Use of this form serves as a Quality Assurance Agency Special Inspection Agreement between Building Official, Owner and Quality Assurance Agency for the purposes of special inspection per Section 22.02.515 of the Building Administrative Code of Clark County. This form is applicable to the Uniform Building Code and the International Building Code.

Clark County Department of Building & Fire Prevention

4701 W. Russell Rd ~ Las Vegas NV 89118
(702) 455-3000 ~ Fax (702) 221-0630

Samuel D. Palmer, Acting Director/Building & Fire Official • Girard Page, Fire Marshal

Report No.	
Page	of
Inspection Date	
Permit No.	

POST-TENSIONED SLAB-ON-GRADE

Project Address:		Lot:		Block:	
Development Name:					
Quality Assurance Agency:		Owner/Agent:			
Owner/Agent Signature:				Date:	
CCBD Inspector Initials				Date:	

INSPECTION SUMMARY

CCBD Plan Approval Date:	

Product Installation Complies with requirements Yes No

I hereby acknowledge that I have reviewed the approved plans, applicable evaluation report, and manufacturers' installation instructions. I inspected the products and observed the product installation. The anchor installation has been verified to be in accordance with the manufacturer's published instructions, the above referenced evaluation report and the Clark County approved plans.

SPECIAL INSPECTOR (PRINTED)	
SPECIAL INSPECTOR (SIGNATURE)	DATE

Return completed certification to Clark County Building Department

ENGINEER STAMP HERE