

## CITY OF LAS VEGAS, NEVADA

PERMIT NO 91-129078

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR INSPECTION

440



65263

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential ConstructionLOG NO & AREA P-197DATE 11-29-91CONST VAL \$ 74300ADDRESS OF CONSTRUCTION 2117 MARBLE GORGE DR OWNER PLASTER DEVE. CO. PHONE 385-5031LOT(s) 40 BLOCK 1 SUBDIVISION SIGNATURE @ PECCOLE C1 ZONEPROPOSED CONSTRUCTION SINGLE FAMILY USE RESIDENCETHIS PERMIT FOR BLDG ☐ A/C ☐ ELEC ☐ PLBG ☐ OTHER PERMITS REQD FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT 1387 1ST 1285 2ND 1887 GARAGE 630 PORCH 185 TOTAL 3202CONTRACTOR PLASTER DEVE. CO., INC. STATE LICENSE NO 017957 CITY LICENSE NO 611-D48-2-14327ARCHITECT \_\_\_\_\_ ENGINEER VTNMASTER PLUMBER/  
CONTRACTOR \_\_\_\_\_ MASTER ELECTRICIAN/  
CONTRACTOR \_\_\_\_\_

## OTHER INSPECTIONS AND FEES

1 I p t t d f m l b h \$3000 p h (m m m h g t h h n s)  
 2 R p t f d g m l b h h \$3000 p h (m m m h g t h h n s)  
 3 I p t h g m l b h f w h h f p f l y d t d \$3000 p h (m m m h g t h h n s)  
 4 Add t l p l w q d b y h g d d t t p p d p l \$3000 p h (m m m h g t h h n s)

## CONDITIONS OF THE PERMIT

- I agree to call the City Building Department for spectroscopy before construction begins. Also for air conditioning duct wall and sheathing inspection.
- I agree that when the job is completed that I will call for final spectroscopy before occupancy.
- I agree to perform all construction in accordance with City Ordinance 24B Building Codes.
- The Contractor shall be responsible for obtaining all necessary permits. Separate permits must be taken out for work not included in this agreement.
- I have read and understand the contents of this application and I hereby state that the information I have supplied in this application is true and correct.
- Applicant will be responsible for obtaining all necessary permits and for obtaining a building permit for the job site.
- 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS

## SPECIAL CONDITIONS

PLANS ON FILE  
PER PLOT PLAN  
PLAN 52BY PLASTER DEVELOPMENT CO., INC.

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

OWNER

BY CW 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

ELECTRICAL

FEE

PLANNING DEPT

BUILDING DEPT

| PLUMBING                           |       | FEE |
|------------------------------------|-------|-----|
| WATER DISTRIBUTION                 | 6 00  |     |
| SEWER SYSTEM NEW OR MODIFICATION   | 10 00 |     |
| FIXTURES WATER SOFTENER HW HEATER  | 2 00  |     |
| GARBAGE DISPOSAL WASHER            | 2 00  |     |
| FUEL PIPING                        | 6 00  |     |
| IRRIGATION SYSTEM                  | 8 00  |     |
| MISC                               |       |     |
| 2310 2433                          | TOTAL |     |
| AIR CONDITIONING                   |       | FEE |
| NEW UNIT 3 TON = 9 00 OVER = 16 50 |       |     |
| FURNACE TO 100 000/9 00 OVER/11 00 |       |     |
| VAPORATIVE COOLER                  | 6 50  |     |
| VENTILATION FAN                    | 2 35  |     |
| 2310 2435                          | TOTAL |     |

| ELECTRICAL                                  |        | FEE |
|---------------------------------------------|--------|-----|
| RECEPTACLE                                  | SWITCH | 40  |
| EACH LIGHT FIXTURE OR SOCKET                |        | 30  |
| SPECIAL OUTLET APPLIANCE ETC                |        | 70  |
| SERVICE/PANEL SUB/3 00 200A/6 00 400A/12 50 |        |     |
| A C UNIT OR MOTORS                          | 3 00   |     |
| 2310 2432                                   | TOTAL  |     |
| MISC                                        |        |     |

2310 2431 PLAN REVIEW

2310 2401 BLDG PERMIT

7143 2973 SEWER CONNECTION

6122 3352 TORTOISE

2897 PIF

88100 1232 TRANSPORT

TOTAL FEES

60 00  
 430 00  
 1550 00  
 650 00

1,140 00

## RECEIPT

MUST BE MACHINE VALIDATED

PERMIT NO

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

72593

PERMIT NO 91-129134

## PLUMBING PERMIT

LOG NO &amp; AREA T-197 DATE December 3, 1991 CONST VAL \$

ADDRESS OF CONSTRUCTION 2117 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) 40 BLOCK 1 SUBDIVISION Peccole Ranch Lot 12 - Unit C1 ZONE

