

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FC



111742

IT NO

93-17L516

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

PLAN CHECK NO M-429 '93 DATE 2-2-93 CONST VAL \$ 2100

ADDRESS OF CONSTRUCTION 2017 Marble Gorge DR OWNER Mike Stueck PHONE 228 7836

LOT(s) 34 BLOCK 1 SUBDIVISION Signature @ Reddick Ranch ZONE R

PROPOSED CONSTRUCTION Patio + Cover USE \_\_\_\_\_

THIS PERMIT FOR BLDG ☒ A/C ☐ ELEC ☐ PLBG ☐ OTHER PERMITS REQD FENCE ☐ OFF SITE ☐ SWIM POOL ☐

FLOOR AREA BSMT \_\_\_\_\_ 1ST \_\_\_\_\_ 2ND \_\_\_\_\_ GARAGE \_\_\_\_\_ PORCH V TOTAL 300

CONTRACTOR OWNER STATE LICENSE NO \_\_\_\_\_ CITY LICENSE NO \_\_\_\_\_

ARCHITECT \_\_\_\_\_ ENGINEER \_\_\_\_\_

MASTER PLUMBER/CONTRACTOR \_\_\_\_\_ MASTER ELECTRICIAN/CONTRACTOR \_\_\_\_\_

## OTHER INSPECTIONS AND FEES

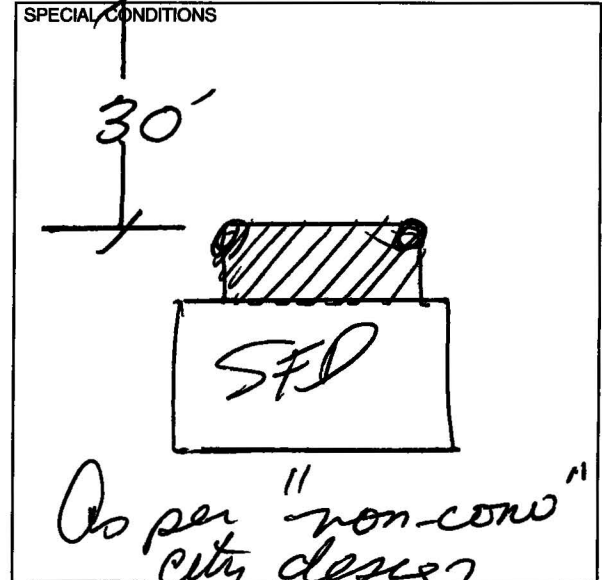
- 1 Inspections of masonry, concrete, and foundation work \$4000 per hour (minimum 1 hour)
- 2 Inspections of electrical, plumbing, and mechanical work \$4000 per hour (minimum 1 hour)
- 3 Inspections of structural steel work \$4000 per hour (minimum 1 hour)
- 4 Additional plan review required by city \$4000 per hour (minimum 2 hours)

## CONDITIONS OF THE PERMIT

- 1 I agree to call the City Building Department for inspections before concrete is poured before rough wiring, electrical plumbing framing is completed. Also for a condition of drywall and sheathing inspection.
- 2 I agree that when the job is completed, I will call for a final inspection before occupancy.
- 3 I agree to perform all construction in accordance with City Ordinances and Building Codes.
- 4 The Contractor's signature below denotes a thirty-day warranty from the owner to sign and shall be taken out for work outlined above this agreement.
- 5 I have read and understand the contents of this application and permit. I hereby state that the information I have supplied on this application is true and correct.
- 6 Approval for the work under this permit will be given only after the fee and deposit have been received from the job site and the right of way.
- 7 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS

BY Michael J. Stueck NOTARY PUBLIC  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY.  
January 28, 1993 before Norma J. Spaeth County of Clark, State of Nevada  
BY Norma J. Spaeth My Appointment Expires Mar 19, 1994  
I hereby certify that I have reviewed this application and the proposed plans and have found that the proposed development meets the requirements of the City of Las Vegas Flood Hazard Reduction Ordinance for the issuance of this Development Permit.

## SPECIAL CONDITIONS



LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER DATE

PLANNING DEPT. DATE

BUILDING DEPT. DATE

PLUMBING FEE

WATER DISTRIBUTION 6 70

SEWER SYSTEM NEW OR MODIFICATION 11 05

FIXTURES WATER SOFTENER HW HEATER 2 25

GARBAGE DISPOSAL WASHER 2 25

FUEL PIPING 6 70

IRRIGATION SYSTEM 8 90

MISC

2310 2433 TOTAL

AIR CONDITIONING FEE

NEW UNIT 3 TON = 10 00 OVER = 18 20

FURNACE TO 100 000/10 00 OVER/12 20

VAPORATIVE COOLER 7 20

VENTILATION FAN 2 65

2310 2435 TOTAL

## ELECTRICAL

## FEE

RECEPTACLE \_\_\_\_\_ SWITCH \_\_\_\_\_ 50

EACH LIGHT FIXTURE OR SOCKET \_\_\_\_\_ 40

SPECIAL OUTLET APPLIANCE ETC 80

SERVICE/PANEL SUB/3 40 200A/6 70 400A/13 85

A/C UNIT OR MOTORS 3 40

MISC

2310 2432 TOTAL

1113 2437 ZONING

2310 2431 PLAN REVIEW

2310 2401 BLDG PERMIT

7143 2973 SEWER CONNECTION

6122 3352 TORTOISE

2897 PIF

88100 1232 TRANSPORT

## TOTAL FEES

RECEIPT  
MUST BE MACHINE VALIDATED

ZJNE 3 00

SFD 54 03

CASH 27 00

1275A000 13 29

PERMIT NO

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

93 18156

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FOR INSPECTIONS CALL 229 2071

DEVELOPMENT PERMIT  
FOR Swimming Pool or Spa

72

PLAN CHECK NO 1M 359 DATE \_\_\_\_\_ CONST VAL \$ 3500

ADDRESS OF CONSTRUCTION 8017 MARBLE Gorge DR OWNER STURLEY 813 765  
CONTRACTOR PHONE

CONTRACTOR YEAGER POOLS STATE LICENSE NO 31720 CITY LICENSE NO 03757-2-14521

LOT(s) \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ ZONE \_\_\_\_\_

PLUMBING CONTRACTOR DeSinger Pools ELECTRICAL CONTRACTOR Murphy Electric

CIRCLE TYPE OF POOL THAT APPLIES ☒ PRIVATE ☐ SEMI PUBLIC ☐ PUBLIC ☒ SPA

MATERIALS OF CONSTRUCTION REINFORCED GUNITE ☒ REINFORCED CONCRETE ☐ OTHER \_\_\_\_\_

SQUARE FEET OF SURFACE POOL 712 SPA 35 VOLUME IN GALLONS 7500

Approval for the work under this permit will be given only after refuse and debris have been removed from job site and public right of way

I state that I am familiar with the effective ordinances of the City of Las Vegas Nevada and the effective Statutes of the State of Nevada covering construction and use of the above type I agree to perform said construction in conformity therewith I further agree that issuance of a permit on the above application will not excuse me from conforming with the said Ordinances and Statutes despite any errors on the part of the building inspector or engineer in checking plans and application herewith

All swimming pools must be fenced before the pool is filled with water No electrical lines shall cross over a pool Applicants must have separate plot plans showing location of power pole proposed or existing fencing and location of swimming pool I agree to repair any utility line if damaged during excavation work I have read and understand the contents of above application I hereby state that the same are true and correct

SIGNED \_\_\_\_\_ CONTRACTOR

BY \_\_\_\_\_ AGENT/OWNER

PLANNING DEPT. 3/3/93 DATE

BUILDING DEPT. \_\_\_\_\_ DATE

- 1 Inspections outside of normal business hours = \$40 00 per hour (minimum charge three hours)
- 2 Re Inspection fee during normal business hours assessed under provisions of TABLE 3 A of the Uniform Building Code = \$40 00 each
- 3 Inspections during normal business hours for which no fee is specifically indicated = \$40 00 per hour (minimum charge one half hour)
- 4 Additional plan review required by changes additions or revisions to approved plans = \$40 00 per hour (minimum charge two hours)

| DESCRIPTION                              |                                   |                    | FEE   | TOTAL    |
|------------------------------------------|-----------------------------------|--------------------|-------|----------|
| ISSUANCE FEE                             |                                   |                    | 15 50 | 15.50    |
| SEWER CONNECTION FEE (to 30 000 GALLONS) |                                   |                    |       | 110.00   |
| BUILDING PERMIT POOL & OR SPA            |                                   |                    |       | 62.00    |
| PLUMBING PERMIT                          | PRIVATE POOL OR SPA               | PREFORMED SPA      | 11 00 |          |
|                                          |                                   | OTHERWISE          | 22 00 | 22.00    |
|                                          | PUBLIC OR SEMI PUBLIC POOL OR SPA | PREFORMED SPA      | 22 00 |          |
|                                          |                                   | OTHERWISE          | 33 00 |          |
|                                          | FUEL PIPING FOR POOL HEATER       |                    | 6 70  | 6.70     |
| ELECTRICAL PERMIT                        | SPA                               |                    | 8 90  | 8.90     |
|                                          | SWIMMING POOL                     | RESIDENTIAL        | 22 00 | 22.00    |
|                                          |                                   | PUBLIC SEMI PUBLIC | 33 00 |          |
|                                          | ELECTRICAL SERVICE CHANGE         |                    | 6 70  |          |
| ZONING                                   |                                   |                    |       | 3.00     |
| TOTAL FEES                               |                                   |                    |       | \$250.10 |

