



El Paso County Emergency Services District #2

16001 Socorro Road

PO Box 265

Fabens, TX 79838

Telephone: (915) 851-0304

Fax: (915) 851-9000

email: inspections@epcountyesd2.org

**EL PASO COUNTY E.S.D. #2 -- FIRE MARSHAL'S OFFICE
REQUEST FOR BUILDING AND FIRE SYSTEM INSPECTIONS**

Requests for building & fire system finals / inspections / partials shall be submitted to our office no later than **10:00am** via e-mail to: [inspections@epcountyesd2.org] when requesting inspections. If submitted after 10:00 a.m.; the inspection will be scheduled within **two days** (Example: Request received Friday after 10 a.m.; will be scheduled for Wednesday). The day that our office receives the request, the contractor will be contacted and given a date & estimated time when the final will be conducted. When received properly, **we will make every effort to conduct building finals & fire protection system finals / inspections / partials within a timely manner but may be delayed depending on our workload.** Any & all fees associated with the project shall be paid prior to our arrival. As a general reminder, plans & permit(s) shall be at the job site. **Incomplete forms / information will not be processed** until all required information is obtained.

The following information shall be required:

- Regular Inspection Overtime Inspection (after 5 p.m.) Expedited Inspection (ASAP)

Refer to our web site for **Overtime and Expedited Fees**: www.epcountyesd2.org

Requested date for inspection: _____ (as noted) Initial Inspection

Re-inspection 2nd inspection _____ 3rd inspection _____ 4th inspection _____

The name of the business to be inspected: _____

The address of the business to be inspected: _____

The name of the on-site contact person: _____

The contact phone number (cell phone, required): _____

The E.S.D. #2 Permit/Plan number: _____ e-mail: _____

Choose type of Inspection:

F.D. Building: Final Partial **Fire Protection:** Final Partial **Other** (specify): _____

Type of **Fire Inspection:** Hydrostatic Test Underground Aboveground Sprinkler System

Fire Hydrant Fire Alarm Range hood Paint booth Other (specify): _____

Number of: Fire Alarm Devices: _____ Fire Sprinkler Heads: _____ Fire Hydrants: _____

Other pertinent information:

Fire alarm and fire sprinkler finals must also indicate the number of devices/heads that were installed to better calculate a time frame needed to complete the final. Also, please include any other pertinent information that may be helpful.

Cancellations shall be made to this office by a phone call no later than 24-hours prior to your scheduled inspection or a re-inspection fee will be issued.

Overtime & Expedited inspections must be pre-paid prior to assignment.

Fire Marshal's Office Use Only

Date submitted: _____

Permit #: _____

Expiration date: _____ 20____

Received by: _____

DFM: _____

Fire Marshal: Roger Esparza | **Assistant Fire Marshal:** Joe Saucedo

Fire Marshal's Assistants: Angie Hernandez | Rosie Edwards

Deputy Fire Marshals: Marco Herrera | Juan Medina | Marcos Rodriguez | Pablo Solis III