

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

101538

92-162343

AIR CONDITIONING PERMIT

PLAN CHECK NO P211

DATE

CONST VAL \$

ADDRESS OF CONSTRUCTION 628 Marion PlOWNER Dudley Const.PHONE 735-6216CONTRACTOR M.J. WoodSTATE LICENSE NO 8010BCITY LICENSE NO C1108856LOT(s) 62 BLOCK SUBDIVISION Sunwood

ZONE

PROPOSED CONSTRUCTION HURK Plans on File

USE

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                                                                             | FEE  | TOTAL |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                                                                         |      |       |
| 1                        | F t h f h p m t                                                                                                                                                                                                                                                                                         | 1605 | 1550  |
|                          | Fo ss geach ppl m t i p e m t                                                                                                                                                                                                                                                                           | 485  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                                                                         |      |       |
|                          | F t h tall t or locat on of each forced a r o g r a t y t y p e f r n a e o r b r n e r n c l d n g d c t s a d e n t s a t t a c h e d t o s c h a p p l a n c e p t o a d c l u d g 100 000 B t u / h                                                                                                 | 965  |       |
|                          | Fo the stallat r relocat on of each forced a r o r g r a t y t y p e f r n a e o r b r n e r n c l d n g d c t s a d e n t s a t t a c h e d t o s c h a p p l a n c e p t o a d c l u d g 100 000 B t u / h                                                                                            | 1180 |       |
|                          | Fo the stallat o r e l o c a t o n o f e a c h f l o o r f a c e n c l d g e t                                                                                                                                                                                                                          | 965  |       |
|                          | Fo the stallat on o r r e l o c a t o n o f e a c h s p e d e d h e a t e r e c c e s s e d w a l l h e t f l m t d t h e a t e r                                                                                                                                                                       | 965  |       |
|                          | Fo the stallat o e l o c a t o n o r e p l a c e m e n t o f e a c h a p p l a c e t s t a l l d a n d n o t n c l d e d n a n a p p l a c e p e r m t                                                                                                                                                  | 485  |       |
|                          | F t h e p f l t r a t n o f o a d d t o t o e a c h h e a t n g a p p l a c e e f g e a t o u t c l g t a b s o r p t o u n t o r e a c h h e a t n g c o o l n g a b s o r p t o n o r e a p o r a t e c o o l n g s y s t e m c l u d n g n s t a l l a t o o f c o t o l s e g u l t e d b y t h o d | 965  |       |
|                          | Fo the stallat o l t f h b l e r o r m p t d l d n g t h e e t o s o e a c h a b s o p t o s y s t e m t d c l d n g 100 000 B t u / h                                                                                                                                                                  | 965  |       |
| 1                        | For the n s t a l l a t i o n o r r e l o c a t o n o f e a c h b o i l e r o c o m p r e s s o r o r t h r e e t o n s t o a n d i n c l u d i n g 15 t o n s o r e a c h a b s o r p t o n s y s t e m o e 100 000 B t u / h a d c l u d g 500 000 B t u / h                                          | 1765 | 1820  |
|                          | For the n s t a l l a t i o n o r r e l o c a t o n o f e a c h b o i l e r o c o m p s s o r o r 15 t o n s t o a n d n c l d g 30 t o s o r e a c h a b s o r p t o n s y s t e m o e 500 000 B t u / h t o a d n c l u d g 1 000 000 B t u / h                                                       | 2415 |       |
|                          | Fo the stall t l t o f a c h b o i l e r o r c o m p e s s o o e 30 t o s t o a d c l d n g 50 t o n s o f o e a c h a b s o r p t o s y s t e m o e 1 000 000 B t / h t a d n l u d g 1 750 000 B t / h                                                                                                | 3585 |       |
|                          | For the n s t a l l a t i o n o r r e l o c a t o n o f e a c h b o i l e r o r e f r i g e r a t o n c o m p r e s s o r o r 50 t o n s o r e a c h a b s p t o s y s t e m o e 1 750 000 B t / h                                                                                                      | 5995 |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                                                                               | FEE  | TOTAL |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|
|                                   | Fo each a h a d l g u t t o a d l d g 10 000 c b c f t p m t l d g d t t h d t h e r e t                                                                                                                                                                                  | 695  |       |
|                                   | N t T h s f h a l l t a p p l y t o a n a r h a n d l n g n t w h c h s a p o r t o n o f a f a c t o y a s s e m b l e d a p p l a c e c o o l n g n t e a p o a t e c o o l e o a b s o r p t o n t f o w h c h a p m t s r e q u i r e d e l s e w h e r e t h s o d e | 1180 |       |
|                                   | F r e a h a r h a n d l n g t o e 10 000 c f m                                                                                                                                                                                                                            | 695  |       |
|                                   | For each e a p o r a t e c o o l e o t h e r t h a p o t a b l e t y p e                                                                                                                                                                                                  | 485  |       |
| 2                                 | For each e n t i l a t i o n f a                                                                                                                                                                                                                                          | 255  | 530   |
|                                   | COMMERCIAL                                                                                                                                                                                                                                                                |      |       |
|                                   | RESIDENTIAL                                                                                                                                                                                                                                                               |      |       |
|                                   | Fo each e t l a t o s y s t e m w h c h s t p o t o f a y h e a t g o d t o n g s y s t e m a u t h o z e d b y a p e r m t                                                                                                                                               | 695  |       |
|                                   | Fo the stallat o o f e h h d w h s s e r e d b y m e c h a n c a l e h a s t c l d g t h e d u c t f o s c h h o o d                                                                                                                                                      | 695  |       |
|                                   | Fo each f e d m p t l l d e s t n g s y s t e m                                                                                                                                                                                                                           | 485  |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                                                                           |      |       |
|                                   | I p t t d f m l b h (m m m h g - t h h )                                                                                                                                                                                                                                  | 2500 |       |
|                                   | R p t f d d p f T A B L E 3 A f t h U f m B l d g C d \$1500 EACH                                                                                                                                                                                                         | 1500 |       |
|                                   | I p t f w h h f p f l l y d t d (m m m h g - h l f h )                                                                                                                                                                                                                    | 3000 |       |
|                                   | A d d t l p l r e w r e q d b y h g d d t t p p d p l (m m m h g - t w h r s)                                                                                                                                                                                             | 3000 |       |
|                                   | M h l p m t f m y b m p t d t h m b l d g p m t f b y g t h t t l t f l t m t w h w k t l d d t h b h d l                                                                                                                                                                 |      |       |
|                                   | G p p g w h h d t y l t d d y t t h p l m t f h t g d t g f g t y t m t d g 500 000 B T U H                                                                                                                                                                               | 645  |       |

