of Request

Community Care Facility (Health and Safety Code Section 1502)
Residential Care Facility for the Elderly (Health and Safety Code Section 1569.2)
Child Day Care Facility (Health and Safety Code Section 1596.750)
Other (specify): _____

Client Capacity	Client Status	Number	Existing Fire Sprinklers	Total Client Capacity
1-6 clients	Non-ambulatory		Yes	
7 or more clients	Bedridden*		No	

* Facilities requesting 2 or more bedridden clients must have automatic fire sprinklers installed.

A facility sketch of the yard and floor plan may be provided using Form LIC 999 or LIC 999A available at the CCL web site.

Facility Name	
Facility Address	
City	Zip
Owner/Contact	Telephone Number
Signature	Date

Mail form, fee and facility sketch to the Ventura County Fire Prevention Bureau at the address listed on the top of this form.

For Office Use Only

Fee Received:	Fee Amount:	Final Inspection Date:	By:
Record Number:	Proposed Occupancy Group:		