



ELECTRICAL CONTRACTOR'S REQUEST FOR INSPECTION

www.LasVegasNevada.gov/BuildingPermits

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

- FULLY AND ACCURATELY COMPLETE & SUBMIT TO OIT@LASVEGASNEVADA.GOV & PW-TEFOInspections@LasVegasNevada.GOV
- AS-BUILT DRAWINGS SHALL BE ELECTRONICALLY SIGNED BY THE CONTRACTOR AND SUBMITTED WITH THE INSPECTION REQUEST
- ALL REQUESTS FOR RE-INSPECTION MUST INCLUDE A COPY OF THE ORIGINAL PUNCHLIST AND CORRECTIONS PERFORMED

COMPANY NAME: _____ SUPERVISOR NAME: _____

OFFICE: _____ MOBILE: _____ EMAIL: _____

DEVELOPER: _____ REP'S NAME: _____

OFFICE: _____ MOBILE: _____ EMAIL: _____

PROJECT NAME: _____ UNIT / PHASE: _____

PROJECT LOCATION: _____

CLV DWG #: _____ CLV PERMIT #: _____

STREET LIGHT INSPECTION OR REINSPECTION AS-BUILTS or REDLINED PLANS ARE REQUIRED FOR SUBMISSION

- THIS SECTION MUST BE COMPLETED WHEN REQUESTING INPSECTION OF STREELIGHTING SYSTEMS & COMPONENTS

DATE OF REQUEST: _____ LOCATION: _____

CONTRACTOR'S SIGNATURE: _____ DATE: _____

2ND INSP. CONTRACTOR'S SIG: _____ DATE: _____ INSP. INITIALS: _____ DATE: _____

3RD INSP. CONTRACTOR'S SIG: _____ DATE: _____ INSP. INITIALS: _____ DATE: _____

TRAFFIC SIGNAL INSPECTION OR REINSPECTION AS-BUILTS or REDLINED PLANS ARE REQUIRED FOR SUBMISSION

- THIS SECTION MUST BE COMPLETED WHEN REQUESTING INPSECTION OF TRAFFIC SIGNAL SYSTEMS & COMPONENTS

DATE OF REQUEST: _____ LOCATION: _____

CONTRACTOR'S SIGNATURE: _____ DATE: _____

2ND INSP. CONTRACTOR'S SIG: _____ DATE: _____ INSP. INITIALS: _____ DATE: _____

3RD INSP. CONTRACTOR'S SIG: _____ DATE: _____ INSP. INITIALS: _____ DATE: _____

SERVICE PEDESTAL INSPECTION OR REINSPECTION

- THIS SECTION MUST BE COMPLETED WHEN REQUESTING INPSECTION FOR SERVICE PEDESTAL INSPECTIONS
- NOTE – AS-BUILTS OR REDLINED PLANS ARE NOT REQUIRED FOR SERVICE PEDESTAL INSPECTION

DATE OF REQUEST: _____ LOCATION: _____

CONTRACTOR'S SIGNATURE: _____ DATE: _____

2ND INSP. CONTRACTOR'S SIG: _____ DATE: _____ INSP. INITIALS: _____ DATE: _____

3RD INSP. CONTRACTOR'S SIG: _____ DATE: _____ INSP. INITIALS: _____ DATE: _____

DO NO WRITE BELOW THIS LINE – CITY OF LAS VEGAS USE ONLY

INSPECTOR NAME: _____ DATE RECEIVED: _____

INSPECTOR CELL PHONE NUMBER: _____ RECEIVED BY: _____