



EL PASO COUNTY

# EMERGENCY SERVICES DIST. No. 1

13661 Paseo Del Este – El Paso, TX 79928  
Bus. Phone (915) 852-3204 – Facsimile (915) 852-8400

## EPC ESD #1 Inspection Request

Request forebuilding & fire system finals / inspections / partials shall be submitted to our office no later than **10 am** via e-mail to: [inspectionrequest@epcesdl.com](mailto:inspectionrequest@epcesdl.com) when requesting inspections. If submitted after 10a.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 (via e-mail) and given a date & estimated time for inspection. 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. Incomplete forms with missing information will not be processed until all required information is obtained. As a general reminder, plans & permit(s) shall be at the job site.

### The following information is required:

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

Refer to our web site for Overtime and Expedited Fees: [www.epcesdl.com](http://www.epcesdl.com)

*(Overtime & Expedited inspections must be pre-paid prior to assignment)*

- Pre-Inspection (Onsite Consultation)    Initial Inspection    Re-inspection    TCO Inspection

ESD#1 Permit #: \_\_\_\_\_ Requested inspection date (*the day you need us present*): \_\_\_\_\_

Name of company/contractor requesting inspection: \_\_\_\_\_

Business Name to be inspected: \_\_\_\_\_ Sales Tax ID#: \_\_\_\_\_

Business Address to be inspected: \_\_\_\_\_

Name of the on-site contact person: \_\_\_\_\_

Contact phone number (cell phone, required): \_\_\_\_\_ E-mail: \_\_\_\_\_

Inspection Type: F.D. Building:  Final  Partial   **Fire Protection:**  Final  Partial (specify below)

Type of Fire Inspection:  Hydrostatic Test    Underground    Aboveground    Sprinkler System

Fire Hydrant    Fire Alarm    Range Hood    Paint booth    MFU    Other (specify)

## of: Duct Smoke Detectors.   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 or via an e-mail no later than 24-hours prior to your scheduled inspection or a re-inspection fee will be issued.** We understand this may cause an inconvenience to you, however, please understand that the El Paso County E.S.D. #1 Fire Marshal's Office feels this is the best way to streamline the increased workload within this division and we thank you for your understanding and cooperation.