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 Pat Jasper

CONTRACTOR

MASTER CARD NO

PERMIT FEE

1550

BY RRG  
BUILDING DEPT

Sp C t Dw

10/2/92  
DATE

TOTAL FEES

3900

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO. 1-17607

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR



54498

## ELECTRICAL PERMIT

LOG NO & AREA P211 DATE 7/27/91 CONST VAL \$           ADDRESS OF CONSTRUCTION 628 MARIAN DRIVE OWNER MARK TEMPLE ATM TERRACE 3CONTRACTOR BEST ELECTRIC STATE LICENSE NO 0019488 CITY LICENSE NO CIIL84122758HOWARD DUNN LOT/BLK 62/21 PLAN K M1-212 PHONE 367-0050  
(PRINT NAME OF MASTER ELECTRICIAN)PROPOSED CONSTRUCTION S F D Temp Power for cons use only USE           ELECTRIC PERMIT NO           

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

| UNITS                                                                                                              | DESCRIPTION                                                                                                                                                                                                                 | FEE   | TOTAL |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                             |                                                                                                                                                                                                                             |       |       |
| 1                                                                                                                  | For Iss ng Each Per m t                                                                                                                                                                                                     | 10 00 | 10 00 |
| 0                                                                                                                  | S ppl m t I F                                                                                                                                                                                                               | 4 50  | 0 00  |
| <b>APPLIANCE CHARGE</b>                                                                                            |                                                                                                                                                                                                                             |       |       |
| <b>Residential or General Commercial</b>                                                                           |                                                                                                                                                                                                                             |       |       |
| 61                                                                                                                 | Receptacle <u>43</u> Switch <u>10</u>                                                                                                                                                                                       | 40    | 24 40 |
| 15                                                                                                                 | Each Lght F t u e Socket E t Lght Smoke Detecto o E ha st Fa                                                                                                                                                                | 30    | 4 50  |
| 5                                                                                                                  | EACH OUTLET FOR SPECIAL PURPOSE<br>Dshwashe Ga bage G de T ash Comp cto<br>GFI Clothes Washe D ye Elect c Ra ge<br>O e s Wate Heate Sp e Heate Blast Col<br>He te (PER KW) M y Lamp Q rt L mp<br>Sod um Lamp 20AMP Sg Crcut | 70    | 3 50  |
|                                                                                                                    | X Ray U t                                                                                                                                                                                                                   | 10 00 |       |
|                                                                                                                    | A ea Lght g (F st 3 000 Watts)                                                                                                                                                                                              | 8 00  |       |
|                                                                                                                    | Each Add tional 1 000 Watts                                                                                                                                                                                                 | 3 00  |       |
| <b>MOTORS (1 HP AND OVER) TRANSFORMERS ELEVATORS WELDERS GENERATORS CHILLERS SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                             |       |       |
|                                                                                                                    | F rst HP or Ton Fo ea h Unt                                                                                                                                                                                                 | 3 00  |       |
|                                                                                                                    | F st KVA Fo Each U t                                                                                                                                                                                                        | 3 00  |       |
|                                                                                                                    | Each Add to al HP To o KVA p to 50                                                                                                                                                                                          | 50    |       |
|                                                                                                                    | Each Add tional HP Ton or KVA o er 50                                                                                                                                                                                       | 35    |       |
| 1                                                                                                                  | Tempo a y powe o Pole                                                                                                                                                                                                       | 6 00  | 6 00  |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                         |                                                                                                                                                                                                                             |       |       |
| 1                                                                                                                  | Up to 200 AMP                                                                                                                                                                                                               | 6 00  | 6 00  |
| 0                                                                                                                  | 400 AMP A d 600 AMP                                                                                                                                                                                                         | 12 50 | 0 00  |
|                                                                                                                    | O er 600 AMP To 1200 AMP                                                                                                                                                                                                    | 25 00 |       |
|                                                                                                                    | O er 1200 AMP                                                                                                                                                                                                               | 50 00 |       |
|                                                                                                                    | Each Add to al Mete Socket                                                                                                                                                                                                  | 50    |       |
| 0                                                                                                                  | S b Panel Moto Cont ol Ce te D sconnect Switch Transfe Sw tch (Each)                                                                                                                                                        | 3 00  | 0 00  |
|                                                                                                                    | Sw mm ng Pool (Res dent al)                                                                                                                                                                                                 | 20 00 |       |
|                                                                                                                    | Sw mm g Pool (Sem P blc)                                                                                                                                                                                                    | 30 00 |       |
|                                                                                                                    | Spas                                                                                                                                                                                                                        | 8 00  |       |
|                                                                                                                    | Recreat onal Veh cle Spaces (Each)                                                                                                                                                                                          | 3 00  |       |

