

**Fire Marshal:**  
Roger Esparza

**Office:** (915) 851-0304  
**Fax:** (915) 851-9000

**Administrative Assistant:**  
[inspections@epcountyescd2.org](mailto:inspections@epcountyescd2.org)



**Deputy Fire Marshals:**  
Joe Saucedo  
Juan Medina

**EL PASO COUNTY E.S.D. #2 -- FIRE MARSHAL'S OFFICE**  
**Fire Suppression Permit Application**

Project Name: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Permit Application: (check all that apply)

- Fire Alarm
- Fire Alarm Modification (10 devices or less)
- Fire Sprinkler System
- Fire Sprinkler System Modification (20 heads or less)
- Fire Line Underground
- Fixed Pipe Suppression System
- Flammable/Combustible Storage Tanks

Contracting Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

I hereby certify that the plans submitted are completed and correct to the best of my knowledge and that submitted work will be done in compliance with the information herein set forth and in compliance with all codes adopted by EL PASO COUNTY ESD #2, the State of Texas, and the regulations and policy standards as set forth by the Fire Marshal of El Paso County ESD #2.

\_\_\_\_\_  
Authorized Applicant Signature

Date: \_\_\_\_\_

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For County Office Use Only

Permit No: \_\_\_\_\_

Date: \_\_\_\_\_