PROPOSED CONSTRUCTION Plumbing USE SFD

PLUMBING  
PERMIT NO

Approval for this work and this permit will be given only if the applicant has been notified from job site and the right of way

| UNITS                            | DESCRIPTION                                                                        | FEE     | TOTAL |
|----------------------------------|------------------------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                    |         |       |
| 1                                | For Iss g Each Per m t                                                             | 10 00   | 10 00 |
|                                  | For Iss g Each S ppleme tal P m t                                                  | 4 50    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                    |         |       |
| 10                               | Bath b Showe La ato y Toi t U l                                                    | EA 2 00 | 20 00 |
|                                  | Flo D Flo S k Wash Tay S k                                                         | EA 2 00 | 2 00  |
| 2                                | G bage D spo l Clothe W h D shw sh ( d tal)                                        | EA 2 00 | 4 00  |
|                                  | Ga b ge D spos l ( m m cal)                                                        | EA 8 00 |       |
|                                  | Clothes Wash D shwash (comme cal)                                                  | EA 2 00 |       |
|                                  | Cloth s D ye (g s) ( t g)                                                          | 00      |       |
|                                  | D t l U t                                                                          | 8 00    |       |
|                                  | D k g Fo t                                                                         | 2 00    |       |
|                                  | R f g to l M k W te D sp e                                                         | 00      |       |
|                                  | Any othe wate s g eq pme t Attached Coffee Make s ic Mak s                         | 2 00    |       |
| 1                                | Hot Wate Heate (r'a o El ct )                                                      | EA 2 00 | 2 00  |
| <b>SEWER SYSTEM</b>              |                                                                                    |         |       |
| 1                                | New Replaceme t Mod f ato o Any D a ag Wo k                                        | 10 00   | 10 00 |
|                                  | G se o S nd Tap o l te cepto                                                       | 2 00    |       |
|                                  | Tal T p ( t l p ks)                                                                | 5 00    |       |
| <b>WATER SOFTENERS</b>           |                                                                                    |         |       |
|                                  | No Pe ma e t Typ ( e tal)                                                          | 2 00    |       |
|                                  | Pe m nent Type ( o ed t da )                                                       | 2 00    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                    |         |       |
| 1                                | S gle Fam ly Dw ll g                                                               | 6 00    | 6 00  |
|                                  | M It Fam ly Dw ll g                                                                | 6 00    |       |
|                                  | Pl s Each Dw ll ng U t                                                             | 3 00    |       |
|                                  | Comme cal B ld ng per floo                                                         | 3 00    |       |
|                                  | Pl s Each U t (l sed p o ffce)                                                     | 2 00    |       |
|                                  | Hot lo Motel                                                                       | 8 00    |       |
|                                  | Pl s Each U t                                                                      | 3 00    |       |
|                                  | T ale Pa k                                                                         | 30 00   |       |
|                                  | Plus Each Space                                                                    | 2 00    |       |
|                                  | I gat o S gle F m ly Dw ll g                                                       | 8 00    |       |
|                                  | I gat o Comme cal Fee Based on Bu ld ng Code Valuat on Cha t Const uct on Valuat o |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                   | FEE         | TOTAL |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                               |             |       |
| 1                                 | S gle Fam ly Dw ll g                                                                                                                                                                          | 6 00        | 6 00  |
|                                   | M It F m ly Dw ll ng                                                                                                                                                                          | 10 00       |       |
|                                   | Pl Ea h U t                                                                                                                                                                                   | 2 00        |       |
|                                   | Comme cal B ld g (pe floo )                                                                                                                                                                   | 6 00        |       |
|                                   | Pl s E ch U t (l s d space o ffce)                                                                                                                                                            | 6 00        |       |
|                                   | Med um P ss System (Pla Check)                                                                                                                                                                | 2 00        |       |
| 5                                 | E ch G Appl (A y Type)                                                                                                                                                                        | 2 00        | 10 00 |
|                                   | St am Boi e s                                                                                                                                                                                 | 5 00        |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                               |             |       |
|                                   | Coll cto s ( cl d g p p g) (pe ollecto )                                                                                                                                                      | 5 00        |       |
|                                   | Sto age T ks (e ch)                                                                                                                                                                           | 5 00        |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                               |             |       |
|                                   | For O ste S we G so Wate Co tact V l Fee based o B ld g Code P m t V l ato Ch t                                                                                                               |             |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                               |             |       |
|                                   | I spectro s o ts de of o mal b s ss ho s (m n m cha ge—th ee ho s)                                                                                                                            | 25 00 pe ho |       |
|                                   | U de p o s o s of Table 3 A of the U fo m B ld g Code wo k wh ch has b en spectro ce a d ot app o ed may be s bject to a Re spect on Fee not less than \$30 00 pe each spectro d g b s e s ho | 30 00 ach   |       |
|                                   | Additional pl n e ew eq ed by cha ges Add to sto o e s ons to app o ed pla s (m m m cha ge two ho s)                                                                                          | 30 00 pe ho |       |
|                                   | Pl mb ng pe m t fees may be comp ted the same s b ld g pe m t fees by s g the co t of nst llat on fo al ato amo t whe s ch work s not ncl ded the abo e schedule                              |             |       |
|                                   | Co st cto Val ato                                                                                                                                                                             |             |       |

FOR INSPECTIONS  
CALL 799 2071SEWER # 7114 3654  
CONNECTION

RECEIPT

FIXTURES X

FEE

2310 2403

PERMIT

FEE

70 00

77 4 90

TOTAL

FEES

77 4 90

PERMIT NO

MUST BE MACHINE VALIDATED

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

Hynds Plumbing &amp; Heating Co

99

SIC JED CONTRACTOR MASTER CARD NO

BY

R ght M l Pl mb Sp C l Ow

BUILD NG DEPT

DATE

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

LOG NO &amp; AREA

DATE

CONST VAL \$

ADDRESS OF

CONSTRUCTION 2117 MARBLE GORGE DRIVE

OWNER

SIGNATURE PECCOLE C1

CONTRACTOR BEST ELECTRIC

STATE

LICENSE NO

0019488

CITY

LICENSE NO

021758

HOWARD DINN LOT/BLK 40/1

PLAN 52

M1-212

PHONE 367-0050

(PRINT NAME OF MASTER ELECTRICIAN)

