

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

116592

MIT NO

071

935389819 /150

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

PLAN CHECK NO

4M-1412

DATE

Mar 23/93

CONST VAL \$

1793

ADDRESS OF  
CONSTRUCTION

3213 Marionette

OWNER

Mo Wisbal

PHONE

394-2136

LOT(s)

16

BLOCK

4

SUBDIVISION

College Park #25

ZONE

Rf

PROPOSED CONSTRUCTION

Reroof

USE

THIS PERMIT FOR

BLDG ☐A/C ☐ELEC ☐PLBG ☐

OTHER PERMITS REQD

FENCE ☐OFF SITE ☐SWIM POOL ☐

FLOOR AREA

BSMT

1ST

2ND

GARAGE

PORCH

TOTAL

CONTRACTOR

Universal Roofers

STATE  
LICENSE NO

14263

CITY  
LICENSE NO

C11024842035090

ARCHITECT

ENGINEER

MASTER PLUMBER/  
CONTRACTORMASTER ELECTRICIAN/  
CONTRACTOR

## OTHER INSPECTIONS AND FEES

1 I p t t d f m l b h r s \$4000 p h (m m m h r g t h r s)  
2 R p t f d g m l b h d d p f TABLE 3 A f t h U f m B l d g C d  
3 I p t d g m l b h r s f w h h f p f l y d t d - \$4000 p h (m m m h r g  
4 Add t (pl w q red by h g d d t re t p p d p l \$4000 p h (m m m h r g  
tw h r s)

## CONDITIONS OF THE PERMIT

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

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

OWNER

BY

Universal Roofers  
AGENT

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

3/24/93

PLANNING DEPT

DATE

3-29-93

BUILDING DEPT

DATE

| PLUMBING                            |       | FEE |
|-------------------------------------|-------|-----|
| WATER DISTRIBUTION                  | 6 70  |     |
| SEWER SYSTEM NEW OR MODIFICATION    | 11 05 |     |
| FIXTURES WATER SOFTENER H/W HEATER  | 2 25  |     |
| GARBAGE DISPOSAL WASHER             | 2 25  |     |
| FUEL PIPING                         | 6 70  |     |
| IRRIGATION SYSTEM                   | 8 90  |     |
| MISC                                |       |     |
| 2310 2433                           | TOTAL |     |
| AIR CONDITIONING                    |       | FEE |
| NEW UNIT 3 TON = 10 00 OVER = 18 20 |       |     |
| FURNACE TO 100 000/10 00 OVER/12 20 |       |     |
| VAPORATIVE COOLER                   | 7 20  |     |
| VENTILATION FAN                     | 2 65  |     |
| 2310 2435                           | TOTAL |     |

| ELECTRICAL                                  |        | FEE   |
|---------------------------------------------|--------|-------|
| RECEPTACLE                                  | SWITCH | 50    |
| EACH LIGHT FIXTURE OR SOCKET                |        | 40    |
| SPECIAL OUTLET APPLIANCE ETC                |        | 80    |
| SERVICE/PANEL SUB/3 40 200A/6 70 400A/13 85 |        |       |
| A/C UNIT OR MOTORS                          | 3 40   |       |
| MISC                                        |        |       |
| 2310 2432                                   | TOTAL  |       |
| 1113 2437 ZONING                            |        |       |
| 2310 2431 PLAN REVIEW                       |        |       |
| 2310 2401 BLDG PERMIT                       |        |       |
| 7143 2973 SEWER CONNECTION                  |        |       |
| 6122 3352 TORTOISE                          |        |       |
| 2897 PIF                                    |        |       |
| 88100 1232 TRANSPORT                        |        |       |
| TOTAL FEES                                  |        | 42 00 |

