

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

PERMIT NO 92-135000

2071

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential ConstructionLOG NO & AREA M-769 DATE 2/4/92 CONST VAL \$ 288 00ADDRESS OF CONSTRUCTION 5500 West Mare Way OWNER Robert Braun PHONE 645-8307LOT(s) 7 BLOCK 1 SUBDIVISION Cherry Lane SSA ZONE R-1PROPOSED CONSTRUCTION Aluminum Patio Cover ICB0 2621 USETHIS PERMIT FOR BLDG ☐ A/C ☐ ELEC ☐ PLBG ☐ OTHER PERMITS REQD FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT 1ST 2ND GARAGE PORCH TOTAL 96CONTRACTOR Dura-Kool Aluminum Products Inc STATE LICENSE NO 32068 CITY LICENSE NO 10254

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

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

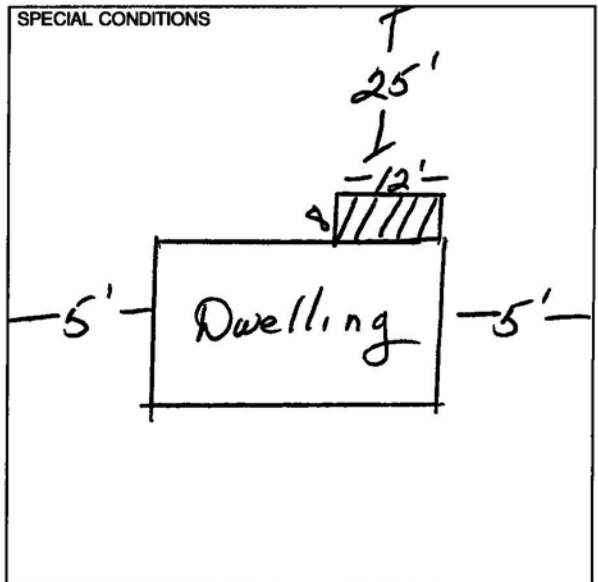
## OTHER INSPECTIONS AND FEES

1 I p t t d f m l b h \$3000 p h (m m m h r g t h r s)  
 2 R p t f d f g m l b h h r s d d p f T A B L E 3 A f t h U f m B l d g C d  
 3 I p t t d f g m l b h r s f w h h f p f l y d t d \$3000 p h (m m m h g  
 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 w h )

## CONDITIONS OF THE PERMIT

- I agree to call the City Building Department for inspections before construction is completed before enough wiring electrical plumbing framing is covered. Also for air conditioning drywall and sheathing inspection.
- I agree that when the job is completed that I will call for final inspection before occupancy.
- I agree to perform all construction in accordance with City Ordinances and Building Codes.
- The Contractor shall be below the duties authorized from the owner to sign his behalf and that the owner saw and approved the completion of this application to permit September maintenance to take out for work outlined above this agreement.
- I have read and understand the contents of this application and permit I hereby state that the information supplied on this application is true and correct.
- Applicant shall work to the permit with the following conditions: d d b h b m d f m j b t d p b l g h t f w y
- 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS

## SPECIAL CONDITIONS



BY \_\_\_\_\_  
 I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY OWNER  
 BY Betty Cohen  
 Betty Cohen 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

| 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 P I F

88100 1232 TRANSPORT

TOTAL FEES

13 00

RECEIPT \*\*\*  
 MUST BE MACHINE VALIDATED  
 SFD 13 00  
 CHEI 13 00  
 9688A000 15 20

PERMIT NO

Permit Expires 180 Days After Abandonment of Work

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                    |  |                                                                                                                                  |  |                                                |  |                                                         |  |
|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|---------------------------------------------------------|--|
|  <b>PERMIT NUMBER</b>                 |  | 92-135006                                                                                                                        |  | <b>INSPECTION NUMBER</b>                       |  | 3                                                       |  |
| <b>JOB ADDRESS</b><br>5500 MARE HY                                                                                 |  |                                                                                                                                  |  |                                                |  |                                                         |  |
| <b>LOT NO</b><br>7                                                                                                 |  | <b>BLOCK NO</b><br>1                                                                                                             |  | <b>SUBDIVISION NAME</b><br>CHARLESTON HGTS 55A |  |                                                         |  |
| <b>FIRE DEPT MAP NO</b><br>2121-24                                                                                 |  | <b>JOB PHONE</b><br>645-8307                                                                                                     |  | <b>CALL IN DATE</b><br>02/20/92                |  | <b>CALL IN TIME</b><br>11 07                            |  |
|                                                                                                                    |  | <b>SCHEDULE DATE</b><br>02/21/92                                                                                                 |  |                                                |  |                                                         |  |
| <b>INSPECTOR NO</b><br>61                                                                                          |  | <b>INSPECTOR NAME</b><br>JEFF CARSON                                                                                             |  |                                                |  |                                                         |  |
| <b>INSPECTION REQUESTED</b>                                                                                        |  | BUILDING FINAL (140)                                                                                                             |  |                                                |  |                                                         |  |
| ALUM PATIO COVER REAP YARD ACCESS OK<br><br><i>Gate locked - no answer at door</i>                                 |  |                                                                                                                                  |  |                                                |  |                                                         |  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                        |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | PARTIAL DESCRIPTION                            |  |                                                         |  |
| <input 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 checked="" 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>  |  |                                                                                                                                  |  | <b>INSPECTION DATE</b><br>2-21-92              |  |                                                         |  |
| <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 AM 7 15 AM OR 2 45 PM 3 00 PM AT |  |                                                                                                                                  |  |                                                |  | 229-6765                                                |  |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-135000**

**INSPECTION  
NUMBER**

**2**

**JOB ADDRESS**

**5500 NARE WY**

**LOT NO**

**7**

**BLOCK NO**

**1**

**SUBDIVISION NAME**

**CHARLESTON HGTS 554**

**FIRE DEPT MAP NO**

**2121-24**

**JOB PHONE**

**645-8307**

**CALL IN DATE**

**03/26/92**

**CALL IN TIME**

**08 31**

**SCHEDULE DATE**

**03/27/92**

**INSPECTOR NO**

**69**

**INSPECTOR NAME**

**ED BALLARD**

**INSPECTION  
REQUESTED**

**BUILDING FINAL (140)**

**AM PATIO COVER, SIDE GATL OPEN, ROBERT 645-8307**

☐ **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**

**3-27**

☒ **PROJECT  
COMPLETE**

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

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