MASTER CARD NO

PROPOSED CONSTRUCTION

S F D Temp Power for cons use only

USE

ELECTRIC  
PERMIT NOApproval for the work under this permit will be given only after review  
and debate has been removed from job site and public right of way

| UNITS                                                                                                                  | DESCRIPTION                                                                                                                                                                                                                         | FEE   | TOTAL |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                 |                                                                                                                                                                                                                                     |       |       |
| 1                                                                                                                      | For Issu g Each Pe m t                                                                                                                                                                                                              | 10 70 | 10.70 |
| 0                                                                                                                      | Suppl m t I F e                                                                                                                                                                                                                     | 4 85  | 0.00  |
| <b>APPLIANCE CHARGE</b>                                                                                                |                                                                                                                                                                                                                                     |       |       |
| <b>Residential or General Commercial</b>                                                                               |                                                                                                                                                                                                                                     |       |       |
| 78                                                                                                                     | Receptacle <del>48</del> Sw tch <del>30</del>                                                                                                                                                                                       | 45    | 35.10 |
| 27                                                                                                                     | Each Lght F t re Socket or E t Lght<br>Smoke Detector or Exhaust Fa                                                                                                                                                                 | 35    | 9.45  |
| 8                                                                                                                      | EACH OUTLET FOR SPECIAL PURPOSE<br>Dshwasher Ga bage G de T ash C mpactor<br>GFI Clothes Washe D ye Elect c R nge<br>O ens Water Heate Space Heate Bla t C I<br>Heater (PER KW) Me cu y Lamp Q rt Lamp<br>Sodum Lamp 20AMP Sg C c t | 75    | 6 00  |
|                                                                                                                        | X Ray Unt                                                                                                                                                                                                                           | 10 70 |       |
|                                                                                                                        | Area Lght g (F st 3 000 Watts)                                                                                                                                                                                                      | 8 60  |       |
|                                                                                                                        | Each Add tional 1 000 Watts                                                                                                                                                                                                         | 3 25  |       |
| <b>MOTORS (1 HP AND OVER) TRANSFORMERS ELEVATORS WELDERS<br/>GENERATORS CHILLERS SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                     |       |       |
|                                                                                                                        | Frst HP o To Fo each U t                                                                                                                                                                                                            | 3 25  |       |
|                                                                                                                        | Frst KVA For Each Unt                                                                                                                                                                                                               | 3 25  |       |
|                                                                                                                        | Each Add tional HP Ton o KVA up to 50                                                                                                                                                                                               | 55    |       |
|                                                                                                                        | Each Add to al HP To o KVA o er 50                                                                                                                                                                                                  | 40    |       |
| 1                                                                                                                      | Temporary power or Pole                                                                                                                                                                                                             | 6 45  | 6.45  |
| <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  |
|                                                                                                                        | O e 600 AMP To 1200 AMP                                                                                                                                                                                                             | 26 75 |       |
|                                                                                                                        | O er 1200 AMP                                                                                                                                                                                                                       | 53 50 |       |
|                                                                                                                        | Each Add t al Meter Socket                                                                                                                                                                                                          | 55    |       |
| 0                                                                                                                      | S b Panel Moto Co trol Ce ter<br>Disconnect Switch T ansfe Sw tch (Each)                                                                                                                                                            | 3 25  | 0.00  |
|                                                                                                                        | Sw mm ng Pool (Res dential)                                                                                                                                                                                                         | 21 40 |       |
|                                                                                                                        | Sw mm ng Pool (Semi Publ c)                                                                                                                                                                                                         | 32 10 |       |
|                                                                                                                        | Spas                                                                                                                                                                                                                                | 8 60  |       |
|                                                                                                                        | Recreat onal Veh cle Spaces (Each)                                                                                                                                                                                                  | 3 25  |       |

| UNITS                                                                        | DESCRIPTION                                                                                                                                   | FEE               | TOTAL |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                              | B sways Tolley o Plug (E 100 Ft)                                                                                                              | 3 25              |       |
|                                                                              | Gas Pumps D spe se s (Ea h)                                                                                                                   | 3 25              |       |
| 2                                                                            | Permanent A/C Unt (5 To so Less)                                                                                                              | 3 25              | 6.50  |
| 2                                                                            | Each A Ha dle                                                                                                                                 | 1 10              | 2.20  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                 |                                                                                                                                               |                   |       |
|                                                                              | Speaker O tlets (Each)                                                                                                                        | 35                |       |
|                                                                              | Sg al o Ala m O tlets (Each)                                                                                                                  | 35                |       |
|                                                                              | Ampl fers                                                                                                                                     | 2 15              |       |
|                                                                              | Control Panel                                                                                                                                 | 55                |       |
| 4                                                                            | TV Maste System                                                                                                                               | 35                | 1.40  |
| 6                                                                            | Teleph o o Compute Outlet                                                                                                                     | 35                | 2.10  |
| <b>OTHER INSPECTIONS AND FEES<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                               |                   |       |
|                                                                              | I spect o s outs de of normal b sness hours<br>(m m m charge — three hours)                                                                   | 30 00<br>per ho r |       |
|                                                                              | Re spect on fee assessed u de p o s o f TABLE<br>3 A fth U f m B ld g Code — \$30 00 EACH                                                     | 30 00<br>h        |       |
|                                                                              | Inspect ons for wh ch no fee s spec f cally<br>nd cated (m m m charge — one half ho r)                                                        | 30 00<br>pe hou   |       |
|                                                                              | Add tional plan re ew req ed by cha ges add to s<br>or re sons to app o ed pla s (m m m charge —<br>o h lf h ) Aft r w k ho s — \$30 00 pe ho | 30 00<br>pe h     |       |
|                                                                              | Sta te Pe m t                                                                                                                                 | 50 00             |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                |                                                                                                                                               |                   |       |
|                                                                              | Comme cal —Bu gla Alarms                                                                                                                      |                   |       |
|                                                                              | —Music Systems                                                                                                                                |                   |       |
|                                                                              | —Data Process ng                                                                                                                              |                   |       |
|                                                                              | —Commu cat o                                                                                                                                  |                   |       |
|                                                                              | Co du t Only—Contract Pr ce                                                                                                                   |                   |       |
|                                                                              | All M sc Elect c                                                                                                                              |                   |       |

