



# Sweetwater Fire Department Prevention Division

900 E Broadway | Sweetwater, TX 79556 | (325)235-4304 | [jsmith@coswtr.org](mailto:jsmith@coswtr.org)

## Fire/Life Safety Inspection Request Form

### Important

The Sweetwater Fire Marshal's Office will perform inspections in neighboring areas not served by local governments with certified inspectors. Before submitting this form, contact your local fire inspection authority to learn whether they do fire safety inspections. If they do, please schedule your inspection through them.

### Instructions

- Use this form to request a fire safety inspection. Only the owner, tenant, or chief administrator of a building may request an inspection.
- Please print or type your information.
- All information requested is required unless marked "optional."
- All fees are nonrefundable, except for overpayments resulting from mistakes of law or fact.
- If you have any questions about this form or the inspection process, please contact James Smith at [jsmith@coswtr.org](mailto:jsmith@coswtr.org).

### 1. Contact Information

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Name Employer (optional)

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Address

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City State ZIP County

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Phone Cell

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Email

## 2. Building to be inspected

\_\_\_\_\_  
Name of building or facility

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
County

**Mailing address (if different from the address of the building to be inspected)**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
County

\_\_\_\_\_  
Number of buildings to be inspected

\_\_\_\_\_  
Property type (restaurant, office, etc.)

\_\_\_\_\_  
Owner's name

\_\_\_\_\_  
Owner's address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
County

## 3. Building type and fee

\$ 25	\$30	\$ 50	\$ 100	\$ 150
<input type="checkbox"/> Licensed foster home	<input type="checkbox"/> Licensed child/adult day care facility <input type="checkbox"/> School/Detention facility	<input type="checkbox"/> Assembly Occupancy <input type="checkbox"/> Business <input type="checkbox"/> Retail shop or store	<input type="checkbox"/> Apartment building <input type="checkbox"/> Hotel / motel <input type="checkbox"/> Lodging / rooming house <input type="checkbox"/> Industrial facility <input type="checkbox"/> Second Reinspection <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Licensed nursing home <input type="checkbox"/> Licensed assisted living or board and care facility	<input type="checkbox"/> Other building 50,000 sq. ft. or larger <input type="checkbox"/> Third and subsequent Reinspection

**4. Number of additional buildings to be inspected**

This includes support buildings such as external clinics, storage, boiler houses, maintenance shops, and repair shops. There is a \$25 fee for each additional building after the first.

	x \$25	= \$
Number of additional buildings	Fee for each additional building	Total additional fees

**5. Reinspection**

One reinspection, if necessary, will be included in the cost of the original request. If additional inspections become necessary because of noncompliance, each subsequent inspection will require a separate Inspection Request Form and the necessary fee.

**6. Facilities outside our service area**

For facilities located outside Nolan County a mileage fee of \$0.655 per mile and will be calculated to and from your facility.

**7. Inspection date**

We will work with you to determine the best inspection date.

**8. Payment**

Pay by check or money order payable to the City of Sweetwater Texas. Mail your completed application, additional documents, and payment to the following mailing address:

Sweetwater Fire Department  
 Prevention Division  
 P.O. Box 450  
 Sweetwater, Texas 79556

**Your rights**

You can request information we have about you by emailing [jsmith@coswtr.org](mailto:jsmith@coswtr.org) or writing to: Public Records Request, Sweetwater Fire Department Prevention Division, P.O. Box 450 Sweetwater, Texas 79556. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to [jsmith@coswtr.org](mailto:jsmith@coswtr.org) or by mail to: Record Correction Request, Sweetwater Fire Department Prevention Division, P.O. Box 450 Sweetwater, Texas 79556.