## RECEIPT

\*\*0002\*\*

FOOD 71.50  
SEWER 110.71  
PLUMB 26.70  
ELEC 72.70  
ZONE 3.11  
CHIEF 250.10  
7421400 12 24

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 8251

PERMIT NO

92-150402

PLUMBING PERMIT

LOG NO &amp; AREA P-197

FOR



87559

DATE

CONST VAL \$

b ADDRESS OF CONSTRUCTION 2017 Marble Gorge Drive OWNER Plaster Development PHONE 452-8802

CONTRACTOR A &amp; A Landscaping &amp; Sprinklers

STATE LICENSE NO 0021592

CITY LICENSE NO C11-01414-2-024047

LOT(s) 34 BLOCK 1 SUBDIVISION Peccole - Phase C2

ZONE

PROPOSED CONSTRUCTION

USE

PLUMBING  
PERMIT NOApp o al fo the wo k unde ths pe m t w ll b g e o ly afte f se  
a d deb s ha e bee emo ed from job ste a d p bl c ght of ay

| UNITS                            | DESCRIPTION                                                                                   | FEE     | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                               |         |       |
| XX                               | Fo iss u g E ch P m t                                                                         | 10 70   | 10 70 |
|                                  | Fo iss q Each S ppl m t I P m t                                                               | 4 85    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                               |         |       |
|                                  | Bathub Shower La ato y To let U nal                                                           | EA 2 15 |       |
|                                  | Floo D an Floo Snk Wash Tay S k                                                               | EA 2 15 |       |
|                                  | G b ge D spos I Cl th s W sh D shw sh<br>( s d tal)                                           | EA 2 15 |       |
|                                  | Ga bage D spos I (comme c al)                                                                 | EA 8 60 |       |
|                                  | Clothes Washe D shwashe<br>(comme c al)                                                       | EA 2 15 |       |
|                                  | Cloth s D y (g )( t ng)                                                                       | 2 15    |       |
|                                  | De tal U t                                                                                    | 8 60    |       |
|                                  | D nk g Fou ta                                                                                 | 2 15    |       |
|                                  | Refr ge ato Ice Make W te D sp n e                                                            | 2 15    |       |
|                                  | Any othe wate s g q pm t Alt hed<br>Coff e Make s lc M ke s                                   | 2 15    |       |
|                                  | Hot Water Heate (Ga o Elect c)                                                                | EA 2 15 |       |
| <b>SEWER SYSTEM</b>              |                                                                                               |         |       |
|                                  | New Repl m t Mod f ato o A y<br>D a nage Wo k                                                 | 10 70   |       |
|                                  | G ease o Sa d T ap o Inte cepto                                                               | 2 15    |       |
|                                  | T ale T ap ( e tal pa ks)                                                                     | 5 35    |       |
| <b>WATER SOFTENERS</b>           |                                                                                               |         |       |
|                                  | N P ma t Typ ( tal)                                                                           | 2 15    |       |
|                                  | P m nent Type ( ted t d )                                                                     | 2 15    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                               |         |       |
|                                  | S gle Fam ly Dw ll g                                                                          | 6 45    |       |
|                                  | M lt Fam ly Dw ll ng                                                                          | 6 45    |       |
|                                  | Plus Each Dw ll ng Un t                                                                       | 3 25    |       |
|                                  | Comme c al B ld ng pe floo                                                                    | 3 25    |       |
|                                  | Plus Each U t (leased space or off ce)                                                        | 2 15    |       |
|                                  | Hotel or Motel                                                                                | 8 60    |       |
|                                  | Plus Each Un t                                                                                | 3 25    |       |
|                                  | Tra ler Park                                                                                  | 32 10   |       |
|                                  | Plus Each Space                                                                               | 2 15    |       |
| XX                               | I gat o S gle Fam ly Dw ll g                                                                  | 8 60    | 8 60  |
|                                  | Ir gat on Commer c al Fee Based on<br>Bu ld ng Code Valu at on Chart<br>Const ct on Val at on |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                   | FEE            | TOTAL |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                               |                |       |
|                                   | S gle F m ly Dw ll g                                                                                                                                                                                          | 6 45           |       |
|                                   | M lt Fam ly Dw ll g                                                                                                                                                                                           | 10 70          |       |
|                                   | Pl s E h U t                                                                                                                                                                                                  | 2 15           |       |
|                                   | Comme c al B ld ng (pe floor)                                                                                                                                                                                 | 6 45           |       |
|                                   | Plus Each Un t (leased space o off ce)                                                                                                                                                                        | 6 45           |       |
|                                   | Med um P ssu System (Pla Check)                                                                                                                                                                               | 12 85          |       |
|                                   | E ch Gas Appl a ce (A y Type)                                                                                                                                                                                 | 2 15           |       |
|                                   | Ste m Bo le s                                                                                                                                                                                                 | 5 60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                               |                |       |
|                                   | Collecto s ( cl d g p p g) (per collecto )                                                                                                                                                                    | 5 60           |       |
|                                   | Sto age Ta ks (each)                                                                                                                                                                                          | 5 60           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                               |                |       |
|                                   | Fo O ste Sewe Gas o Wate Co tact V l e<br>Fee bas d on B ld ng Cod Pe m t Val t on<br>Chart                                                                                                                   |                |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                               |                |       |
|                                   | Inspect o s o ts de o mal b s ess h s<br>(m m m ha g th ho s)                                                                                                                                                 | 25 00<br>pe ho |       |
|                                   | Unde pro isions of Table 3 A of the U fo m<br>Bu ld g Code wo k wh h s been nsp t d<br>onc and not app o ed may be s bject to a<br>R sp ion Fee ot less th n \$30 00 p e ch<br>inspect on du ng bus ness ho s | 30 00<br>each  |       |
|                                   | Add to al pl n e w eq ed by ch ges<br>Add ons to o e s o s to app o ed pla s (m<br>m m cha ge two hou s)                                                                                                      | 30 00<br>pe ho |       |
|                                   | Pl mb g pe m t f e s may b omp t d the<br>same as b ld g p m t f e s by s ng the cost<br>of nstallation fo val at o amou t when such<br>wo k s not cluded in the above schedule                               |                |       |
|                                   | Co st cto valu ton                                                                                                                                                                                            |                |       |

FOR INSPECTIONS  
CALL 229 2071SEWER # 7114 3654  
CONNECTION

FIXTURES X

FEE

2310 2403

PERMIT  
FEE 19 30TOTAL  
FEES 19 30

RECEIPT

PERMIT NO

MUST BE MACHINE VALIDATED

I hereby certify that I have carefully examined and read the above applica  
tion that the same is true and correct and that the work herein described is to  
be done in accordance with all the provisions of the applicable Ordinances of  
the City of Las Vegas Nevada and he State Laws whether herein specified or  
not

A &amp; A Landscaping &amp; Sprinklers

SIGNED CONTRACTOR MASTER CARD NO

BY Reg ired Mast Pl mb Sp C t Ow

BUILD NG DEPT

DATE

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

PERMIT NO

92-142104

PLUMBING PERMIT

LOG NO &amp; AREA T-197

84451

CONST VAL \$

ADDRESS OF CONSTRUCTION 2017 Marble Gorge Drive OWNER Plaster Development Inc PHONE 873-5558

CONTRACTOR Hynds Plumbing &amp; Heating Co STATE LICENSE NO 1021 CITY LICENSE NO 01660

