



OFFICE
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HOURS
Mon. Wed. Thurs. Fri
9 am-12 pm/1 pm-4 pm
Closed Tuesday

New Applications Until 3:00 pm

ON-SITE PRE-GRADING INSPECTION FORM

Inspector _____ Date _____ Day _____ Time _____

Requested By _____

Phone _____ Mobile _____

Location/Assessor's Parcel Number (APN) _____ TRPA File No. _____

Street Address _____ Subdivision _____ Lot # _____

County/City _____

Type of Project _____

Date Field Inspection Completed _____ Field Inspection Completed By _____

Items to Check Review:

- _____ Temporary Erosion Control Devices Utilizing Best Available Technology
- _____ Review Standard Conditions of Approval
- _____ Vegetative Protective Fencing
- _____ Review Plans
- _____ Plans and Permits On-Site
- _____ Construction Schedule (if applicable)

Signature of Contractor/Owner

Date

Print Name

FOR OFFICE USE ONLY

Inspection Passes: Yes No Date: _____

Items to Correct: _____

Comments: _____

Inspection Database Updated by: _____ Date: _____