Electr cal perm t fees may be comp ted  
the same as bu ld ng perm t fees by  
us g the cost of nstallat on for aluat on  
amount whe such work s not ncl ded  
the abo e sched le

# 2310 2432

## RECEIPT

I hereby cert fy that I ha e ca efully e am ned and read the above appl cat o that th  
same s true and co rect a d that the w rk here n descr bed s to be done acco da ce  
w th all the provisos of the appl cable O d nances of the C ty of Las Vegas Ne ada a d  
the State Laws whethe here n spec f ed or not

SIGNED HOMEOWNER CONTRACTOR

BUILDING DEPT

DATE

PERMIT  
FEE

86 35

LESS  
STARTER PERMITTOTAL  
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 386 6251

PERMIT NO

92-141344

DEVELOPMENT PERMIT  
FOR Swimming Pool or SpaLOG NO & AREA M-2216 DATE 4-3-92 CONST VAL \$ 4900ADDRESS OF CONSTRUCTION 2117 Marble Gorge Dr OWNER KINKELLA, John & Georgia PHONE 794-2647CONTRACTOR Tropicana Sylvan Pools 736-1327 STATE LICENSE NO 23414 CITY LICENSE NO C11-00171-2-007454LOT(s) 4 BLOCK Shaliman Est SUBDIVISION Shaliman Est ZONE PLUMBING CONTRACTOR Tropicana Sylvan Pools ELECTRICAL CONTRACTOR RCOP CoCIRCLE TYPE OF POOL THAT APPLIES PRIVATE SEMI PUBLIC PUBLIC SPAMATERIALS OF CONSTRUCTION REINFORCED GUNITE REINFORCED CONCRETE OTHER SQUARE FEET OF SURFACE POOL 352 SPA 38 VOLUME IN GALLONS 12877

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

DATE

BUILDING DEPT

DATE

- 1 Inspections outside of normal business hours = \$30 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 = \$30 00 each
- 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)

| DESCRIPTION                              |                                   |                    | FEE   | TOTAL  |
|------------------------------------------|-----------------------------------|--------------------|-------|--------|
| ISSUANCE FEE                             |                                   |                    | 10 00 | 11     |
| SEWER CONNECTION FEE (to 30 000 GALLONS) |                                   |                    | 60 00 | 110    |
| BUILDING PERMIT POOL & OR SPA            |                                   |                    |       | 67     |
| PLUMBING PERMIT                          | PRIVATE POOL OR SPA               | PREFORMED SPA      | 10 00 |        |
|                                          |                                   | OTHERWISE          | 20 00 | 21     |
|                                          | PUBLIC OR SEMI PUBLIC POOL OR SPA | PREFORMED SPA      | 20 00 |        |
|                                          |                                   | OTHERWISE          | 30 00 | 0470   |
|                                          | FUEL PIPING FOR POOL HEATER       |                    | 6 00  | 6      |
| ELECTRICAL PERMIT                        | SPA                               |                    | 8 00  | 9      |
|                                          | SWIMMING POOL                     | RESIDENTIAL        | 20 00 | 21     |
|                                          |                                   | PUBLIC SEMI PUBLIC | 30 00 |        |
|                                          | ELECTRICAL SERVICE CHANGE         |                    | 6 00  |        |
| MISC                                     |                                   |                    |       |        |
| TOTAL FEES                               |                                   |                    |       | 245.00 |

## RECEIPT

\*\*0006\*\*  
 POOL 78 00  
 SEWR 110 00  
 PLBG 27 00  
 ELEC 30 00  
 CHEY 245 00  
 3109A000 15 32

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

91-130878

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

71

AIR CONDITIONING PERMIT

LOG NO &amp; AREA \_\_\_\_\_ P-197 DATE \_\_\_\_\_ CONST VAL \$ \_\_\_\_\_

ADDRESS OF CONSTRUCTION 2117 MARBLE GORGE DRIVE OWNER PIASIFR DEVELOPMENT PHONE 565 8751CONTRACTOR CARL S A/C & S/M INC STATE LICENSE NO 0370 CITY LICENSE NO 230-2-10793LOT(s) 40 BLOCK 1 SUBDIVISION SIGNATURE @ PFCCOIL LOI 12 UNIT C1 ZONE \_\_\_\_\_PROPOSED CONSTRUCTION COMPLETE INSTALLATION OF A/C AND DUCTWORK USE \_\_\_\_\_