| UNITS                                                                    | DESCRIPTION                                                                                                                                             | FEE           | TOTAL |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------|
|                                                                          | B w ys Tolley Pl g (Ea 100 Ft)                                                                                                                          | 3 00          |       |
|                                                                          | Gas P mps D p ers (Ea h)                                                                                                                                | 3 00          |       |
| 1                                                                        | Pe ma e t A/C U t (5 To s o Less)                                                                                                                       | 3 00          | 3 00  |
| 0                                                                        | Each Ar Handler                                                                                                                                         | 1 00          | 0 00  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                             |                                                                                                                                                         |               |       |
|                                                                          | Speaker O tiets (Each)                                                                                                                                  | 30            |       |
|                                                                          | Sg lo Ala m O tiets (Each)                                                                                                                              | 30            |       |
|                                                                          | Ampl f es                                                                                                                                               | 2 00          |       |
|                                                                          | Control Panel                                                                                                                                           | 50            |       |
| 0                                                                        | TV Master System                                                                                                                                        | 30            | 0 00  |
| 2                                                                        | Telepho e o Compute O tiel                                                                                                                              | 30            | 0 60  |
| <b>OTHER INSPECTIONS AND FEES INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                         |               |       |
|                                                                          | I spect o s out s de of o mal bus ess hou s (m m m h g - the e ho s)                                                                                    | 30 00 p ho r  |       |
|                                                                          | Re spect o fee assessed nde p o s o s of TABLE 3 A of the U fo m Bul d g Code = \$30 00 EACH                                                            | 30 00 e h     |       |
|                                                                          | Inspect ons f whch o fee p f ally ndicated (m n m m charge - one half ho r)                                                                             | 30 00 pe ho r |       |
|                                                                          | Add to al pla e ew equ ed by cha ges add tions or re s o s t app o ed pla s (m m m ch ge - one half ho r) After work ho rs - \$30 00 per ho r - m m m h | 30 00 pe hou  |       |
|                                                                          | Sta te Pe m t                                                                                                                                           | 50 00         |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                            |                                                                                                                                                         |               |       |
|                                                                          | Commercial -B rglar Alarms                                                                                                                              |               |       |
|                                                                          | -Mus c Systems                                                                                                                                          |               |       |
|                                                                          | -Data Process ng                                                                                                                                        |               |       |
|                                                                          | -Comm n cat on                                                                                                                                          |               |       |
|                                                                          | Cond t Only-Contract Pr ce                                                                                                                              |               |       |
|                                                                          | All M sc Elect c                                                                                                                                        |               |       |

Electr cal perm t fees m y be comp ted the same as b ld ng perm t fees by s ng the cost of stallat on for al at o amo nt when s ch work s not ncl ded the abo e schedule

# 2310 2432

## RECEIPT

I hereby cert fy that I have caref lly exam ned and read the abo e appl cat on that the same s true and co rect and that the work here n desc bed s to be do eacco dance w th all the p o v s o s of the appl cable Ord a ces of the Cty of Las Vegas Nevada and the State Laws whether here n spec f ed o not

SIGNED HOMEOWNER CONTRACTOR

BUILDING DEPT

DATE

Permit Expires 180 Days After Abandonment of Work

PERMIT FEE 58 00

LESS STARTER PERMIT 4 06

TOTAL FEES 62 06

PERMIT NO             
MUST BE MACHINE VALIDATED

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

NO

91-1 0 03

PLUMBING PERMIT

LOG NO & AREA P-211 DATE \_\_\_\_\_ CONST VAL \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION 628 Marion Dr OWNER TIC V, A CALIF CORP PHONE 876-6967CONTRACTOR Imperial Plumbing STATE LICENSE NO 17916 CITY LICENSE NO C1135721205LOT(s) 62 BLOCK 21 SUBDIVISION Autumn Terrace Sunwood Ph III ZONE \_\_\_\_\_PROPOSED CONSTRUCTION New USE \_\_\_\_\_  
PLUMBING PERMIT NO \_\_\_\_\_

| UNITS                            | DESCRIPTION                                                                      | FEE     | TOTAL |
|----------------------------------|----------------------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                  |         |       |
| 1                                | F iss g E h P m t                                                                | 10 00   | 10 00 |
|                                  | For Issu q Each S pplem tal Pe m t                                               | 4 50    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                  |         |       |
| 1                                | Bath b Showe La ato y To let U nal                                               | EA 2 00 | 2 00  |
| 1                                | Floo D a Floo S k Wash T ay Snk                                                  | EA 2 00 | 2 00  |
| 1                                | Ga bage D sposal Clothes W she D shw h (es dent al)                              | EA 00   | 2 00  |
| 1                                | Ga bage D sposal (comme c al)                                                    | EA 8 00 |       |
|                                  | Clothes Washe D shwashe (comme c l)                                              | EA 2 00 |       |
|                                  | Clothes D ye (gas) (e t g)                                                       | 00      |       |
|                                  | De tal Unt                                                                       | 8 00    |       |
|                                  | D k g Fo t                                                                       | 2 00    |       |
|                                  | Ref ge ato Ice Mak Wat D sp n e                                                  | 00      |       |
|                                  | Any othe wate s ng eq pme t Attached Coffee Make s Ice Make s                    | 2 00    |       |
| 1                                | Hot Wate Heate (Cas o Elect )                                                    | EA 2 00 | 2 00  |
| <b>SEWER SYSTEM</b>              |                                                                                  |         |       |
| 1                                | New Repl me t M d f ato o A y D a ag Wo k                                        | 10 00   | 10 00 |
|                                  | G ease o Sand T ap o Inte cepto                                                  | 2 00    |       |
|                                  | Tal T p (nt l p ks)                                                              | 5 00    |       |
| <b>WATER SOFTENERS</b>           |                                                                                  |         |       |
|                                  | Non Pe manent Type ( nt l)                                                       | 2 00    |       |
|                                  | Pe m nent Type (con ed to d a )                                                  | 2 00    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                  |         |       |
| 1                                | S gle Fam ly Dwell g                                                             | 6 00    | 6 00  |
|                                  | Mult Fam ly Dwell ng                                                             | 6 00    |       |
|                                  | Plus Each Dwelling Unt                                                           | 3 00    |       |
|                                  | Comme c l Bu ld ng pe floo                                                       | 3 00    |       |
|                                  | Plus Each U t (leased sp ce o off )                                              | 2 00    |       |
|                                  | Hotel o Motel                                                                    | 8 00    |       |
|                                  | Plus Each Unt                                                                    | 3 00    |       |
|                                  | T ale Pa k                                                                       | 30 00   |       |
|                                  | Plus Each Space                                                                  | 2 00    |       |
|                                  | Irr gat on S ngle Fam ly Dwell g                                                 | 8 00    |       |
|                                  | I g to Comme c l Fee B sed o Bu ld ng Code Valuat on Cha t Co st ct on Valuat on |         |       |

