BUILDING & SAFETY

CERTIFICATE OF STRESSING

http://www.lasvegasnevada.gov/BuildingPermits

Phone: (702) 229-6251

One Certification for Each Address and return Completed Certificate to the Building Inspector

PERMIT # _____ DATE _____

ADDRESS _____ LOT/BLOCK _____

SUBDIVISION _____

NAME OF COMPANY PERFOMRING STRESSING _____

ADDRESS _____

PHONE # _____ EMAIL _____

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

Company Representative Name (print) _____

Title _____

Company Representative Signature _____ Date _____

Developer Representative Name (print) _____

Title _____

Developer Representative Signature _____ Date _____