| UNITS                    | DESCRIPTION                                                                                                                                                                                       | FEE   | TOTAL |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                   |       |       |
| 1                        | For the issuance of each permit                                                                                                                                                                   | 15 00 | 15 00 |
|                          | For issuing each separate permit                                                                                                                                                                  | 4 50  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                   |       |       |
|                          | For the installation or relocation of each forced air or gas type furnace or burner including ducts and vents attached to such appliance up to and including 100 000 Btu/h                        | 9 00  |       |
|                          | For the installation or relocation of each forced air or gas type furnace or burner including ducts and vents attached to such appliance 100 000 Btu/h                                            | 11 00 |       |
|                          | For the installation or relocation of each floor furnace or heater                                                                                                                                | 9 00  |       |
|                          | For the installation or relocation of each heated recessed wall heater or floor mounted unit heater                                                                                               | 9 00  |       |
|                          | For the installation or relocation or replacement of each appliance installed and not included in a appliance permit                                                                              | 4 50  |       |
|                          | For the repair of alteration of or addition to each heating appliance or each heat exchanger or each absorption or each cooling system including installation of controls regulated by thermostat | 9 00  |       |
| 2                        | For the installation or relocation of each boiler or compressor to and including three tons or each absorption system to and including 100 000 Btu/h                                              | 9 00  | 18 00 |
|                          | For the installation or relocation of each boiler or compressor over three tons to and including 15 tons or each absorption system over 100 000 Btu/h to and including 500 000 Btu/h              | 16 50 |       |
|                          | For the installation or relocation of each boiler or compressor over 15 tons to and including 30 tons or each absorption system over 500 000 Btu/h to and including 1 000 000 Btu/h               | 22 50 |       |
|                          | For the installation or relocation of each boiler or compressor over 30 tons to and including 50 tons or for each absorption system over 1 000 000 Btu/h to and including 1 750 000 Btu/h         | 33 50 |       |
|                          | For the installation or relocation of each boiler or refrigerator compressor over 50 tons or each absorption system over 1 750 000 Btu/h                                                          | 56 00 |       |

| Approval for the work under this permit will be given only after refusal of debris has been removed from job site and public right of way |                                                      |       |       |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------|-------|
| UNITS                                                                                                                                     | DESCRIPTION                                          | FEE   | TOTAL |
|                                                                                                                                           | For each handling unit to and including 10 000 Btu/h | 6 50  |       |
|                                                                                                                                           | For each air handling unit over 10 000 cfm           | 11 00 |       |
|                                                                                                                                           | For each air handling unit over 10 000 cfm           | 6 50  |       |
| 6                                                                                                                                         | For each air handling unit over 10 000 cfm           | 4 50  | 14 10 |
|                                                                                                                                           | For each air handling unit over 10 000 cfm           | 2 35  |       |
|                                                                                                                                           | For each air handling unit over 10 000 cfm           | 6 50  |       |
|                                                                                                                                           | For each air handling unit over 10 000 cfm           | 6 50  |       |
|                                                                                                                                           | For each air handling unit over 10 000 cfm           | 4 50  |       |
| <b>OTHER INSPECTIONS AND FEES</b>                                                                                                         |                                                      |       |       |
|                                                                                                                                           | For each air handling unit over 10 000 cfm           | 25 00 |       |
|                                                                                                                                           | For each air handling unit over 10 000 cfm           | 15 00 |       |
|                                                                                                                                           | For each air handling unit over 10 000 cfm           | 30 00 |       |
|                                                                                                                                           | For each air handling unit over 10 000 cfm           | 30 00 |       |
|                                                                                                                                           | For each air handling unit over 10 000 cfm           | 6 00  |       |