LOT(s) 34 BLOCK 1 SUBDIVISION Peccole Lot 12 Unit C2 - Style ZONE

PROPOSED CONSTRUCTION Plumbing USE SFD

PLUMBING  
PERMIT NOApp o al fo the wo k de ths pe mt wll be g e o ly afte f se  
a d deb s ha e bee emo ed f om job s te and p bl ght of way

| UNITS                            | DESCRIPTION                                                   | FEE     | TOTAL |
|----------------------------------|---------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                               |         |       |
| 1                                | Fo iss ng Each Pe mt                                          | 10 70   | 10 70 |
|                                  | Fo Issu q E h S pplemental P mt                               | 4 85    |       |
| <b>FIXTURE CHARGE</b>            |                                                               |         |       |
| 10                               | B tht b Show La ato y To let U al                             | EA 2 15 | 21 50 |
|                                  | Floo D a Floo S k Wash T y Snk                                | EA 2 15 | 2 15  |
| 2                                | G bage D sposal Clothes Washe D shw sh ( es dent l)           | EA 2 15 | 4 30  |
|                                  | G bage D sposal (comme c l)                                   | EA 8 60 |       |
|                                  | Clothes Washe D shwashe ( omme c al)                          | EA 2 15 |       |
|                                  | Clothes D ye (gas) ( e t g)                                   | 2 15    |       |
|                                  | Dental U t                                                    | 8 60    |       |
|                                  | D k g Fo ta                                                   | 2 15    |       |
|                                  | Ref ge ato lce Make Wat D sp                                  | 2 15    |       |
|                                  | A yothe wate s g eq pme t Attached Coff Mak s l e Mak s       | 2 15    |       |
| 1                                | H t Wat H t (G o Ele t )                                      | EA 2 15 | 2 15  |
| <b>SEWER SYSTEM</b>              |                                                               |         |       |
| 1                                | New Replaceme t Modf ato o Any D a age Wo k                   | 10 70   | 10 70 |
|                                  | G ease o Sa d T ap o Inte cepto                               | 2 15    |       |
|                                  | T le T p ( e tal pa ks)                                       | 5 35    |       |
| <b>WATER SOFTENERS</b>           |                                                               |         |       |
|                                  | No Permane t Type ( ental)                                    | 2 15    |       |
|                                  | P m e t Type (co cted to d a )                                | 2 15    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                               |         |       |
| 1                                | S gl Fam ly Dwell ng                                          | 6 45    | 6 45  |
|                                  | M It Fam ly Dwell g                                           | 6 45    |       |
|                                  | Plus Each Dwell ng U t                                        | 3 25    |       |
|                                  | Comme c al Bu ld ng per floo                                  | 3 25    |       |
|                                  | Plus Each U t (leased space o off e)                          | 2 15    |       |
|                                  | Hotel o Motel                                                 | 8 60    |       |
|                                  | Pl s Each U t                                                 | 3 25    |       |
|                                  | Tra ler Park                                                  | 32 10   |       |
|                                  | Plus Each Space                                               | 2 15    |       |
|                                  | Irr gat on Sngle F m ly Dwell g                               | 8 60    |       |
|                                  | I gat o Comme c al Fee Based on Bu ld ng Code Valuat on Chart |         |       |
|                                  | Co str ct o Val at on                                         |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                        | FEE         | TOTAL |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                    |             |       |
| 1                                 | Sngle Fam ly Dwell g                                                                                                                                                                               | 6 45        | 6 45  |
|                                   | M It Fam ly Dwell g                                                                                                                                                                                | 10 70       |       |
|                                   | Plus Each U t                                                                                                                                                                                      | 2 15        |       |
|                                   | Comme c al Bu ld g (pe floo )                                                                                                                                                                      | 6 45        |       |
|                                   | Pl s Each U t (leased space o off )                                                                                                                                                                | 6 45        |       |
|                                   | Medi m P ess re System (Plan Ch ck)                                                                                                                                                                | 12 85       |       |
| 5                                 | Each Gas Appl a ce (Any Type)                                                                                                                                                                      | 2 15        | 10 75 |
|                                   | Ste m Bo le s                                                                                                                                                                                      | 5 60        |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                    |             |       |
|                                   | Collecto s ( cl d ng p p ng) (pe oll cto )                                                                                                                                                         | 5 60        |       |
|                                   | Sto ge Tanks ( ach)                                                                                                                                                                                | 5 60        |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                    |             |       |
|                                   | Fo O ste Sewe Gas o Wate Cont ct V l e F e b sed o B ld g Cod Pe mt V l o Cha t                                                                                                                    |             |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                    |             |       |
|                                   | Inspect ons outs de of normal b s ness ho s (m m m cha ge—th ee ho s)                                                                                                                              | 25 00 pe ho |       |
|                                   | Unde p o s ons of T ble 3 A of the Un fo m Bu ld g Code wo k wh ch has bee specte o ce and ot app oved may be subject to a Re spectio Fee ot less than \$30 00 pe each spect o d ng b s ness ho rs | 30 00 each  |       |
|                                   | Add to al pla w qu d by ch nges Add tions to o e s o s to app o ed plans (m n m m cha g two hou s)                                                                                                 | 30 00 pe ho |       |
|                                   | Pl mb ng pe mt fees may be comp ted the s me s b ld g pe mt fees by s g the cost of nstallaton for al at on amo nt whe s ch wo k s not ncl ded n the above schedule                                |             |       |
|                                   | Constr ct on Val at o                                                                                                                                                                              |             |       |

FOR INSPECTIONS  
CALL 799 2071SEWER # 7114 3654  
CONNECTION

RECEIPT

FIXTURES X

FEE

2310 2403  
PERMIT  
FEETOTAL  
FEES

75.15

PERMIT NO

MUST BE MACHINE VALIDATED

I hereby certify that I have carefully examined and read the above applica-  
tion that the same is true and correct and that the work herein described is to  
be done in accordance with all the provisions of the applicable Ordinances of  
the City of Las Vegas Nevada and he State Laws whether herein specified or  
not

SIGNED Hynds Plumbing & Heating Co. 99  
CONTRACTOR MASTER CARD NO

BY [Signature] B g t d M st Pl mb Sp C t Ow

BUILD NG DEPT

4/9/92  
DATE



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FO

PERMIT NO

92-141621

ELECTRICAL PERMIT

PLAN CHECK NO P-197 DATE 4-2-92 CONST VAL \$ADDRESS OF CONSTRUCTION 2017 MARBLE GORGE DRIVE OWNER SIGNATURE HOMES Peccole RCCONTRACTOR BEST ELECTRIC STATE LICENSE NO 0019488 CITY LICENSE NO 021758HOWARD DUNN LOT/BLK 34/1 PLAN 52 M1-212 367-0050  
(PRINT NAME OF MASTER ELECTRICIAN) MASTER CARD NO CONTRACTOR PHONEPROPOSED CONSTRUCTION Single Family Dwellings

ELECTRIC PERMIT NO

Approval for the work under this permit will be given only after review and debris have been removed from job site and public right of way