| App o l fo th wo k unde ths pe m t w ll be g e only afte ef se a d deb ha e bee mo ed f om job st a d p bl ght of y |                                                                                                                                                                                     |              |       |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|
| UNITS                                                                                                               | DESCRIPTION                                                                                                                                                                         | FEE          | TOTAL |
| <b>FUEL PIPING SYSTEM</b>                                                                                           |                                                                                                                                                                                     |              |       |
| 1                                                                                                                   | S gle F m ly Dwell g                                                                                                                                                                | 6 00         | 6 00  |
|                                                                                                                     | M lt Fam ly Dwell g                                                                                                                                                                 | 10 00        |       |
|                                                                                                                     | Pl s Each U t                                                                                                                                                                       | 2 00         |       |
|                                                                                                                     | Comme c al Bu ld ng (pe floo )                                                                                                                                                      | 6 00         |       |
|                                                                                                                     | Plus Each U t (leased space o off ce)                                                                                                                                               | 6 00         |       |
| 4                                                                                                                   | Med um P ss Syst m (Pla Check)                                                                                                                                                      | 12 00        |       |
|                                                                                                                     | Each Gas Appl a ce (A y Type)                                                                                                                                                       | 2 00         | 8 00  |
|                                                                                                                     | Steam Bo le s                                                                                                                                                                       | 5 00         |       |
| <b>SOLAR ENERGY SYSTEMS</b>                                                                                         |                                                                                                                                                                                     |              |       |
|                                                                                                                     | Collecto s (i cl d ng p p g) (pe coll cto )                                                                                                                                         | 5 00         |       |
|                                                                                                                     | Sto age Ta ks (each)                                                                                                                                                                | 5 00         |       |
| <b>PIPELINE CONTRACT</b>                                                                                            |                                                                                                                                                                                     |              |       |
|                                                                                                                     | For On ste Sewe Gas o Wate Co t act V lue Fee bas d on B ld ng Code Pe m t Val ato Ch t                                                                                             |              |       |
| <b>OTHER INSPECTIONS AND FEES</b>                                                                                   |                                                                                                                                                                                     |              |       |
|                                                                                                                     | I spect ons o ts de of no m l b s s ho s (m n m ha ge—th e hou s)                                                                                                                   | 25 00 pe ho  |       |
|                                                                                                                     | U de p o s ons of Table 3 A of the Un fo m Bu ld g Code wo k wh ch has bee i specte on a d ot app o ed may be s bject to a Resp n Fe ot l ss tha \$30 00 p each specto d g b s ho s | 30 00 ach    |       |
|                                                                                                                     | Add on I plan e ew eq ed by cha ges Add to sto e so sto p p o d pl ns (m n m m cha ge two hou s)                                                                                    | 30 00 pe hou |       |
|                                                                                                                     | Plumb ng pe m t fees m y be comp ted the m s b ld g pe m t fees by s g th co t of nstallato fo al ato amo twh s ch work s not i cl ded n the abo e schedule                         |              |       |
|                                                                                                                     | Const cto Val ato                                                                                                                                                                   |              |       |

FOR INSPECTIONS  
CALL 799 2071SEWER # 7114 3654  
CONNECTION

RECEIPT

FIXTURES \_\_\_\_\_ X \_\_\_\_\_

FEE \_\_\_\_\_

2310 2403  
PERMIT  
FEE \_\_\_\_\_TOTAL  
FEES6420  
6848

PERMIT NO \_\_\_\_\_

MUST BE MACHINE VALIDATED

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

SIGNED \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ MASTER CARD NO \_\_\_\_\_

BY \_\_\_\_\_ R g t d M t Pl mb S p C t Ow

BUILD NG DEPT

DATE

3/63 Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

91-115979

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 3251BUILDING PERMIT  
FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

LOG NO &amp; AREA

P-211

CONST VAL \$ 48 500

ADDRESS OF  
CONSTRUCTION

628 Marlon Drive

OWNER

Tobin Investment  
Corporation - 5

PHONE 648-9474

LOT(s)

