**INSPECTION REQUEST FORM**

(A separate request is required for each type of inspection.)

|  |  |  |  |
| --- | --- | --- | --- |
| SPWD Project Name: |  | | |
| SPWD *and* Using Agency Project No.: |  | | |
| Contractor’s Inspection Request No: |  | | |
| Building Name and Location: |  | | |
| Using Agency: |  | | |
| Using Agency’s Representative: |  | Phone No.: |  |
| General Contractor’s Representative: |  | Phone No.: |  |
| Subcontractor’s Representative: |  | Phone No.: |  |
| Inspection Date: |  | Inspection AM or PM : |  |
| Type of Inspection: |  | | |
| Plan Sheet Number: |  | | |

All inspections must be scheduled at least twenty-four hours in advance of the requested inspection date/time. Failure to submit a request with the required advance notice may result in the delay of the requested inspection. By submitting this inspection request to the State Public Works Division the General Contractor certifies that the associated work is ready for the requested inspection. Failure to have the work ready for the requested inspection may result in re-inspection fees.

E-Mail Instructions

1. Save this form to your desktop.
2. Complete the form, save the form, and attach it to an email.
3. Put the SPWD project number in the e-mail subject line.
4. Send the completed form to one of the e-mail addresses below.

For Southern Nevada (Las Vegas): SouthInspections@admin.nv.gov

For All Areas outside of Las Vegas: NorthInspections@admin.nv.gov

The inspection requested above has: Passed Failed

Re-inspection is required: Yes No

Special inspection acknowledged:

SPWD Inspector’s Comments:

|  |  |  |
| --- | --- | --- |
|  | | |
| SPWD Inspector: | Date: | Time: |