## SPECIAL CONDITIONS

Reroof overlay  
2600 ft<sup>2</sup>RECEIPT  
MUST BE MACHINE VALIDATED

\*\*0009\*\*

ZONE 2 00  
SFD 42 00  
CHEK 44 00  
4781A000 12 12

2093/24/93

42 00

44 00

PERMIT NO

Permit Expires 180 Days After Abandonment of Work

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                                                                                                 |                               |                                                                                                                                                     |                                           |                                          |                            |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------|----------------------------|
| <input type="checkbox"/>                                                                                                        | <b>PERMIT<br/>NUMBER</b>      | <i>93-180819</i>                                                                                                                                    | <b>INSPECTION<br/>NUMBER</b>              |                                          |                            |
| <b>JOB ADDRESS</b> <i>3213 Marconette</i>                                                                                       |                               |                                                                                                                                                     |                                           |                                          |                            |
| <b>LOT NO</b>                                                                                                                   |                               | <b>BLOCK NO</b>                                                                                                                                     |                                           | <b>SUBDIVISION NAME</b>                  |                            |
| <b>FIRE DEPT MAP NO</b>                                                                                                         |                               | <b>JOB PHONE</b>                                                                                                                                    |                                           | <b>CALL IN DATE</b>                      | <b>CALL IN TIME</b>        |
| <b>INSPECTOR NO</b>                                                                                                             |                               | <b>INSPECTOR NAME</b>                                                                                                                               |                                           |                                          |                            |
| <i>54</i>                                                                                                                       |                               |                                                                                                                                                     |                                           |                                          |                            |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                 |                               | <i>140 Ferial</i>                                                                                                                                   |                                           |                                          |                            |
|                                                                                                                                 |                               |                                                                                                                                                     |                                           |                                          |                            |
| <input type="checkbox"/>                                                                                                        | <b>PARTIAL<br/>INSPECTION</b> | <input type="checkbox"/>                                                                                                                            | <b>PARTIAL APPROVAL (P)</b>               |                                          |                            |
| <b>PARTIAL DESCRIPTION</b>                                                                                                      |                               |                                                                                                                                                     |                                           |                                          |                            |
| <input checked="" type="checkbox"/>                                                                                             | <b>APPROVED<br/>(A)</b>       | <input type="checkbox"/>                                                                                                                            | <b>STOP<br/>WORK (S)</b>                  | <input type="checkbox"/>                 | <b>COMMENTS<br/>(C)</b>    |
|                                                                                                                                 |                               | <input type="checkbox"/>                                                                                                                            | <b>TEMPORARY<br/>APPROVAL (T) - UNTIL</b> |                                          | <input type="checkbox"/>   |
|                                                                                                                                 |                               |                                                                                                                                                     |                                           | <b>HOLD<br/>(H)</b>                      |                            |
| <input type="checkbox"/>                                                                                                        | <b>REJECTED (R)</b>           | <b>REINSPECTION REQUIRED CALL 229 2071</b>                                                                                                          |                                           |                                          | <input type="checkbox"/>   |
| <input type="checkbox"/>                                                                                                        | <b>REFEE (F)</b>              | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL<br/>3RD FLOOR 400 E STEWART STREET</b>                                                                |                                           |                                          | <b>PERMIT<br/>REQUIRED</b> |
| <b>INSPECTOR<br/>SIGNATURE</b> <i>R. Schmeck</i>                                                                                |                               |                                                                                                                                                     |                                           | <b>INSPECTION DATE</b><br><i>4-12-93</i> |                            |
| <input checked="" type="checkbox"/>                                                                                             | <b>PROJECT<br/>COMPLETE</b>   | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS<br/>SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                           |                                          |                            |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br>CALL THE INSPECTOR FROM 7 00 A M    7 15 A M OR 2 45 P M    3 00 P M AT |                               |                                                                                                                                                     |                                           |                                          |                            |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |                                                                                                                                 |                                                 |                                                                |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 23-180819                                                                |                                                                                                                                 | <b>INSPECTION NUMBER</b> 16                     |                                                                |
| JOB ADDRESS 3213 Marconette                                                                                            |                                                                                                                                 |                                                 |                                                                |
| LOT NO                                                                                                                 | BLOCK NO                                                                                                                        | SUBDIVISION NAME                                |                                                                |
| FIRE DEPT MAP NO                                                                                                       | JOB PHONE                                                                                                                       | CALL IN DATE                                    | CALL IN TIME                                                   |
| INSPECTOR NO 54                                                                                                        |                                                                                                                                 | INSPECTOR NAME                                  |                                                                |
| <b>INSPECTION REQUESTED</b> 140 Ferial                                                                                 |                                                                                                                                 |                                                 |                                                                |
|                                                                                                                        |                                                                                                                                 |                                                 |                                                                |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                            | <b>PARTIAL DESCRIPTION</b>                      |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                   | <input type="checkbox"/> <b>COMMENTS (C)</b>    | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                           |                                                                                                                                 | <input type="checkbox"/> <b>HOLD (H)</b>        |                                                                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                              |                                                                                                                                 | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |                                                                |
| <b>INSPECTOR SIGNATURE</b> R. Schneider                                                                                |                                                                                                                                 | <b>INSPECTION DATE</b> 4-12-93                  |                                                                |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                            | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Comme cal O ly) |                                                 |                                                                |
| 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 |                                                                                                                                 |                                                 |                                                                |

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