

Permit Expires 180 Days After Abandonment of Work

OMEGA PRODUCTS CORP

DIAMOND WALL INSULATING STUCCO SYSTEM

A# 104094
P# 92165586

JOB ADDRESS

ICBO Report #4004

2876 Red Bay

Date of Job Completion _____

PLASTERING CONTRACTOR

Name Elite Plastering

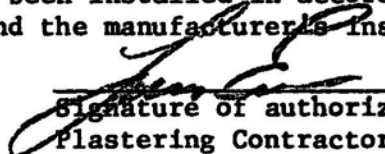
Address 5404 Alpine

Telephone No () 670 5530

Contractor Number of Diamond Wall System 2071

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions

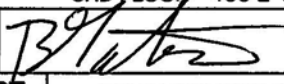
12-9-92
Date


Signature of authorized representative of
Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

	PERMIT NUMBER	92-165580	INSPECTION NUMBER	2
JOB ADDRESS				
2876 REEF BAY LA			A#104094	
LOT NO	BLOCK NO	SUBDIVISION NAME		
27	1	MOONLIGHT BAY #2		
FIRE DEPT MAP NO	JOB PHONE	CALL IN DATE	CALL IN TIME	SCHEDULE DATE
2117-49	367-3375	12/10/92	15 51	12/14/92
INSPECTOR NO	INSPECTOR NAME			
59	BOB GATES			
INSPECTION REQUESTED		BUILDING FINAL (140)		

☐ PARTIAL INSPECTION	☐ PARTIAL APPROVAL (P)	PARTIAL DESCRIPTION		
☒ APPROVED (A)	☐ STOP WORK (S)	☐ COMMENTS (C)	☐ TEMPORARY APPROVAL (T) -- UNTIL	☐ HOLD (H)
☐ REJECTED (R)	REINSPECTION REQUIRED CALL 229 2071			☐ PERMIT REQUIRED
☐ REFEE (F)	REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET			
INSPECTOR SIGNATURE		INSPECTION DATE		
		12 14 92		
PROJECT COMPLETE		BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Comme cal Only)		
IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT				229-6760

For Additional Assistance Call *229 6251 See Reverse Side For Inspection Types