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

CONTRACTOR

MASTER CARD NO

PERMIT FEE 15 00

BUILDING DEPT

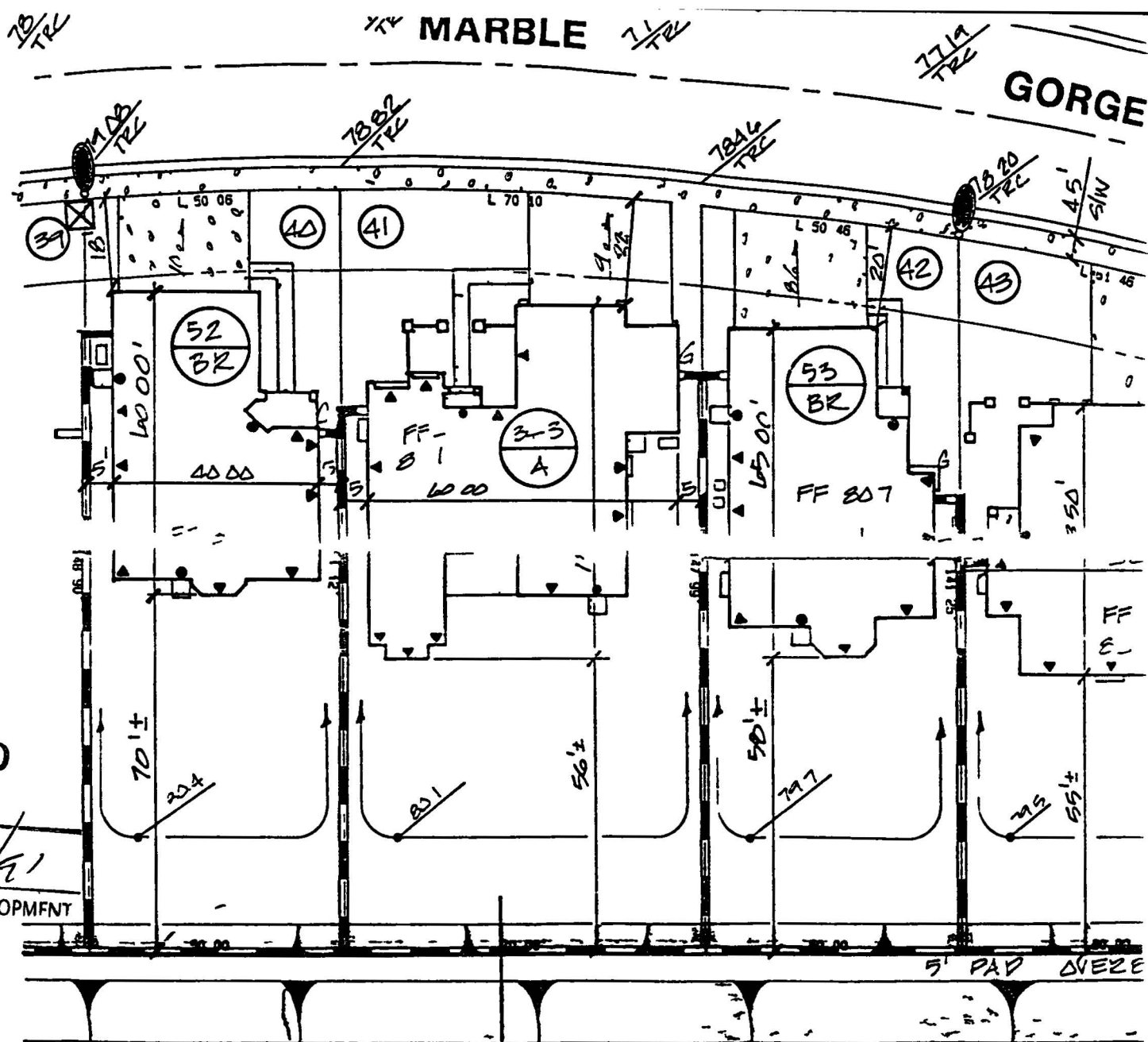
DATE

TOTAL FEES 50 40

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

MATCHLINE SEE



APPROVED

By *[Signature]* 10/3/91  
COMMUNITY PLANNING DEVELOPMENT  
City of Las Vegas

MODEL

ON OF SIDEWALK

ING WALL

LOCATION

Signature @ Peccole Unit C1

Lot 40/1

2117 Marble Gorge Dr

UNDEVEL

# INSTALLATION CARD

**JOB ADDRESS**

LOT 40 Bk 1  
2117 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**

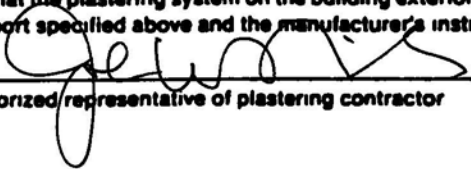
Name NICHOLS CONSTRUCTION, INC

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**

91-129697

**INSPECTION  
NUMBER**

36

**JOB ADDRESS**

2117 MARBLE GORGE DR

**LOT NO**

47

**BLOCK NO**

1

**SUBDIVISION NAME**

PECCOLE RANCH

**FIRE DEPT MAP NO**

2515-74

**JOB PHONE**

367-0050

**CALL IN DATE**

04/09/92

**CALL IN TIME**

14 45

**SCHEDULE DATE**

04/10/92

**INSPECTOR NO**

60

**INSPECTOR NAME**

STEVE WAMPITTEN

**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**

*[Signature]* 4-10-92

**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**

**91-129134**

**INSPECTION  
NUMBER**

**27**

**JOB ADDRESS**

**2117 MARBLE GORGE DR**

**LOT NO**

**40**

**BLOCK NO**

**1**

**SUBDIVISION NAME**

**PECCOLE RANCH LOT 12 UNIT**

**FIRE DEPT MAP NO**

**2515-74**

**JOB PHONE**

**873-5558**

**CALL IN DATE**

**03/12/92**

**CALL IN TIME**

**17.04**

**SCHEDULE DATE**

**03/13/92**

**INSPECTOR NO**

**59**

**INSPECTOR NAME**

**BOB GATES**

**INSPECTION  
REQUESTED**

**FINAL GAS TEST (423)**

*GT #21479*

☐ **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**

*Bob Gates 3/13/92*

**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



**PERMIT  
NUMBER**

91-129134

**INSPECTION  
NUMBER**

38

**JOB ADDRESS**

2117 MARBLE GORGE DR

**LOT NO**

40

**BLOCK NO**

1

**SUBDIVISION NAME**

PECCOLE RANCH LOT 12 UNIT C

**FIRE DEPT MAP NO**

2515-74

**JOB PHONE**

973-5558

**CALL IN DATE**

04/09/92

**CALL IN TIME**

14 45

**SCHEDULE DATE**

04/10/92

**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**

4-10-92

☒ **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**

31-129172

**INSPECTION  
NUMBER**

35

**JOB ADDRESS**

2117 PARBLE GORGE DR

**LOT NO**

41

**BLOCK NO**

1

**SUBDIVISION NAME**

PECCOLE C1

**FIRE DEPT MAP NO**

2515-74

**JOB PHONE**

385-5031

**CALL IN DATE**

34/09/02

**CALL IN TIME**

14 45

**SCHEDULE DATE**

04/17/97

**INSPECTOR NO**

62

**INSPECTOR NAME**

STEVE VAJPATTEN

**INSPECTION  
REQUESTED**

BUILDING FINAL (140)