| UNITS                                                                                                              | DESCRIPTION                                                                                                                                                                                                                                       | FEE   | TOTAL |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                             |                                                                                                                                                                                                                                                   |       |       |
| 1                                                                                                                  | For Issuing Each Permit                                                                                                                                                                                                                           | 10 70 | 0.70  |
| 0                                                                                                                  | Supplemental Fee                                                                                                                                                                                                                                  | 4 85  | 0.00  |
| <b>APPLIANCE CHARGE</b>                                                                                            |                                                                                                                                                                                                                                                   |       |       |
| <b>Residential or General Commercial</b>                                                                           |                                                                                                                                                                                                                                                   |       |       |
| 54                                                                                                                 | Receptacle <del>32</del> Switch <del>22</del>                                                                                                                                                                                                     | 45    | 24.30 |
| 18                                                                                                                 | Each Light Fixture Socket or Electric Light Smoke Detector or Exhaust Fan                                                                                                                                                                         | 35    | 6.30  |
| 7                                                                                                                  | EACH OUTLET FOR SPECIAL PURPOSE<br>Dishwasher G garbage Grinder Trash Compact<br>GFI Clothes Washer Dry Electric Range<br>Oven Water Heater Space Heater Blast Coil<br>Heater (PER KW) Mercury Lamp Quartz Lamp<br>Sodium Lamp 20AMP Sign Circuit | 75    | 5 25  |
|                                                                                                                    | X Ray Unit                                                                                                                                                                                                                                        | 10 70 |       |
|                                                                                                                    | Area Lighting (Foot Candles 3000 Watts)                                                                                                                                                                                                           | 8 60  |       |
|                                                                                                                    | Each Additional 1000 Watts                                                                                                                                                                                                                        | 3 25  |       |
| <b>MOTORS (1 HP AND OVER) TRANSFORMERS ELEVATORS WELDERS GENERATORS CHILLERS SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                   |       |       |
|                                                                                                                    | Foot HP to Foot Each Unit                                                                                                                                                                                                                         | 3 25  |       |
|                                                                                                                    | Foot KVA Foot Each Unit                                                                                                                                                                                                                           | 3 25  |       |
|                                                                                                                    | Each Additional HP to 0 KVA per 50                                                                                                                                                                                                                | 55    |       |
|                                                                                                                    | Each Additional HP to 0 KVA over 50                                                                                                                                                                                                               | 40    |       |
| 0                                                                                                                  | Temporary power Pole                                                                                                                                                                                                                              | 6 45  | 0.00  |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                         |                                                                                                                                                                                                                                                   |       |       |
| 1                                                                                                                  | Up to 200 AMP                                                                                                                                                                                                                                     | 6 45  | 6.45  |
| 0                                                                                                                  | 400 AMP And 600 AMP                                                                                                                                                                                                                               | 13 40 | 0.00  |
|                                                                                                                    | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                          | 26 75 |       |
|                                                                                                                    | Over 1200 AMP                                                                                                                                                                                                                                     | 53 50 |       |
|                                                                                                                    | Each Additional Meter Socket                                                                                                                                                                                                                      | 55    |       |
| 0                                                                                                                  | Sub Panel Motor Control Center Disconnect Switch Transfer Switch (Each)                                                                                                                                                                           | 3 25  | 0.00  |
|                                                                                                                    | Swimming Pool (Residential)                                                                                                                                                                                                                       | 21 40 |       |
|                                                                                                                    | Swimming Pool (Semi Public)                                                                                                                                                                                                                       | 32 10 |       |
|                                                                                                                    | Spas                                                                                                                                                                                                                                              | 8 60  |       |
|                                                                                                                    | Recreational Vehicle Spas (Each)                                                                                                                                                                                                                  | 3 25  |       |

| UNITS                                                                    | DESCRIPTION                                                                                                                                                                | FEE            | TOTAL |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                          | Buses Trolley or Plug (Each 100 Ft)                                                                                                                                        | 3 25           |       |
|                                                                          | Gas Pumps Dispensers (Each)                                                                                                                                                | 3 25           |       |
| 2                                                                        | Permanent A/C Unit (5 Tons or Less)                                                                                                                                        | 3 25           | 6.50  |
| 0                                                                        | Each Residential                                                                                                                                                           | 1 10           | 0.00  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                             |                                                                                                                                                                            |                |       |
|                                                                          | Speaker Outlet (Each)                                                                                                                                                      | 35             |       |
|                                                                          | Signal or Alarm Outlets (Each)                                                                                                                                             | 35             |       |
|                                                                          | Amplifiers                                                                                                                                                                 | 2 15           |       |
|                                                                          | Control Panel                                                                                                                                                              | 55             |       |
| 2                                                                        | TV Master System                                                                                                                                                           | 35             | 0.70  |
| 2                                                                        | Telephone Computer Outlet                                                                                                                                                  | 35             | 0.70  |
| <b>OTHER INSPECTIONS AND FEES INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                            |                |       |
|                                                                          | Inspections outside of normal business hours (minimum charge - three hours)                                                                                                | 30 00 per hour |       |
|                                                                          | Reinspection fee assessed under provisions of TABLE 3 A of the Uniform Building Code - \$30 00 EACH                                                                        | 30 00 each     |       |
|                                                                          | Inspections for which no fee is specifically indicated (minimum charge - one hour)                                                                                         | 30 00 per hour |       |
|                                                                          | Additional plan review required by building department or as so stipulated in permit (minimum charge - one half hour) After work hours - \$30 00 per hour - minimum 1 hour | 30 00 per hour |       |
|                                                                          | Starter Permit                                                                                                                                                             | 50 00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                            |                                                                                                                                                                            |                |       |
|                                                                          | Commercial - Burglar Alarms                                                                                                                                                |                |       |
|                                                                          | -Music Systems                                                                                                                                                             |                |       |
|                                                                          | -Data Processing                                                                                                                                                           |                |       |
|                                                                          | -Communication                                                                                                                                                             |                |       |
|                                                                          | Conduit Only - Contract Price                                                                                                                                              |                |       |
|                                                                          | All Miscellaneous Electric                                                                                                                                                 |                |       |

Electrical permit fees may be computed the same as building permit fees by using the cost of installation for all amounts which work is not included in the above schedule

# 2310 2432

## RECEIPT

I hereby certify that I have carefully examined and read the above application that the same is true and correct and that the work herein described is to be done in accordance with all the provisions of the applicable Ordinances of the City of Las Vegas Nevada and the State Laws whether herein specified or not

SIGNED HOMEOWNER CONTRACTOR

PERMIT FEE 60 90

LESS STARTER PERMIT

TOTAL FEES

PERMIT NO

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FOR INFO



80371

PERMIT NO

92-143589

AIR CONDITIONING PERMIT

PLAN CHECK NO P-197 DATE \_\_\_\_\_ CONST VAL \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION 2017 MARBLE GORGE DRIVE OWNER PLASTER DEVELOPMENT CO PHONE 565-8751CONTRACTOR CARL S A/C & S/M INC STATE LICENSE NO 8370 CITY LICENSE NO 230-2-10793LOT(s) 34 BLOCK 1 SUBDIVISION PECCOLE LOT 12 UNIT C2 ZONE \_\_\_\_\_PROPOSED CONSTRUCTION COMPLETE INSTALLATION OF A/C AND DUCTWORK USE \_\_\_\_\_

| UNITS                    | DESCRIPTION                                                                                                                                                                                      | FEE   | TOTAL |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                  |       |       |
| 1                        | F the ss a ce f h p mt                                                                                                                                                                           | 16 05 | 16 05 |
|                          | Fo ss ge h ppl m t l p mt                                                                                                                                                                        | 4 85  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                  |       |       |
|                          | For the stallato o elocato of ea h fo ced a r or g a ty type f mace o bu e c l d g d ts and e ts attached to su h appla ce p to and ncl d g 100 000 Bt /h                                        | 9 65  |       |
|                          | Fo the tallato location of each fo ced a or gra ty type f ace o b e l d g d ts and e ts att ched t h appla ce o e 100 000 Bt /h                                                                  | 11 80 |       |
|                          | Fo the t l l t r relocation of each floo f nace ncl dng ent                                                                                                                                      | 9 65  |       |
|                          | Fo th t l l t elocato of each s spe ded h t ecessed wall h t fl m t d t heater                                                                                                                   | 9 65  |       |
|                          | For the nstallaton relocato or replacement of each appl t t lled a d ot c l ded a appla ce p e m t                                                                                               | 4 85  |       |
|                          | Fo th p f ltrato of o addto to ea h heat g appla c f g to t cool g t abs rpton nt or each heat g cool g absorpton or e apo at e cool g system ncl dng nstallato of ontrols reg lated by ths code | 9 65  |       |
| 2                        | F the nstallato o elocato of e h b l or compesso to a d c l d g the to or each abso pto y t m t and ncl d g 100 000 Btu/h                                                                        | 9 65  | 19 30 |
|                          | For the stallaton or relocation of each bole o compressor over three to s to and ncl dng 15 tons or each absorpton system o e 100 000 Bt /h and l dng 500 000 Bt /h                              | 17 65 |       |
|                          | For the installato o relocation of each boiler or compressor over 15 tons to and ncl dng 30 tons or each absorpton system o e 500 000 Btu/h to a d c l dng 1 000 000 Bt /h                       | 24 15 |       |
|                          | For the nstallato o elocaton of each boiler or compressor over 30 to s to a d ncl dng 50 tons or for each absorpton system o er 1 000 000 Btu/h to and ncl dng 1 750 000 Btu/h                   | 35 85 |       |
|                          | F th nstallato o l t f a h boiler o refrge ato comp ess o er 50 tons or each absorpton system o er 1 750 000 Btu/h                                                                               | 59 95 |       |