21

BLOCK

7

SUBDIVISION

Sunwood/ Autumn Terrace

ZONE

R-1

PROPOSED CONSTRUCTION

single family dwelling

USE single family dwelling

THIS PERMIT FOR

BLDG ☒A/C ☐ELEC ☐PLBG ☐

OTHER PERMITS REQD

FENCE ☐

OFF

SITE ☐

SWIM

POOL ☐

FLOOR AREA

BSMT

1ST

1607

2ND

GARAGE

557

PORCH

TOTAL

2164

CONTRACTOR

Mark A Temple Construction

STATE  
LICENSE NO

23725

CITY  
LICENSE NO

113805

ARCHITECT

CYP Inc

ENGINEER

R M Volpe

MASTER PLUMBER/  
CONTRACTOR

Imperial Plumbing

MASTER ELECTRICIAN/  
CONTRACTOR

Johnson Electric

## OTHER INSPECTIONS AND FEES

1 I pect t d fno m l b u n e h o r s \$30 00 p h o u (m m m h g t h h o u r s )  
 2 R p t f d g m l b h r s \$30 00 p h o u (m m m h g t h h o u r s )  
 3 I t d g m l b h f w h h f p f l y d t d = \$30 00 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 v e d p l \$30 00 p h (m m m h g  
 two h o r s )

## CONDITIONS OF THE PERMIT

- I agree to call the City Building Department for spectro s before concrete s poured befo e rough w ng elect cal pl mb g f am g s c o e r e d Also for a r c o n d t o g d y w a l l and sheath ng inspect on
- I agree that when the job s completed that I w l l call for f a l spectro befo occ pancy
- I agree to p e f o m a l l o s t r c t n n accordance w th C t y O d n a n c e s and B l d n g C o d e s
- The Contractor s s g n a t r e below denotes autho ty from the owner to s g n n h s behalf a d that the ow e r s aware of all requ e m e t s of t h s application and p e m t Separate permits must be taken out for w o r k o u t l i n e d a b o e t h i s a g r e e m e t
- I h a e r e a d and understand the contents of this appl cat on a d p e r m t I hereby state that the n f o r m a t o n I h a e s p p l e d on t h s appl cat n s t r e and c o e c t
- Appr al for the work d e t h s p m t w l l b e g e n o l y a f t e e f u s e a d d e b s h b e n r e m o e d from j o b s t e and p u b l c i g h t of w a y
- 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS

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

PLANNING DEPT

BUILDING DEPT

| PLUMBING                           |       | FEE | ELECTRICAL                                  |      | FEE    |
|------------------------------------|-------|-----|---------------------------------------------|------|--------|
| WATER DISTRIBUTION                 | 6 00  |     | RECEPTACLE _____ SWITCH _____               |      | 40     |
| SEWER SYSTEM NEW OR MODIFICATION   | 10 00 |     | EACH LIGHT FIXTURE OR SOCKET _____          |      | 30     |
| FIXTURES WATER SOFTENER H W HEATER | 2 00  |     | SPECIAL OUTLET APPLIANCE ETC                |      | 70     |
| GARBAGE DISPOSAL WASHER            | 2 00  |     | SERVICE/PANEL SUB/3 00 200A/6 00 400A/12 50 |      |        |
| FUEL PIPING                        | 6 00  |     | AC UNIT OR MOTORS                           | 3 00 |        |
| IRRIGATION SYSTEM                  | 8 00  |     | 2310 2432 TOTAL                             |      |        |
| MISC                               |       |     | MISC                                        |      |        |
| 2310 2433 TOTAL                    |       |     | 2310 2431 ISSUANCE FEE                      |      |        |
| AIR CONDITIONING                   |       | FEE | 7143 2973 SEWER CONNECTION                  |      | 625 00 |
| NEW UNIT 3 TON = 9 00 OVER = 16 50 |       |     | 2310 2431 PLAN REVIEW FEE                   |      |        |
| FURNACE TO 100 000/9 00 OVER/11 00 |       |     | 2310 2431 BLDG PERMIT FEE                   |      | 335 00 |
| VAPORATIVE COOLER                  | 6 50  |     | TOTAL FEES                                  |      | 960 00 |
| VENTILATION FAN                    | 2 35  |     |                                             |      |        |
| 2310 2435 TOTAL                    |       |     |                                             |      |        |