☐ **PARTIAL  
INSPECTION**

☐ **PARTIAL  
APPROVAL (P)**

**PARTIAL DESCRIPTION**

☒ **APPROVED  
(A)**

☐ **STOP  
WORK (S)**

☐ **COMMENTS  
(C)**

☐ **TEMPORARY  
APPROVAL (T) - UNTIL**

☐ **HOLD  
(H)**

☐ **REJECTED (R)**

**REINSPECTION REQUIRED CALL 229 2071**

☐ **REFEE (F)**

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

☐ **PERMIT  
REQUIRED**

**INSPECTOR  
SIGNATURE**

 4-16-97

**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)**

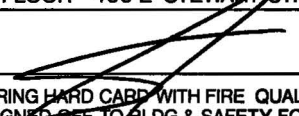
IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY  
CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT

229-6769

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                         |                                       |                                    |                           |
|---------------------------------------------------------|---------------------------------------|------------------------------------|---------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 91-129172 |                                       | <b>INSPECTION NUMBER</b> 32        |                           |
| <b>JOB ADDRESS</b> 2117 MAPLE GONG DR                   |                                       |                                    |                           |
| <b>LOT NO</b> 411                                       | <b>BLOCK NO</b> 1                     | <b>SUBDIVISION NAME</b> PERCOTE C1 |                           |
| <b>FIRE DEPT MAP NO</b> 2515-74                         | <b>JOB PHONE</b> 395-5931             | <b>CALL IN DATE</b> 4/09/92        | <b>CALL IN TIME</b> 14 45 |
| <b>SCHEDULE DATE</b> 04/10/92                           |                                       |                                    |                           |
| <b>INSPECTOR NO</b> 60                                  | <b>INSPECTOR NAME</b> STEVE VANPATTEN |                                    |                           |
| <b>INSPECTION REQUESTED</b> CERT. OF OCC. (940)         |                                       |                                    |                           |

|                                                                                                                    |                                                                                                                                  |                                              |                                                                |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <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>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>      |                                                                                                                                  | <b>INSPECTION DATE</b> 4/10/92               |                                                                |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                        | BRING HARD COPY 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 |                                                                                                                                  |                                              | <b>229-6769</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-141344

**INSPECTION  
NUMBER**

2

**JOB ADDRESS**

2117 PARBLE GOLF DR

**LOT NO**

1

**BLOCK NO**

**SUBDIVISION NAME**

SHALIAH EST

**FIRE DEPT MAP NO**

2515-74

**JOB PHONE**

736-2667

**CALL IN DATE**

11/24/92

**CALL IN TIME**

13 48

**SCHEDULE DATE**

11/27/92

**INSPECTOR NO**

75

**INSPECTOR NAME**

RON PATTERSON

**INSPECTION  
REQUESTED**

POOL PRE-GUNITE (001)

220, 420 & R GAS

☐ **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**

*R. Patterson*

**INSPECTION DATE**

11-27-92

☐ **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**

**229-5769**

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

PERMIT  
NUMBER

92-141344

INSPECTION  
NUMBER

4

JOB ADDRESS

2117 MAPLE GORGE DR

LOT NO

4

BLOCK NO

SUBDIVISION NAME

SHALIMAR FST

FIRE DEPT MAP NO

2515-74

JOB PHONE

736-2647

CALL IN DATE

05/13/92

CALL IN TIME

11.12

SCHEDULE DATE

05/14/92

INSPECTOR NO

75

INSPECTOR NAME

RON PATTERSON

INSPECTION  
REQUESTED

POOL PRE-PLASTER/FINAL (910)

A.M. PERMISSION TO ENTER

*Gate to be self closing & self  
latching - latching ~~and~~ device  
to be on inside & unable  
to be opened from outside*

☐ 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  
REQUIREDINSPECTOR  
SIGNATURE*R. Patterson*

INSPECTION DATE

5-14-92

☐ PROJECT  
COMPLETEBRING 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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                           |                                                                                                                                 |                                              |                                                                |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <b>PERMIT NUMBER</b> 92-141344                                                                                            |                                                                                                                                 | <b>INSPECTION NUMBER</b> 12                  |                                                                |
| <b>JOB ADDRESS</b> 2117 Maribel George                                                                                    |                                                                                                                                 |                                              |                                                                |
| <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>INSPECTOR NO</b> 75                                                                                                    |                                                                                                                                 | <b>INSPECTOR NAME</b>                        |                                                                |
| <b>INSPECTION REQUESTED</b> 910                                                                                           |                                                                                                                                 |                                              |                                                                |
| <p>Same day - Check # 5008</p> <p>H. Tag 21873</p>                                                                        |                                                                                                                                 |                                              |                                                                |
| <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>                                                                              | <b>REINSPECTION REQUIRED CALL *799 2071</b>                                                                                     |                                              | <input type="checkbox"/> <b>HOLD (H)</b>                       |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                 | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTOR SIGNATURE</b> R. Patterson                                                                                   |                                                                                                                                 | <b>INSPECTION DATE</b> 5-15-92               |                                                                |
| <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 (Comme cal 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 |                                                                                                                                 |                                              |                                                                |

