



DEPARTMENT OF BUILDING & SAFETY

# CERTIFICATE OF STRESSING

[www.LasVegasNevada.gov/BuildingPermits](http://www.LasVegasNevada.gov/BuildingPermits)

Phone: (702) 229-6251 Fax: (702) 382-1240

## 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**