## SPECIAL CONDITIONS

## RECEIPT

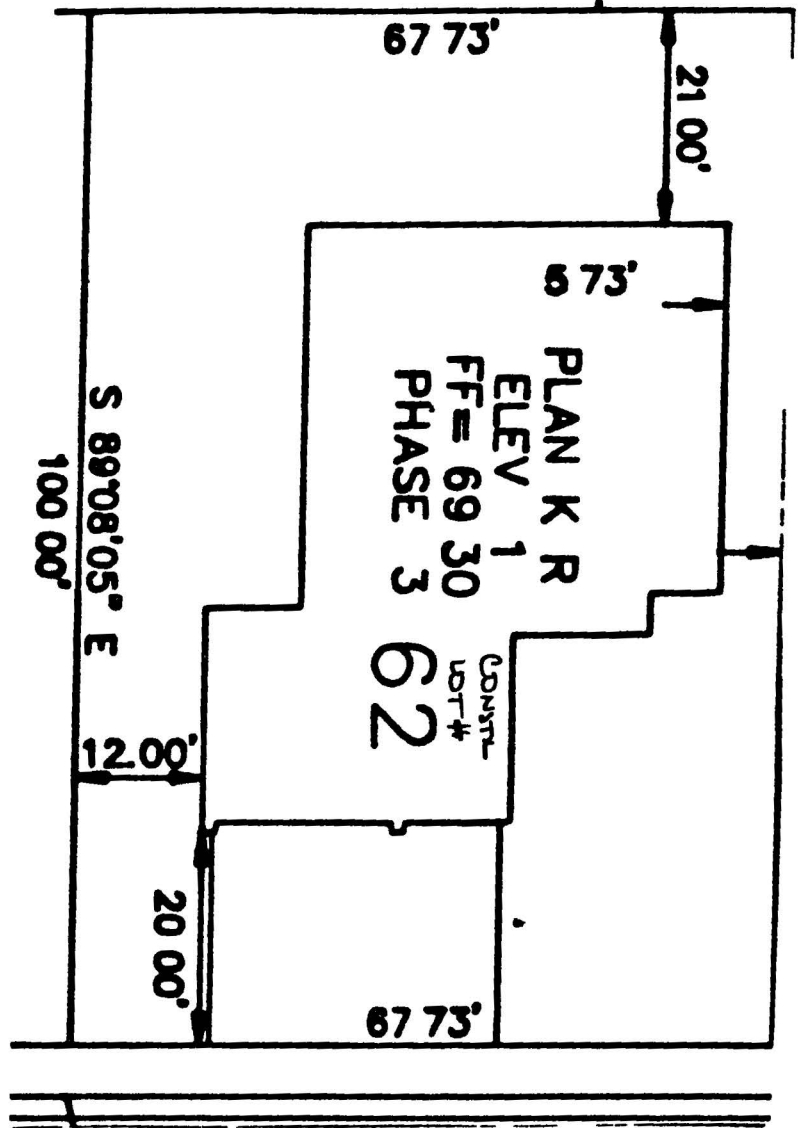
PERMIT NO

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

91-115917

688 MARION DRIVE  
BLOCK 7, LOT 21



APPROVED  
*[Signature]* 8/5/21  
RME

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                                                                                           |  |                                                                                                                                     |  |                                                  |  |                                                         |                 |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                                      |  | <b>91-115979</b>                                                                                                                    |  | <b>INSPECTION NUMBER</b>                         |  | <b>11</b>                                               |                 |
| JOB ADDRESS <b>613 MAPLE DR</b> <span style="float: right;"><b>53269</b></span>                                           |  |                                                                                                                                     |  |                                                  |  |                                                         |                 |
| LOT NO<br><b>21</b>                                                                                                       |  | BLOCK NO<br><b>7</b>                                                                                                                |  | SUBDIVISION NAME<br><b>SUNWOOD/STONY TERRACE</b> |  |                                                         |                 |
| FIRE DEPT MAP NO<br><b>2329-95</b>                                                                                        |  | JOB PHONE<br><b>253-4477</b>                                                                                                        |  | CALL IN DATE<br><b>03/13/93</b>                  |  | CALL IN TIME<br><b>13:40</b>                            |                 |
|                                                                                                                           |  | SCHEDULE DATE<br><b>03/17/93</b>                                                                                                    |  |                                                  |  |                                                         |                 |
| INSPECTOR NO<br><b>54</b>                                                                                                 |  | INSPECTOR NAME<br><b>PAYMON SCHREDS</b>                                                                                             |  |                                                  |  |                                                         |                 |
| <b>INSPECTION REQUESTED</b>                                                                                               |  | <b>BUILDING FINAL (140)</b>                                                                                                         |  |                                                  |  |                                                         |                 |
|                                                                                                                           |  |                                                                                                                                     |  |                                                  |  |                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                               |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | PARTIAL DESCRIPTION                              |  |                                                         |                 |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                          |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C)            |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |                 |
| <input type="checkbox"/> REJECTED (R)                                                                                     |  | <input type="checkbox"/> REINSPECTION REQUIRED                                                                                      |  | CALL 229 2071                                    |  | <input type="checkbox"/> HOLD (H)                       |                 |
| <input type="checkbox"/> REFEE (F)                                                                                        |  | <input type="checkbox"/> REINSPECTION FEE REQUIRED                                                                                  |  | PAY AT CITY HALL                                 |  | <input type="checkbox"/> PERMIT REQUIRED                |                 |
|                                                                                                                           |  | 3RD FLOOR 400 E STEWART STREET                                                                                                      |  |                                                  |  |                                                         |                 |
| INSPECTOR SIGNATURE <i>P. Schreder</i>                                                                                    |  |                                                                                                                                     |  | INSPECTION DATE <b>3-17-93</b>                   |  |                                                         |                 |
| <input checked="" type="checkbox"/> PROJECT 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<br>CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |  |                                                                                                                                     |  |                                                  |  |                                                         | <b>229-6765</b> |

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

|                                                      |                                                  |                                                          |                                     |                                         |
|------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|-------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/>                  | <b>PERMIT<br/>NUMBER</b>                         | <b>91-11 5979</b>                                        | <b>INSPECTION<br/>NUMBER</b>        | <b>15</b>                               |
| <b>JOB ADDRESS</b> <b>628 MARION DR</b> <b>53269</b> |                                                  |                                                          |                                     |                                         |
| <b>LOT NO</b><br><b>21</b>                           | <b>BLOCK NO</b><br><b>7</b>                      | <b>SUBDIVISION NAME</b><br><b>SUNWOOD/AUTUMN TERRACE</b> |                                     |                                         |
| <b>FIRE DEPT MAP NO</b><br><b>2329-95</b>            | <b>JOB PHONE</b><br><b>253-4420</b>              | <b>CALL IN DATE</b><br><b>02/10/93</b>                   | <b>CALL IN TIME</b><br><b>14.51</b> | <b>SCHEDULE DATE</b><br><b>02/11/93</b> |
| <b>INSPECTOR NO</b><br><b>54</b>                     | <b>INSPECTOR NAME</b><br><b>RAYMOND SCHMEDES</b> |                                                          |                                     |                                         |
| <b>INSPECTION<br/>REQUESTED</b>                      | <b>TEMP POWER/TAG/TEMP BLDG FINAL (139)</b>      |                                                          |                                     |                                         |