FOR ADDITIONAL ASSISTANCE CALL \*386 6251  
SEE REVERSE SIDE FOR INSPECTION TYPES

EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                           |                      |                                                                                                                                                 |                                              |                                                                 |                                          |
|---------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/>                                                                                                  | <b>PERMIT NUMBER</b> | 92-141344                                                                                                                                       |                                              | <b>INSPECTION NUMBER</b>                                        | 12                                       |
| <b>JOB ADDRESS</b>                                                                                                        |                      |                                                                                                                                                 |                                              |                                                                 |                                          |
| 2117 Marshall Drive                                                                                                       |                      |                                                                                                                                                 |                                              |                                                                 |                                          |
| <b>LOT NO.</b>                                                                                                            |                      | <b>BLOCK NO.</b>                                                                                                                                |                                              | <b>SUBDIVISION NAME</b>                                         |                                          |
| 716                                                                                                                       |                      |                                                                                                                                                 |                                              |                                                                 |                                          |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                 |                      | <b>JOB PHONE</b>                                                                                                                                |                                              | <b>CALL IN DATE</b>                                             | <b>CALL IN TIME</b>                      |
| 716                                                                                                                       |                      |                                                                                                                                                 |                                              |                                                                 |                                          |
| <b>INSPECTOR NO.</b>                                                                                                      |                      | <b>INSPECTOR NAME</b>                                                                                                                           |                                              |                                                                 |                                          |
| 716                                                                                                                       |                      |                                                                                                                                                 |                                              |                                                                 |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                               |                      |                                                                                                                                                 |                                              |                                                                 |                                          |
| 910                                                                                                                       |                      |                                                                                                                                                 |                                              |                                                                 |                                          |
| <p>Same day - Check # 5008</p> <p>H. Tag 21873</p>                                                                        |                      |                                                                                                                                                 |                                              |                                                                 |                                          |
| <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>HOLD (H)</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                              |                      | <b>REINSPECTION REQUIRED CALL *799 2071</b>                                                                                                     |                                              |                                                                 |                                          |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                 |                      | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |                                              |                                                                 |                                          |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                           |                      |                                                                                                                                                 |                                              |                                                                 |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                |                      |                                                                                                                                                 |                                              | <b>INSPECTION DATE</b>                                          |                                          |
| D. Patterson                                                                                                              |                      |                                                                                                                                                 |                                              | 5-15-92                                                         |                                          |
| <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> |                                              |                                                                 |                                          |
| 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 |                      |                                                                                                                                                 |                                              |                                                                 |                                          |

FOR ADDITIONAL ASSISTANCE CALL \*386 6251  
SEE REVERSE SIDE FOR INSPECTION TYPES

\*EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229

PERMIT  
NUMBER

92-141344

INSPECTION  
NUMBER

6

JOB ADDRESS

2117 MARBLE GORGE DR

LOT NO

BLOCK NO

SUBDIVISION NAME

SHALIMAR EST

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

2515-74

736-2647

05/13/92

11.12

05/14/92

INSPECTOR NO

INSPECTOR NAME

RON PATTERSON

INSPECTION  
REQUESTED

POOL PRE-PLASTER/FINAL (910)

A.N. PERMISSION TO ENTER

Gate to be self closing & self  
latching - latching ~~and~~ device  
to be on inside & unable  
to be opened from outside

|                                                  |                                                                              |                                                                                                                                     |                                                            |                                             |
|--------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION   | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                             | PARTIAL DESCRIPTION                                                                                                                 |                                                            |                                             |
| <input type="checkbox"/> APPROVED<br>(A)         | <input type="checkbox"/> STOP<br>WORK (S)                                    | <input type="checkbox"/> COMMENTS<br>(C)                                                                                            | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input checked="" type="checkbox"/> REJECTED (R) | REINSPECTION REQUIRED CALL 229 2071                                          |                                                                                                                                     |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)               | REINSPECTION FEE REQUIRED PAY AT CITY HALL<br>3RD FLOOR 400 E STEWART STREET |                                                                                                                                     |                                                            |                                             |
| INSPECTOR<br>SIGNATURE <i>R. Patterson</i>       |                                                                              | INSPECTION DATE<br>5-14-92                                                                                                          |                                                            |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE     |                                                                              | 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  
CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT

229-6769

# DEPARTMENT OF BUILDING SAFETY CITY OF LAS VEGAS

|                                            |                              |                                         |                              |
|--------------------------------------------|------------------------------|-----------------------------------------|------------------------------|
| <b>PERMIT NUMBER</b><br>92-141344          |                              | <b>INSPECTION NUMBER</b><br>9           |                              |
| <b>JOB ADDRESS</b><br>2117 MARBLE GORGE DR |                              |                                         |                              |
| <b>LOT NO</b><br>4                         | <b>BLOCK NO</b><br>1         | <b>SUBDIVISION NAME</b><br>SHALINAR EST |                              |
| <b>FIRE DEPT MAP NO</b><br>2515-74         | <b>JOB PHONE</b><br>736+2647 | <b>CALL IN DATE</b><br>04/24/92         | <b>CALL IN TIME</b><br>13 48 |
| <b>INSPECTOR NO</b><br>75                  |                              | <b>INSPECTOR NAME</b><br>RON PATTERSON  |                              |
| <b>INSPECTION REQUESTED</b>                |                              | POOL PRE-GUNITE (981)                   |                              |

220, 420 & R GAS

|                                                   |                                                                                                                                  |                                       |                                                         |                                          |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)             | REINSPECTION REQUIRED CALL 229 2071                                                                                              |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b><br><i>R. Patterson</i> |                                                                                                                                  | <b>INSPECTION DATE</b><br>4-27-92     |                                                         |                                          |
| <input type="checkbox"/> 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



**PERMIT  
NUMBER**

01-130972

**INSPECTION  
NUMBER**

37

JOB ADDRESS

2117 MARBLE GORGE DR

LOT NO

40

BLOCK NO

1

SUBDIVISION NAME

SIGNATURE @ PECOOLE 12 C1

FIRE DEPT MAP NO

2515-74

JOB PHONE

565-8751

CALL IN DATE

04/09/92

CALL IN TIME

14 45

SCHEDULE DATE

04/10/92

INSPECTOR NO

65

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

4-10-92

☒ 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