

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FC



116593

PERMIT NO

93-18030810

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

PLAN CHECK NO

M-1413

DATE

3-19-93

CONST VAL \$

1400

ADDRESS OF  
CONSTRUCTION

1512 MARCUS DR

OWNER

BILL PETERS

PHONE

817-9494

LOT(s)

4

BLOCK

SUBDIVISION

Chm Lfto 350

ZONE

R-1

PROPOSED CONSTRUCTION

PEROOF FRONT

USE

THIS PERMIT FOR

BLDG ☐ A/C ☐ ELEC ☐ PLBG ☐OTHER PERMITS REQD FENCE ☐OFF SITE ☐ SWIM POOL ☐

FLOOR AREA

BSMT

1ST

2ND

GARAGE

PORCH

TOTAL

CONTRACTOR

UNIVERSAL ROOFERS

STATE  
LICENSE NO

24263

CITY  
LICENSE NO

C1102484203500

ARCHITECT

ENGINEER

MASTER PLUMBER/  
CONTRACTORMASTER ELECTRICIAN/  
CONTRACTOR

## OTHER INSPECTIONS AND FEES

- 1 Inspecto t d f m i b h r s \$4000 p h (m m m h r g t h h r s)
- 2 R s p e c t f d g m i b h r s f T A B L E 3 A f t h U f m B l d g C o d
- 3 Inspecto d g m i b h r s f w h h f p f l y d t d \$4000 p h (m m m h r g
- 4 Add t n a l p l a r e w q d b y h g d d t t p p d p l \$4000 p h (m m m h r g

## CONDITIONS OF THE PERMIT

- 1 I agree to call the City B l d g D p a r t m e n t f o s p e c t o s b e f e c o c r e t e s p o u e d b f e o g h
- 2 I agree that when the job s completed that I will call for f n a l i n s p e c t o n b e f o r e o c c p a n c y
- 3 I agree to perform all constr ct on n accordance with City O d n a n c e s a d B l d n g C o d e s
- 4 The Co t r a t r s s g n a t r e b e l o w d e n o t e s a t h o r t y f r o m t h e o w n e r t o s g n n h s b e h a l f a n d t h a t t h e
- 5 I have e a d a d d e s t a d t h c o t e t f t h s a p p l i c a t o a d p e r m t I h e r e b y s t a t e t h a t t h e n f o r m a t i o n
- 6 A p p r o a l f o t h e w o r k u n d e r t h s p e r m t w i l l b e g e n o n l y a f t e r r e f s e a n d d e b r s h a e b e e n r e m o e d
- 7 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS

## SPECIAL CONDITIONS

PEROOF FRONT  
EXPOSURE  
SHINGLES

APPROX 1500 SF

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

OWNER

BY

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

PLANNING DEPT.

DATE

BUILDING DEPT.

DATE

## 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 |

03/24/93

| 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 |     |

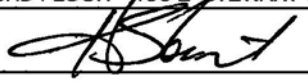
|                            |       |
|----------------------------|-------|
| 1113 2437 ZONING           | 2 00  |
| 2310 2431 PLAN REVIEW      |       |
| 2310 2401 BLDG PERMIT      | 33 00 |
| 7143 2973 SEWER CONNECTION |       |
| 6122 3352 TORTOISE         |       |
| 2897 PIF                   |       |
| 88100 1232 TRANSPORT       |       |
| TOTAL FEES                 | 35 00 |

RECEIPT  
MUST BE MACHINE VALIDATED  
#0009\*\*  
ZONE 2 00  
SFD 33 00  
CHEI 35 00  
4780A000 12 11

PERMIT NO

Permit Expires 180 Days After Abandonment of Work

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                                                                                                     |                                                                                                                                                       |                                              |                                                                 |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                 | <b>PERMIT NUMBER</b>                                                                                                                                  | <b>93-180818</b>                             | <b>INSPECTION NUMBER</b>                                        | <b>9</b>                                 |
| <b>JOB ADDRESS</b>                                                                                                                  |                                                                                                                                                       |                                              |                                                                 |                                          |
| <b>1512 MARCUS DR</b>                                                                                                               |                                                                                                                                                       |                                              | <b>116593</b>                                                   |                                          |
| <b>LOT NO</b>                                                                                                                       | <b>BLOCK NO</b>                                                                                                                                       | <b>SUBDIVISION NAME</b>                      |                                                                 |                                          |
| <b>4</b>                                                                                                                            |                                                                                                                                                       | <b>CHAR HGTS 35 C</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>2522-52</b>                                                                                                                      | <b>877-9494</b>                                                                                                                                       | <b>04/05/93</b>                              | <b>15 55</b>                                                    | <b>04/07/93</b>                          |
| <b>INSPECTOR NO</b>                                                                                                                 | <b>INSPECTOR NAME</b>                                                                                                                                 |                                              |                                                                 |                                          |
| <b>5357</b>                                                                                                                         | <b>ARCHIE WISE</b>                                                                                                                                    |                                              |                                                                 |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                         |                                                                                                                                                       |                                              |                                                                 |                                          |
| <b>BUILDING FINAL (140)</b>                                                                                                         |                                                                                                                                                       |                                              |                                                                 |                                          |
|                                                                                                                                     |                                                                                                                                                       |                                              |                                                                 |                                          |
| <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>                       |                                                                 |                                          |
|                                                  |                                                                                                                                                       | <b>4-7-93</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 (Commence of Occupancy)</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>229-6769</b>                          |

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