



City of Henderson
Department of Building and Fire Safety
 240 Water Street, P.O. Box 95050
 Henderson, NV 89009-5050
 (702)267-3600 Fax (702)267-3601

CERTIFICATE OF RETROFIT INSTALLATION

Date: _____ **Permit Number:** _____

Street Address: _____

General Contractor: _____ **Phone:** _____

Address: _____ **License #:** _____

City: _____ **State:** _____ **Zip:** _____

Sub-Contractor: _____ **Phone:** _____

Address: _____ **License #:** _____

City: _____ **State:** _____ **Zip:** _____

Design engineer shall be consulted for approval of use. Installation must conform to manufacturers requirements and ICC-ES evaluation report. A certification is required for each street address. Maintain a copy of report on jobsite.

Original Holdown	Location	Retrofit Used	Bolt/Bar Diameter	Embedment Depth	Epoxy Manufacturer	Epoxy ICC-ES#

Design Engineer: _____ **Phone:** _____

Installer: _____ **Signature:** _____

(Please Print)