**91-117694**  
**54498**

*No final elect*

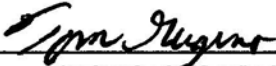
|                                                                                                                                   |                                                                                                                                                    |                                                  |                                                                    |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL<br/>INSPECTION</b>                                                                            | <input type="checkbox"/> <b>PARTIAL<br/>APPROVAL (P)</b>                                                                                           | <b>PARTIAL DESCRIPTION</b>                       |                                                                    |                                                     |
| <input type="checkbox"/> <b>APPROVED<br/>(A)</b>                                                                                  | <input type="checkbox"/> <b>STOP<br/>WORK (S)</b>                                                                                                  | <input type="checkbox"/> <b>COMMENTS<br/>(C)</b> | <input type="checkbox"/> <b>TEMPORARY<br/>APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD<br/>(H)</b>        |
| <input checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                           | <b>REINSPECTION REQUIRED CALL 229 2071</b>                                                                                                         |                                                  |                                                                    | <input type="checkbox"/> <b>PERMIT<br/>REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                         | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL<br/>3RD FLOOR 400 E STEWART STREET</b>                                                               |                                                  |                                                                    |                                                     |
| <b>INSPECTOR<br/>SIGNATURE</b> <i>RSchmedes</i>                                                                                   |                                                                                                                                                    | <b>INSPECTION DATE</b><br><b>2-11-93</b>         |                                                                    |                                                     |
| <input type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                              | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS<br/>SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Comme cal O ly)</b> |                                                  |                                                                    |                                                     |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br/>CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT</b> |                                                                                                                                                    |                                                  |                                                                    | <b>229-67 65</b>                                    |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                    |  |                                                                                                                                  |  |                                       |  |                                                         |          |
|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|----------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>                                                           |  | 91-115070                                                                                                                        |  | <b>INSPECTION NUMBER</b>              |  | 11                                                      |          |
| JOB ADDRESS                                                                                                        |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| 623 MARION DR                                                                                                      |  |                                                                                                                                  |  |                                       |  | 52260                                                   |          |
| LOT NO                                                                                                             |  | BLOCK NO                                                                                                                         |  | SUBDIVISION NAME                      |  |                                                         |          |
| 21                                                                                                                 |  | 7                                                                                                                                |  | SUNWOOD/AUTUMN TERRACE                |  |                                                         |          |
| FIRE DEPT MAP NO                                                                                                   |  | JOB PHONE                                                                                                                        |  | CALL IN DATE                          |  | CALL IN TIME                                            |          |
| 2329-95                                                                                                            |  | 253-4420                                                                                                                         |  | 02/11/93                              |  | 13.10                                                   |          |
| SCHEDULE DATE                                                                                                      |  | 02/12/93                                                                                                                         |  |                                       |  |                                                         |          |
| INSPECTOR NO                                                                                                       |  | INSPECTOR NAME                                                                                                                   |  |                                       |  |                                                         |          |
| 54                                                                                                                 |  | RAYMOND SCHUEDES                                                                                                                 |  |                                       |  |                                                         |          |
| <b>INSPECTION REQUESTED</b>                                                                                        |  | TEMP POWER/TAG/TEMP BLDG FINAL (130)                                                                                             |  |                                       |  |                                                         |          |
| <p>91-117694<br/>54408</p> <p><i>Meter Tag #48633</i></p>                                                          |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                        |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | PARTIAL DESCRIPTION                   |  |                                                         |          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                   |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |          |
| <input type="checkbox"/> REJECTED (R)                                                                              |  | <input type="checkbox"/> REINSPECTION REQUIRED                                                                                   |  | CALL 229 2071                         |  | <input type="checkbox"/> HOLD (H)                       |          |
| <input type="checkbox"/> REFEE (F)                                                                                 |  | <input type="checkbox"/> REINSPECTION FEE REQUIRED                                                                               |  | PAY AT CITY HALL                      |  | <input type="checkbox"/> PERMIT REQUIRED                |          |
| <input type="checkbox"/> 3RD FLOOR                                                                                 |  | <input type="checkbox"/> 400 E STEWART STREET                                                                                    |  |                                       |  |                                                         |          |
| INSPECTOR SIGNATURE                                                                                                |  |                                                                                                                                  |  | INSPECTION DATE                       |  |                                                         |          |
| <i>R Schuedes</i>                                                                                                  |  |                                                                                                                                  |  | 2-12-93                               |  |                                                         |          |
| <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