| Appro al for the work under this pe m t w l l be g e o ly afte efuse and debrs ha e been remo ed from job ste a d publ c ght of way |                                                                                                                                                                     |       |       |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| UNITS                                                                                                                               | DESCRIPTION                                                                                                                                                         | FEE   | TOTAL |
|                                                                                                                                     | Fo each a ha dl g t t d ncl dng 10 000 c bc feet pe m t l d g d t t t h d th t                                                                                      |       |       |
|                                                                                                                                     | Not Ths f h l l t p l y t h d l g t wh h po to of a facto y embled appla ce cooling unit e apo at e coole o b or pto t fo whch a pe m t s eq d elsewhere n ths code | 6 95  |       |
|                                                                                                                                     | Fo each a ha dl g u to er 10 000 cfm                                                                                                                                | 11 80 |       |
|                                                                                                                                     | Fo each e apo at e coole othe tha po table typ                                                                                                                      | 6 95  |       |
|                                                                                                                                     | Fo ea h t laton fan                                                                                                                                                 | 4 85  |       |
| 6                                                                                                                                   | COMMERCIAL<br>RESIDENTIAL                                                                                                                                           | 2 55  | 15.30 |
|                                                                                                                                     | Fo each e t l t y t m wh h t p t of a y h t g o r a cond ton ng system autho ed by a pe m t                                                                         | 6 95  |       |
|                                                                                                                                     | Fo the nstallato of each hood whch s ser ed by mecha cal e h t l d g th d cts for s ch hood                                                                         | 6 95  |       |
|                                                                                                                                     | Fo each f e dampe stalled st g sy t m                                                                                                                               | 4 85  |       |
| <b>OTHER INSPECTIONS AND FEES</b>                                                                                                   |                                                                                                                                                                     |       |       |
|                                                                                                                                     | I p t t d f m l b h (m m m h g - th h )                                                                                                                             | 25 00 |       |
|                                                                                                                                     | R p t f d d p f TABLE 3 A f th U f m B l d g C d \$15 00 EACH                                                                                                       | 15 00 |       |
|                                                                                                                                     | I p t f wh h f p f lly d t d (m m m h g - h l f h )                                                                                                                 | 30 00 |       |
|                                                                                                                                     | Add l pl w q d by h g d d t t p p d pl (m m m h g - tw h )                                                                                                          | 30 00 |       |
|                                                                                                                                     | M h l p m t f m y b m p t d th m b l d g p m t f by g th t f t l l t f l t m t w h h w k t l d d th b h d l                                                         |       |       |
|                                                                                                                                     | G p p g w h d tly l t d d y t h p p l m t f h t g d t g f g t y t m t d g 500 000 BTUH                                                                              | 6 45  |       |

2310 2435

RECEIPT

I hereby certify that I have carefully examined and read the above application that the same is true and correct and that the work herein described is to be done in accordance with all the provisions of the applicable Ordinances of the City of Las Vegas Nevada and the State Laws whether herein specified or not

SIGNED [Signature] CONTRACTOR MASTER CARD NO \_\_\_\_\_  
BY [Signature] DATE 4/23/92  
BUILDING DEPT

PERMIT FEE 16 05TOTAL FEES 50 65

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

93 179-56

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

113916

DEVELOPMENT PERMIT  
FOR Swimming Pool or SpaPLAN CHECK NO M-859 DATE \_\_\_\_\_ CONST VAL \$ 3500ADDRESS OF CONSTRUCTION 2017 MARBLE GORGE DR OWNER STIVELY 813 2665CONTRACTOR DESIGNER POOLS STATE LICENSE NO 31720 CITY LICENSE NO 03157-2-0524

LOT(s) \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ ZONE \_\_\_\_\_

PLUMBING CONTRACTOR DESIGNER POOLS ELECTRICAL CONTRACTOR MURPHY ELECTRICCIRCLE TYPE OF POOL THAT APPLIES ☒ PRIVATE ☐ SEMI PUBLIC ☐ PUBLIC ☒ SPAMATERIALS OF CONSTRUCTION REINFORCED GUNITE ☒ REINFORCED CONCRETE ☐ OTHER \_\_\_\_\_SQUARE FEET OF SURFACE POOL 215 SPA 35 VOLUME IN GALLONS 7500

Approval for the work under this permit will be given only after refuse and debris have been removed from job site and public right of way

I state that I am familiar with the effective ordinances of the City of Las Vegas Nevada and the effective Statutes of the State of Nevada covering construction and use of the above type I agree to perform said construction in conformity therewith I further agree that issuance of a permit on the above application will not excuse me from conforming with the said Ordinances and Statutes despite any errors on the part of the building inspector or engineer in checking plans and application herewith

All swimming pools must be fenced before the pool is filled with water No electrical lines shall cross over a pool Applicants must have separate plot plans showing location of power pole proposed or existing fencing and location of swimming pool I agree to repair any utility line if damaged during excavation work I have read and understand the contents of above application I hereby state that the same are true and correct

SIGNED [Signature] CONTRACTORBY [Signature] AGENT/OWNERPLANNING DEPT 3/3/93 DATEBUILDING DEPT 3-5-93 DATE

- 1 Inspections outside of normal business hours = \$40.00 per hour (minimum charge three hours)
- 2 Re Inspection fee during normal business hours assessed under provisions of TABLE 3 A of the Uniform Building Code = \$40.00 each
- 3 Inspections during normal business hours for which no fee is specifically indicated = \$40.00 per hour (minimum charge one half hour)
- 4 Additional plan review required by changes additions or revisions to approved plans = \$40.00 per hour (minimum charge two hours)

| DESCRIPTION                              |                                   |                    | FEE   | TOTAL    |
|------------------------------------------|-----------------------------------|--------------------|-------|----------|
| ISSUANCE FEE                             |                                   |                    | 15 50 | 15.50    |
| SEWER CONNECTION FEE (to 30 000 GALLONS) |                                   |                    |       | 110.00   |
| BUILDING PERMIT POOL & OR SPA            |                                   |                    |       | 62.00    |
| PLUMBING PERMIT                          | PRIVATE POOL OR SPA               | PREFORMED SPA      | 11 00 |          |
|                                          |                                   | OTHERWISE          | 22 00 | 22.00    |
|                                          | PUBLIC OR SEMI PUBLIC POOL OR SPA | PREFORMED SPA      | 22 00 |          |
|                                          |                                   | OTHERWISE          | 33 00 |          |
|                                          | FUEL PIPING FOR POOL HEATER       |                    | 6 70  | 6.70     |
| ELECTRICAL PERMIT                        | SPA                               |                    | 8 90  | 8.90     |
|                                          | SWIMMING POOL                     | RESIDENTIAL        | 22 00 | 22.00    |
|                                          |                                   | PUBLIC SEMI PUBLIC | 33 00 |          |
|                                          | ELECTRICAL SERVICE CHANGE         |                    | 6 70  |          |
| ZONING                                   |                                   |                    |       | 3.00     |
| TOTAL FEES                               |                                   |                    |       | \$250.10 |

