



Sweetwater Fire Department Prevention Division

900 E Broadway | Sweetwater, TX 79556 | (325)235-4304 | 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.

1. Contact Information

Name Employer (optional)

Address

City State ZIP County

Phone Cell

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)

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

If multiple building types apply, the box with the largest fee will apply.

\$ 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"/> Licensed nursing home <input type="checkbox"/> Licensed assisted living or board and care facility <input type="checkbox"/> Assembly Occupancy <input type="checkbox"/> Business <input type="checkbox"/> Hospital/Clinic <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"/> Other building 50,000 sq. ft. or larger <input type="checkbox"/> Third and subsequent Reinspections

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. Inspection date

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

7. 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 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 or by mail to: Record Correction Request, Sweetwater Fire Department Prevention Division, P.O. Box 450 Sweetwater, Texas 79556.