|                                                                                                                                                                                                             |                                                                                  |                                                                                                                                     |                                                                |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                         | <b>PERMIT NUMBER</b>                                                             | <b>91-115979</b>                                                                                                                    | <b>INSPECTION NUMBER</b>                                       | <b>15</b>                                       |
| <b>JOB ADDRESS</b>                                                                                                                                                                                          |                                                                                  |                                                                                                                                     |                                                                |                                                 |
| <b>628 MARION DR</b>                                                                                                                                                                                        |                                                                                  |                                                                                                                                     | <b>53269</b>                                                   |                                                 |
| <b>LOT NO</b>                                                                                                                                                                                               | <b>BLOCK NO</b>                                                                  | <b>SUBDIVISION NAME</b>                                                                                                             |                                                                |                                                 |
| <b>21</b>                                                                                                                                                                                                   | <b>7</b>                                                                         | <b>SUNWOOD/AUTUMN TERRACE</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>2329-95</b>                                                                                                                                                                                              | <b>253-4420</b>                                                                  | <b>02/10/93</b>                                                                                                                     | <b>14 50</b>                                                   | <b>02/11/93</b>                                 |
| <b>INSPECTOR NO</b>                                                                                                                                                                                         |                                                                                  | <b>INSPECTOR NAME</b>                                                                                                               |                                                                |                                                 |
| <b>80</b>                                                                                                                                                                                                   |                                                                                  | <b>THOMAS GUGINO</b>                                                                                                                |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                                 |                                                                                  |                                                                                                                                     |                                                                |                                                 |
| <b>FINAL PLUMBING (440)</b>                                                                                                                                                                                 |                                                                                  |                                                                                                                                     |                                                                |                                                 |
| <div style="display: flex; justify-content: space-between;"> <div> <p><b>91-118163</b></p> <p><b>54978</b></p> </div> <div style="font-size: 2em; font-family: cursive;"> <i>440 approved</i> </div> </div> |                                                                                  |                                                                                                                                     |                                                                |                                                 |
| <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>2-11-93</b>                                                                                                                      |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                                                                                 |                                                                                  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                                                |                                                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br>CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT                                                                                   |                                                                                  |                                                                                                                                     |                                                                | <b>229-6769</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                       |                               |                          |                      |
|-------------------------------------|-----------------------|-------------------------------|--------------------------|----------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b>  | <b>91-115979</b>              | <b>INSPECTION NUMBER</b> | <b>16</b>            |
| <b>JOB ADDRESS</b>                  |                       |                               |                          |                      |
| <b>628 MARION DR</b>                |                       |                               | <b>53269</b>             |                      |
| <b>LOT NO</b>                       | <b>BLOCK NO</b>       | <b>SUBDIVISION NAME</b>       |                          |                      |
| <b>21</b>                           | <b>7</b>              | <b>SUNWOOD/AUTUMN TERRACE</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>2329-95</b>                      | <b>253-4420</b>       | <b>02/10/93</b>               | <b>14.50</b>             | <b>02/11/93</b>      |
| <b>INSPECTOR NO</b>                 | <b>INSPECTOR NAME</b> |                               |                          |                      |
| <b>80</b>                           | <b>THOMAS GUGINO</b>  |                               |                          |                      |
| <b>INSPECTION REQUESTED</b>         |                       |                               |                          |                      |
| <b>FINAL GAS TEST (423)</b>         |                       |                               |                          |                      |

**92-162343**  
**101538**

**91-118163**  
**54978**

*423 approved*

*gas tag # 28708*

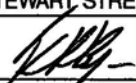
|                                                                                                                               |                                                                                  |                                                                                                                                                 |                                                                |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <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>                                                                                                                          |                                                                |                                                 |
| <i>Tom Gugini</i>                                                                                                             |                                                                                  | <b>2/11/93</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 (Commercial Only)</b> |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT</b> |                                                                                  |                                                                                                                                                 |                                                                | <b>229-6769</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                             |  |                        |  |                          |  |                     |  |
|-----------------------------|--|------------------------|--|--------------------------|--|---------------------|--|
| <b>PERMIT NUMBER</b>        |  | 91-115979              |  | <b>INSPECTION NUMBER</b> |  | 15                  |  |
| <b>JOB ADDRESS</b>          |  |                        |  |                          |  |                     |  |
| 528 MARION DR               |  |                        |  | 53269                    |  |                     |  |
| <b>LOT NO</b>               |  | <b>BLOCK NO</b>        |  | <b>SUBDIVISION NAME</b>  |  |                     |  |
| 21                          |  | 7                      |  | SUNWOOD/AUTUMN TERRACE   |  |                     |  |
| <b>FIRE DEPT MAP NO</b>     |  | <b>JOB PHONE</b>       |  | <b>CALL IN DATE</b>      |  | <b>CALL IN TIME</b> |  |
| 2329-95                     |  | 253-4427               |  | 02/11/93                 |  | 13 13               |  |
| <b>SCHEDULE DATE</b>        |  | 02/12/93               |  |                          |  |                     |  |
| <b>INSPECTOR NO</b>         |  | <b>INSPECTOR NAME</b>  |  |                          |  |                     |  |
| 71                          |  | KEEFF BEYER            |  |                          |  |                     |  |
| <b>INSPECTION REQUESTED</b> |  | FINAL ELECTRICAL (240) |  |                          |  |                     |  |

91-117694  
54498

|                                                                                                                        |  |                                                                                                                                  |  |                                       |  |                                                         |                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | <b>PARTIAL DESCRIPTION</b>            |  |                                                         |                                                                                                                                   |
| <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"/> REFEE (F)                                                                                     |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |  |                                       |  |                                                         |                                                                                                                                   |
|                                                                                                                        |  | <input type="checkbox"/> PERMIT REQUIRED                                                                                         |  |                                       |  |                                                         |                                                                                                                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                             |  |                                                                                                                                  |  | <b>INSPECTION DATE</b>                |  |                                                         |                                                                                                                                   |
|                                     |  |                                                                                                                                  |  | 12 FEB 93                             |  |                                                         |                                                                                                                                   |
| <input checked="" 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 |  |                                                                                                                                  |  |                                       |  |                                                         | <div style="display: inline-block; width: 20px; height: 20px; background-color: black; transform: rotate(45deg);"></div> 229-6769 |

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

PERMIT  
NUMBER

91-115979

INSPECTION  
NUMBER

8

JOB ADDRESS

628 MARION DR

53269

LOT NO

21

BLOCK NO

7

SUBDIVISION NAME

SUNWOOD/AUTUMN TERRACE

FIRE DEPT MAP NO

2329-95

JOB PHONE

253-4420

CALL IN DATE

02/11/93

CALL IN TIME

13.11

SCHEDULE DATE

02/12/97

INSPECTOR NO

80

INSPECTOR NAME

THOMAS GUGINO

INSPECTION  
REQUESTED

FINAL MECHANICAL (S4C)

92-162343

101538

340 approved

☐ 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*Tom Gugin*

INSPECTION DATE

2-12-93

☒ 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 AM 7 15 AM OR 2 45 PM 3 00 PM AT

229-6760