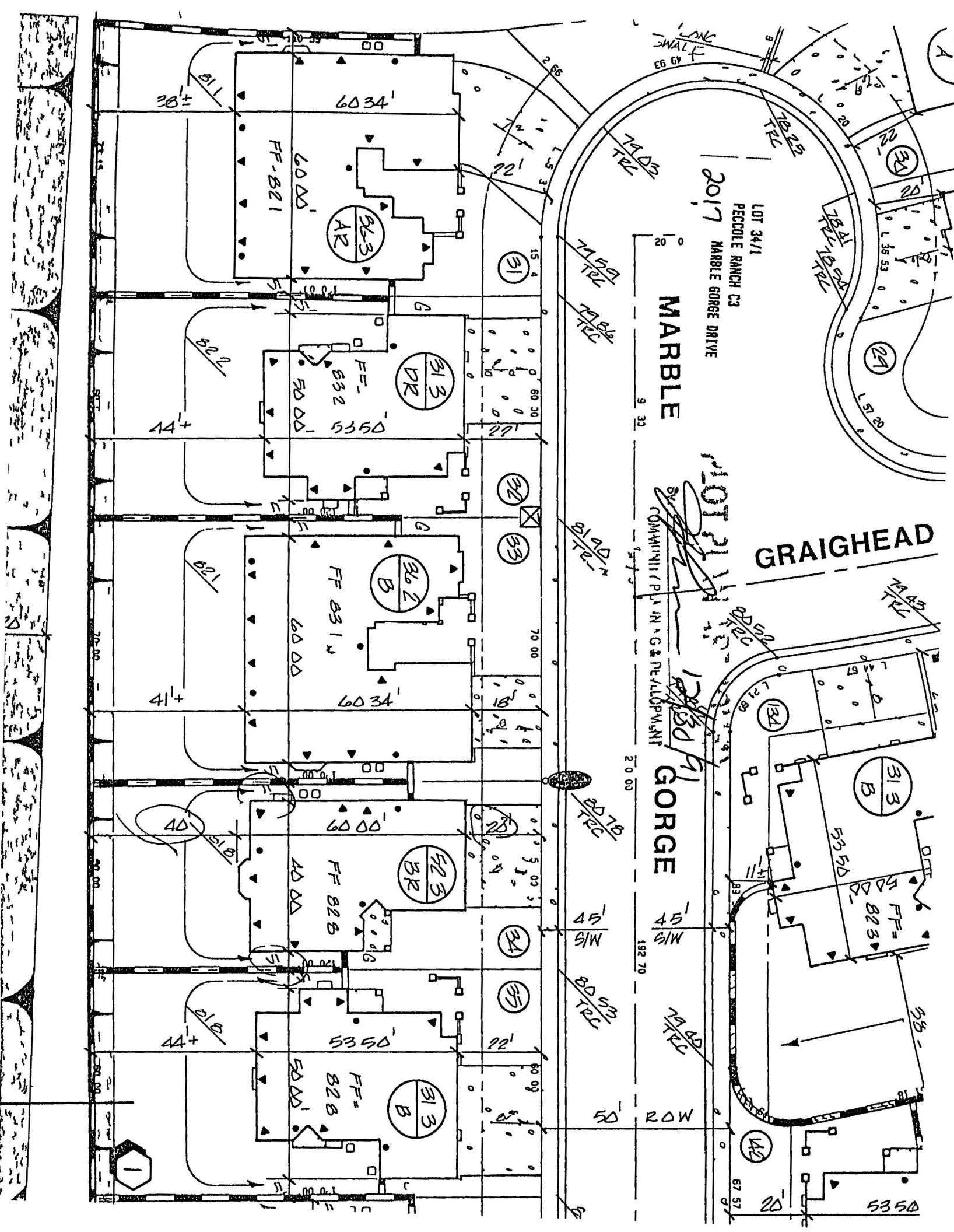
## RECEIPT

\*\*0002\*\*  
 FOOL 77 50  
 SEWR 110 00  
 FLBG 28 70  
 ELEC 30 90  
 ZONE 3 00  
 CHEI 250 10  
 3421A000 12 24

03/05/93

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK





## CITY OF LAS VEGAS, NEVADA

PERMIT NO

91-131651

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 382 6251

2071

BUILDING PERMIT  
FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

70916

LOG NO & AREA P 191 DATE 12/21/92 CONST VAL \$ 1100ADDRESS OF CONSTRUCTION 2017 MARCELL CORGL DRIVE OWNER MARCELL CORGL CO PHONE 382 6011LOT(s) 34 BLOCK 1 SUBDIVISION PIECOCK RANCH CT ZONE PROPOSED CONSTRUCTION SINGLE FAMILY USE 35' COVERTHIS PERMIT FOR BLDG ☐ A/C ☐ ELEC ☐ PLBG ☐ OTHER PERMITS REQD FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT  1ST 1185 2ND 1185 GARAGE 631 PORCH  TOTAL 3000CONTRACTOR PLASTER DEVELOPMENT CO INC STATE LICENSE NO 1111 CITY LICENSE NO 1111ARCHITECT  ENGINEER INMASTER PLUMBER/CONTRACTOR  MASTER ELECTRICIAN/CONTRACTOR 

## OTHER INSPECTIONS AND FEES

- 1 Inspections outside normal business hours - \$30.00 per hour (minimum charge three hours)
- 2 R Inspection fee during normal business hours as used under provisions of the Uniform Building Code - \$30.00 per hour
- 3 Inspections during normal business hours for which no fee is specifically indicated - \$30.00 per hour (minimum charge one half hour)
- 4 Additional plan review required by changes, additions or revisions to approved plans - \$30.00 per hour (minimum charge two hours)

## CONDITIONS OF THE PERMIT

- 1 I agree to call the City Building Department for inspections before concrete is poured before rough wiring electrical plumbing framing is covered. Also for air conditioning drywall and sheathing inspection
- 2 I agree that when the job is completed that I will call for final inspection before occupancy
- 3 I agree to perform all construction in accordance with City Ordinances and Building Codes
- 4 The Contractor's signature below denotes authority from the owner to sign in his behalf and that the owner is aware of all requirements of this application and permit. Separate permits must be taken out for work outlined above this agreement
- 5 I have read and understand the contents of this application and permit I hereby state that the information I have supplied on this application is true and correct
- 6 Approval for the work under this permit will be given only after refuse and debris have been removed from job site and public right of way
- 7 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS

by PLASTER DEVELOPMENT CO INC

I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY

OWNER

by CH BRUBAKER

AGENT

I hereby certify that I have reviewed this application and the proposed plans and have found that the proposed development meets the requirements of the City of Las Vegas Flood Hazard Reduction Ordinance for the issuance of this Development Permit

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

PLUMBING 12/21/92

DATE

BUILDING DEPT 12/26/91

DATE

| PLUMBING                           | FEES  | ELECTRICAL                                  | FEES |
|------------------------------------|-------|---------------------------------------------|------|
| WATER DISTRIBUTION                 | 8.00  | RECEPTACLE SWITCH                           | 40   |
| SEWER SYSTEM - NEW OR MODIFICATION | 10.00 | EACH LIGHT FIXTURE OR SOCKET                | 30   |
| FIXTURES WATER SOFTENER HW HEATER  | 2.00  | SPECIAL OUTLET APPLIANCE ETC                | 70   |
| GARBAGE DISPOSAL WASHER            | 2.00  | SERVICE/PANEL SUB/3.00 200A/6.00 400A/12.50 |      |
| FUEL PIPING                        | 6.00  | AC UNIT OR MOTORS                           | 3.00 |
| IRRIGATION SYSTEM                  | 6.00  | 2310 2432 TOTAL                             |      |
| MISC                               |       | MISC                                        |      |
| 2310 2433 TOTAL                    |       | 2310 2431 ISSUANCE FEE                      |      |
| AIR CONDITIONING                   | 6.00  | 7143 2973 SEWER CONNECTION                  |      |
| NEW UNIT 3 TON 9.00 OVER 18.50     |       | 2310 2431 PLAN REVIEW FEE                   |      |
| FURNACE TO 100,000/B.00 OVER 11.00 |       | 2310 2431 BLDG PERMIT FEE                   |      |
| EVAPORATIVE COOLER                 | 6.50  | TOTAL FEES                                  |      |
| VENTILATION FAN                    | 2.35  |                                             |      |
| 2310 2435 TOTAL                    |       |                                             |      |

## SPECIAL CONDITIONS

PLAN ON 10  
PER 1111 PLAN  
PLAN 1111

## RECEIPT

PERMIT NO

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work



# INSTALLATION CARD

**JOB ADDRESS**

LOT 34 BLK 1  
2017 MARBLE GORGE  
\_\_\_\_\_

**MAGNAWALL 1-KOTE  
REINFORCED STUCCO SYSTEM**

**1-KOTE STUCCO PRODUCTS**

**ICBO Evaluation Service, Inc. Report No 4776**

**Date of Job Completion** \_\_\_\_\_

**PLASTERING CONTRACTOR**

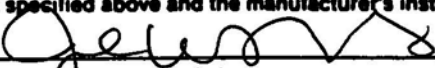
**Name** NICHOLS CONSTRUCTION, INC

**Address** 625 CABALLO  
LAS VEGAS NV 89119

**Approved Contractor Number as Issued by  
the Plastering Manufacturing** 25

**Phone** (702) 361-3341

**This is to certify that the plastering 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**

  
**Signature of authorized representative of plastering contractor**

\_\_\_\_\_  
**Date**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-143589**

**INSPECTION  
NUMBER**

**9**

**JOB ADDRESS**

**2017 MARBLE GORGE DR**

**LOT NO**

**34**

**BLOCK NO**

**1**

**SUBDIVISION NAME**

**PECCOLE 12**

**FIRE DEPT MAP NO**

**2515-74**

**JOB PHONE**

**595-6745**

**CALL IN DATE**

**08/03/92**

**CALL IN TIME**

**08:42**

**SCHEDULE DATE**

**08/04/92**

**INSPECTOR NO**

**60**

**INSPECTOR NAME**

**STEVE VANPATTEN**

**INSPECTION  
REQUESTED**

**FINAL MECHANICAL (340)**

☐ **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**

☐ **REFEE (F)**

**REINSPECTION FEE REQUIRED PAY AT CITY HALL  
3RD FLOOR 400 E STEWART STREET**

☐ **PERMIT  
REQUIRED**

**INSPECTOR  
SIGNATURE**

**INSPECTION DATE**

☒ **PROJECT  
COMPLETE**

**BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS  
SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only)**

**IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY  
CALL THE INSPECTOR FROM 7 00 AM 7-15 AM OR 2 45 PM 3 00 PM AT**

**229-6769**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-142104**

**INSPECTION  
NUMBER**

**10**

JOB ADDRESS

**2017 MARBLE GORGE DR**

LOT NO

**34**

BLOCK NO

**1**

SUBDIVISION NAME

**PECCOLE**

FIRE DEPT MAP NO

**2515-74**

JOB PHONE

**595-6745**

CALL IN DATE

**08/03/92**

CALL IN TIME

**08 42**

SCHEDULE DATE

**08/04/92**

INSPECTOR NO

**60**

INSPECTOR NAME

**STEVE VANPATTEN**

**INSPECTION  
REQUESTED**

**FINAL PLUMBING (440)**

☐ 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

☐ REFEE (F) REINSPECTION FEE REQUIRED PAY AT CITY HALL  
3RD FLOOR 400 E STEWART STREET

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

INSPECTION DATE

☒ **PROJECT  
COMPLETE**

BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS  
SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only)

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY  
CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT

**229-6769**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-141621**

**INSPECTION  
NUMBER**

**8**

JOB ADDRESS

**2017 MARBLE GORGE DR**

LOT NO

**34**

BLOCK NO

**1**

SUBDIVISION NAME

FIRE DEPT MAP NO

**2515-74**

JOB PHONE

**595-6745**

CALL IN DATE

**08/03/92**

CALL IN TIME

**08:41**

SCHEDULE DATE

**08/04/92**

INSPECTOR NO

**60**

INSPECTOR NAME

**STEVE VANPATTEN**

**INSPECTION  
REQUESTED**

**FINAL ELECTRICAL (240)**

☐ 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

☐ REFEE (F) REINSPECTION FEE REQUIRED PAY AT CITY HALL  
3RD FLOOR 400 E STEWART STREET

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

INSPECTION DATE

☒ PROJECT  
COMPLETE

BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS  
SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial 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

**229-6769**

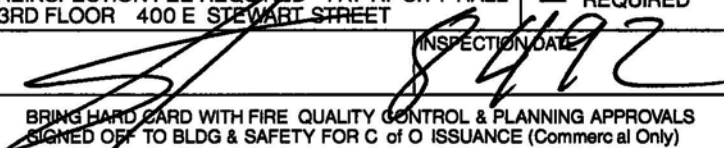
For Additional Assistance Call \* 229 6251 See Reverse Side For Inspection Types



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                        |                             |                     |
|----------------------------------------------------------|------------------------|-----------------------------|---------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>91-131051</b>       | <b>INSPECTION NUMBER</b>    | <b>6</b>            |
| <b>JOB ADDRESS</b>                                       |                        |                             |                     |
| <b>2017 MARBLE GORGE DR</b>                              |                        |                             |                     |
| <b>LOT NO</b>                                            | <b>BLOCK NO</b>        | <b>SUBDIVISION NAME</b>     |                     |
| <b>34</b>                                                | <b>1</b>               | <b>PECCOLE RANCH C3</b>     |                     |
| <b>FIRE DEPT MAP NO</b>                                  | <b>JOB PHONE</b>       | <b>CALL IN DATE</b>         | <b>CALL IN TIME</b> |
| <b>2515-74</b>                                           | <b>595-6745</b>        | <b>08/03/92</b>             | <b>08:40</b>        |
| <b>SCHEDULE DATE</b>                                     |                        | <b>08/04/92</b>             |                     |
| <b>INSPECTOR NO</b>                                      | <b>INSPECTOR NAME</b>  |                             |                     |
| <b>60</b>                                                | <b>STEVE VANPATTEN</b> |                             |                     |
| <b>INSPECTION REQUESTED</b>                              |                        | <b>BUILDING FINAL (140)</b> |                     |

Remove BIK From  
Low Comb Air can  
AT UPSTAIRS closet  
UNIT

|                                                                                                                           |                                                                                                                                                 |                                                                                     |                                                                |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                        | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            | <b>PARTIAL DESCRIPTION</b>                                                          |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                   | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   | <input type="checkbox"/> <b>COMMENTS (C)</b>                                        | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                              | <input type="checkbox"/> <b>REINSPECTION REQUIRED</b>                                                                                           | <input type="checkbox"/> <b>CALL 229 2071</b>                                       | <input type="checkbox"/> <b>HOLD (H)</b>                       |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                 | <input type="checkbox"/> <b>REINSPECTION FEE REQUIRED</b>                                                                                       | <input type="checkbox"/> <b>PAY AT CITY HALL</b>                                    | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTION DATE</b>                                                                                                    |                                                                                                                                                 | <b>08/04/92</b>                                                                     |                                                                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                |                                                                                                                                                 |  |                                                                |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                               | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                                                                     |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7:00 AM 7:15 AM OR 2:45 PM 3:00 PM AT</b> |                                                                                                                                                 |                                                                                     | <b>229-6769</b>                                                |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**91-131051**

**INSPECTION  
NUMBER**

**7**

**JOB ADDRESS**

**2017 MARBLE GORGE DR**

**LOT NO**

**34**

**BLOCK NO**

**1**

**SUBDIVISION NAME**

**PECCOLE RANCH C3**

**FIRE DEPT MAP NO**

**2515-74**

**JOB PHONE**

**595-6745**

**CALL IN DATE**

**08/03/92**

**CALL IN TIME**

**08:40**

**SCHEDULE DATE**

**08/04/92**

**INSPECTOR NO**

**60**

**INSPECTOR NAME**

**STEVE VANPATTEN**

**INSPECTION  
REQUESTED**

**CERT. OF OCC. (940)**

☐ **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**

☐ **REFEE (F)**

**REINSPECTION FEE REQUIRED PAY AT CITY HALL  
3RD FLOOR 400 E STEWART STREET**

☐ **PERMIT  
REQUIRED**

**INSPECTOR  
SIGNATURE**

**INSPECTION DATE**

☒ **PROJECT  
COMPLETE**

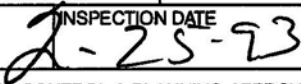
**BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS  
SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only)**

**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**

**229-6769**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                                   |  | <b>93-174614</b>                                                                                                                 |  | <b>INSPECTION NUMBER</b>              |  | <b>1</b>                                                |                 |
| JOB ADDRESS                                                                                                            |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <b>2017 MARBLE GORGE DR</b>                                                                                            |  |                                                                                                                                  |  |                                       |  | <b>111742</b>                                           |                 |
| LOT NO                                                                                                                 |  | BLOCK NO                                                                                                                         |  | SUBDIVISION NAME                      |  |                                                         |                 |
| <b>34</b>                                                                                                              |  | <b>1</b>                                                                                                                         |  | <b>SIGNATURE - PECCOLE RANCH</b>      |  |                                                         |                 |
| FIRE DEPT MAP NO                                                                                                       |  | JOB PHONE                                                                                                                        |  | CALL IN DATE                          |  | CALL IN TIME                                            |                 |
| <b>2515-74</b>                                                                                                         |  | <b>228-7836</b>                                                                                                                  |  | <b>2/23/93</b>                        |  | <b>10.56</b>                                            |                 |
| INSPECTOR NO                                                                                                           |  | INSPECTOR NAME                                                                                                                   |  |                                       |  |                                                         |                 |
| <b>60</b>                                                                                                              |  | <b>STEVE V. PATTEN</b>                                                                                                           |  |                                       |  |                                                         |                 |
| <b>INSPECTION REQUESTED</b>                                                                                            |  | <b>BUILDING FINAL (140)</b>                                                                                                      |  |                                       |  |                                                         |                 |
|                                                                                                                        |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | PARTIAL DESCRIPTION                   |  |                                                         |                 |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |                 |
| <input type="checkbox"/> REJECTED (R)                                                                                  |  | <input type="checkbox"/> REFEED (F)                                                                                              |  | <input type="checkbox"/> HOLD (H)     |  |                                                         |                 |
|                                                                                                                        |  | REINSPECTION REQUIRED CALL 229 2071                                                                                              |  |                                       |  | <input type="checkbox"/> PERMIT REQUIRED                |                 |
|                                                                                                                        |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |  |                                       |  |                                                         |                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                             |  | <b>INSPECTION DATE</b>                                                                                                           |  |                                       |  |                                                         |                 |
|                                     |  |                                               |  |                                       |  |                                                         |                 |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                            |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial 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 |  |                                                                                                                                  |  |                                       |  |                                                         | <b>229-6769</b> |

