



BUILDING & SAFETY

CERTIFICATE OF STRESSING

<http://www.lasvegasnevada.gov/BuildingPermits>

Phone: (702) 229-6251

One Certification for Each Address

PERMIT # _____ DATE: _____

ADDRESS: _____ LOT/BLOCK: _____

SUBDIVISION: _____

NAME OF COMPANY PERFORMING STRESSING: _____

ADDRESS: _____

PHONE #: _____ FAX#: _____ E-MAIL: _____

We hereby certify that tension was applied to all tendons in accordance with engineered specifications on the project address listed above.

Stressing company representative name (print): _____

Title: _____

Stressing company representative signature: _____ Date: _____

Developer representative name (print): _____

Title: _____

Developer representative signature: _____ Date: _____

RETURN COMPLETED CERTIFICATE TO THE BUILDING INSPECTOR FOR THIS PROJECT