



# CITY OF LAS VEGAS

## BUILDING AND SAFETY DEPARTMENT

OFFSITE INSPECTION & TESTING  
333 NORTH RANCHO DRIVE  
LAS VEGAS, NV 89106  
PHONE: (702) 229-6337  
FAX: (702) 631-3000

### ELECTRICAL CONTRACTOR'S REQUEST FOR INSPECTION

### STREETLIGHT / TRAFFIC SIGNAL

### AS-BUILTS or REDLINED PLANS ARE REQUIRED FOR SUBMISSION

- FULLY AND ACCURATELY COMPLETE & SUBMIT TO [OIT@LASVEGASNEVADA.GOV](mailto:OIT@LASVEGASNEVADA.GOV) & [PW-TFOInspections@LasVegasNevada.GOV](mailto:PW-TFOInspections@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

- THIS SECTION MUST BE COMPLETED WHEN REQUESTING INSPECTION OF STREETLIGHTING SYSTEMS & COMPONENTS

DATE OF REQUEST: \_\_\_\_\_ LOCATION: \_\_\_\_\_

CONTRACTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

2<sup>ND</sup> INSP. CONTRACTOR'S SIG: \_\_\_\_\_ DATE: \_\_\_\_\_ INSP. INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

3<sup>RD</sup> INSP. CONTRACTOR'S SIG: \_\_\_\_\_ DATE: \_\_\_\_\_ INSP. INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

### TRAFFIC SIGNAL INSPECTION

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

DATE OF REQUEST: \_\_\_\_\_ LOCATION: \_\_\_\_\_

CONTRACTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

2<sup>ND</sup> INSP. CONTRACTOR'S SIG: \_\_\_\_\_ DATE: \_\_\_\_\_ INSP. INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

3<sup>RD</sup> INSP. CONTRACTOR'S SIG: \_\_\_\_\_ DATE: \_\_\_\_\_ INSP. INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE – CITY OF LAS VEGAS USE ONLY

INSPECTOR NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

INSPECTOR CELL PHONE NUMBER: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_