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

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                                                                                                         |                                                   |                                                                                                                                                     |                                                                    |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                     | <b>PERMIT<br/>NUMBER</b>                          | <b>93-178466</b>                                                                                                                                    | <b>INSPECTION<br/>NUMBER</b>                                       | <b>8</b>                                            |
| <b>JOB ADDRESS</b>                                                                                                                      |                                                   |                                                                                                                                                     |                                                                    |                                                     |
| <b>2117 MARBLE GORCE DR</b>                                                                                                             |                                                   |                                                                                                                                                     | <b>113915</b>                                                      |                                                     |
| <b>LOT NO</b>                                                                                                                           |                                                   | <b>BLOCK NO</b>                                                                                                                                     |                                                                    | <b>SUBDIVISION NAME</b>                             |
| <b>FIRE DEPT MAP NO</b>                                                                                                                 | <b>JOB PHONE</b>                                  | <b>CALL IN DATE</b>                                                                                                                                 | <b>CALL IN TIME</b>                                                | <b>SCHEDULE DATE</b>                                |
| <b>2515-74</b>                                                                                                                          | <b>873-7665</b>                                   | <b>34/07/93</b>                                                                                                                                     | <b>13.50</b>                                                       | <b>04/08/93</b>                                     |
| <b>INSPECTOR NO</b>                                                                                                                     |                                                   | <b>INSPECTOR NAME</b>                                                                                                                               |                                                                    |                                                     |
| <b>72</b>                                                                                                                               |                                                   | <b>BOB SMITH</b>                                                                                                                                    |                                                                    |                                                     |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                         |                                                   |                                                                                                                                                     |                                                                    |                                                     |
| <b>POOL PRE-PLASTER/FINAL (910)</b>                                                                                                     |                                                   |                                                                                                                                                     |                                                                    |                                                     |
| GAS 27416                                                                                                                               |                                                   |                                                                                                                                                     |                                                                    |                                                     |
| <input type="checkbox"/> <b>PARTIAL<br/>INSPECTION</b>                                                                                  |                                                   | <input type="checkbox"/> <b>PARTIAL<br/>APPROVAL (P)</b>                                                                                            |                                                                    | <b>PARTIAL DESCRIPTION</b>                          |
| <input checked="" type="checkbox"/> <b>APPROVED<br/>(A)</b>                                                                             | <input type="checkbox"/> <b>STOP<br/>WORK (S)</b> | <input type="checkbox"/> <b>COMMENTS<br/>(C)</b>                                                                                                    | <input type="checkbox"/> <b>TEMPORARY<br/>APPROVAL (T)</b> — UNTIL | <input type="checkbox"/> <b>HOLD<br/>(H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                            |                                                   | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                                         |                                                                    |                                                     |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                               |                                                   | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL<br/>3RD FLOOR 400 E STEWART STREET</b>                                                                |                                                                    | <input type="checkbox"/> <b>PERMIT<br/>REQUIRED</b> |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                          |                                                   |                                                                                                                                                     | <b>INSPECTION DATE</b>                                             |                                                     |
| <i>Robert Smith</i>                                                                                                                     |                                                   |                                                                                                                                                     | <b>4-8-93</b>                                                      |                                                     |
| <input checked="" type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                         |                                                   | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS<br/>SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                                                    |                                                     |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br/>CALL THE INSPECTOR FROM 7 00 A M    7 15 A M OR 2 45 P M    3 00 P M AT</b> |                                                   |                                                                                                                                                     |                                                                    | <b>229-6765</b>                                     |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                      |                       |                          |                      |
|-------------------------------------|----------------------|-----------------------|--------------------------|----------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | <b>93-178466</b>      | <b>INSPECTION NUMBER</b> | <b>11</b>            |
| <b>JOB ADDRESS</b>                  |                      |                       |                          |                      |
| <b>2017 MARBLE GORGE DR</b>         |                      |                       | <b>113916</b>            |                      |
| <b>LOT NO</b>                       |                      | <b>BLOCK NO</b>       | <b>SUBDIVISION NAME</b>  |                      |
| <b>FIRE DEPT MAP NO</b>             | <b>JOB PHONE</b>     | <b>CALL IN DATE</b>   | <b>CALL IN TIME</b>      | <b>SCHEDULE DATE</b> |
| <b>2515-74</b>                      | <b>873-7665</b>      | <b>03/11/93</b>       | <b>14.15</b>             | <b>03/12/93</b>      |
| <b>INSPECTOR NO</b>                 |                      | <b>INSPECTOR NAME</b> |                          |                      |
| <b>72</b>                           |                      | <b>BOB SMITH</b>      |                          |                      |

|                             |                              |
|-----------------------------|------------------------------|
| <b>INSPECTION REQUESTED</b> | <b>POOL PRE-GUNITC (901)</b> |
|-----------------------------|------------------------------|

407

No Elect

No Gas

|                                                               |                                                                                  |                                              |                                                                |                                                 |
|---------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b> | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                             | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>       | <input type="checkbox"/> <b>STOP WORK (S)</b>                                    | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) — UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                  | <b>REINSPECTION REQUIRED CALL 229 2071</b>                                       |                                              |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                     | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b> |                                              |                                                                |                                                 |

|                            |                     |                                          |
|----------------------------|---------------------|------------------------------------------|
| <b>INSPECTOR SIGNATURE</b> | <i>Robert Smith</i> | <b>INSPECTION DATE</b><br><b>3-12-93</b> |
|----------------------------|---------------------|------------------------------------------|

|                                                  |                                                                                                                                                 |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>PROJECT COMPLETE</b> | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                               |                 |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>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</b> | <b>229-6765</b> |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------|

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                           |                                               |                                                                                                                                                                                                      |                                                                |                                          |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                       | <b>PERMIT NUMBER</b>                          | <b>93-178466</b>                                                                                                                                                                                     | <b>INSPECTION NUMBER</b>                                       | <b>16</b>                                |
| <b>JOB ADDRESS</b>                                                                                                        |                                               |                                                                                                                                                                                                      |                                                                |                                          |
| <b>2017 MAPBLE GORGE DR</b>                                                                                               |                                               |                                                                                                                                                                                                      |                                                                | <b>113916</b>                            |
| <b>LOT NO</b>                                                                                                             |                                               | <b>BLOCK NO</b>                                                                                                                                                                                      |                                                                | <b>SUBDIVISION NAME</b>                  |
| <b>FIRE DEPT MAP NO</b>                                                                                                   | <b>JOB PHONE</b>                              | <b>CALL IN DATE</b>                                                                                                                                                                                  | <b>CALL IN TIME</b>                                            | <b>SCHEDULE DATE</b>                     |
| <b>2515-74</b>                                                                                                            | <b>873-7665</b>                               | <b>03/15/93</b>                                                                                                                                                                                      | <b>13 53</b>                                                   | <b>03/16/93</b>                          |
| <b>INSPECTOR NO</b>                                                                                                       |                                               | <b>INSPECTOR NAME</b>                                                                                                                                                                                |                                                                |                                          |
| <b>72</b>                                                                                                                 |                                               | <b>BOB SMITH</b>                                                                                                                                                                                     |                                                                |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                               |                                               |                                                                                                                                                                                                      |                                                                |                                          |
| <b>POOL PRE-GUNITE (901)</b>                                                                                              |                                               |                                                                                                                                                                                                      |                                                                |                                          |
| <div style="font-size: 2em; margin-bottom: 20px;">420</div> <div style="font-size: 2em;">No Elect</div>                   |                                               |                                                                                                                                                                                                      |                                                                |                                          |
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                             |                                               | <input checked="" type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                                                                      |                                                                | <b>PARTIAL DESCRIPTION</b>               |
| <input type="checkbox"/> <b>APPROVED (A)</b>                                                                              | <input type="checkbox"/> <b>STOP WORK (S)</b> | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                                                                                         | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                              |                                               | <input type="checkbox"/> <b>REINSPECTION REQUIRED</b> CALL 229 2071<br><input type="checkbox"/> <b>REFEE (F)</b> <b>REINSPECTION FEE REQUIRED</b> PAY AT CITY HALL<br>3RD FLOOR 400 E STEWART STREET |                                                                |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                |                                               | <b>INSPECTION DATE</b>                                                                                                                                                                               |                                                                |                                          |
| <i>Robert Smith</i>                                                                                                       |                                               | <b>3-16-93</b>                                                                                                                                                                                       |                                                                |                                          |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                          |                                               | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only)                                                                  |                                                                |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br>CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                               |                                                                                                                                                                                                      |                                                                | <b>229-6765</b>                          |

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