

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                   |                                          |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| <b>PERMIT NUMBER</b> 92-155037                                                                                                  |                                                                                                                                   | <b>INSPECTION NUMBER</b> 17              |                                                         |
| JOB ADDRESS 9136 EAGLE RIDGE DR                                                                                                 |                                                                                                                                   |                                          |                                                         |
| LOT NO. 78                                                                                                                      | BLOCK NO. 5                                                                                                                       | SUBDIVISION NAME MONTAIRE                |                                                         |
| FIRE DEPT. MAP NO. -                                                                                                            | JOB PHONE 794-4412                                                                                                                | CALL-IN DATE 08/10/92                    | CALL-IN TIME 14:10                                      |
| SCHEDULE DATE 08/11/92                                                                                                          |                                                                                                                                   |                                          |                                                         |
| INSPECTOR NO. 65                                                                                                                | INSPECTOR NAME LOUIS BRUNSON                                                                                                      |                                          |                                                         |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                                                                   | FOOTING, LAYOUT, REBAR, ZONING (101)     |                                                         |
| <p>(PLAN) LAIRD WHIPPLE</p> <p>- OK, UFER REBAR IN FTG.</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"/> REFEES (F)                                                                                               | <input type="checkbox"/> HOLD (H)        |                                                         |
| REINSPECTION REQUIRED - CALL * 229-2071                                                                                         |                                                                                                                                   | <input type="checkbox"/> PERMIT REQUIRED |                                                         |
| REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET.                                                  |                                                                                                                                   |                                          |                                                         |
| INSPECTOR SIGNATURE <i>[Signature]</i>                                                                                          |                                                                                                                                   | INSPECTION DATE 8-11-92                  |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                          |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                   |                                          | <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 type="checkbox"/> <b>PERMIT NUMBER</b> 92-155537 |                                     | <b>INSPECTION NUMBER</b> 17      |                           |
| <b>JOB ADDRESS</b> 9136 EAGLE RIDGE DR                  |                                     |                                  |                           |
| <b>LOT NO.</b> 73                                       | <b>BLOCK NO.</b> 3                  | <b>SUBDIVISION NAME</b> MONTAIRE |                           |
| <b>FIRE DEPT. MAP NO.</b> -                             | <b>JOB PHONE</b> 793-4412           | <b>CALL-IN DATE</b> 03/26/92     | <b>CALL-IN TIME</b> 13:45 |
|                                                         |                                     | <b>SCHEDULE DATE</b> 02/27/92    |                           |
| <b>INSPECTOR NO.</b> 63                                 | <b>INSPECTOR NAME</b> LOUIS BRUNSON |                                  |                           |
| <b>INSPECTION REQUESTED</b> UNDERSLAB PLUMBING (407)    |                                     |                                  |                           |

EXECUTIVE

— REMOVE LARGE ROCKS IN PLUMB. DITCHES

— NOT BACKFILLED

— NOT READY

— CANCEL BY DAVE

PM

|                                                                                                                                 |                                                                                                                                     |                                                                                 |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                                                             |                                                         |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C)                                           | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
| <input checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                         |                                                                                                                                     | 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> <i>[Signature]</i>                                                                                   |                                                                                                                                     | <b>INSPECTION DATE</b> 8-27-92                                                  |                                                         |
| <input 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 (Commercial Only) |                                                                                 |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                                                                 |                                                         |
| 229-6769                                                                                                                        |                                                                                                                                     |                                                                                 |                                                         |

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                |  |                                                                                                                                     |  |                                            |  |                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|---------------------------------------------------------|--|
| <input type="checkbox"/> PERMIT NUMBER                                                                                                                                         |  | 92-155037                                                                                                                           |  | <input type="checkbox"/> INSPECTION NUMBER |  | 31                                                      |  |
| JOB ADDRESS<br>9136 EAGLE RIDGE                                                                                                                                                |  |                                                                                                                                     |  |                                            |  |                                                         |  |
| LOT NO.<br>78                                                                                                                                                                  |  | BLOCK NO.                                                                                                                           |  | SUBDIVISION NAME<br>MONTANA                |  |                                                         |  |
| FIRE DEPT MAP NO.                                                                                                                                                              |  | JOB PHONE                                                                                                                           |  | CALL-IN DATE                               |  | CALL-IN TIME                                            |  |
| INSPECTOR NO.<br>65                                                                                                                                                            |  | INSPECTOR NAME<br>BRUNSON                                                                                                           |  |                                            |  |                                                         |  |
| INSPECTION REQUESTED<br># 407 - UND/SUB P.                                                                                                                                     |  |                                                                                                                                     |  |                                            |  |                                                         |  |
| <p>EXECUTIVE</p> <p>OK</p> <p>— PROJ. APPD. By #65, DATE UNKNOWN ?</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)                                                                                                                                          |  | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |  |                                            |  | <input type="checkbox"/> HOLD (H)                       |  |
| <input type="checkbox"/> REFEE (F)                                                                                                                                             |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                            |  | <input type="checkbox"/> PERMIT REQUIRED                |  |
| INSPECTOR SIGNATURE<br>                                                                     |  | INSPECTION DATE<br>9-1-92                                                                                                           |  |                                            |  |                                                         |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                      |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |                                            |  |                                                         |  |
| <p>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</p> <div style="text-align: right;">➤</div> |  |                                                                                                                                     |  |                                            |  |                                                         |  |

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

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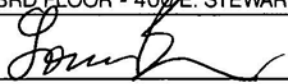
|                                           |                      |                                        |  |                                     |                              |
|-------------------------------------------|----------------------|----------------------------------------|--|-------------------------------------|------------------------------|
|                                           | <b>PERMIT NUMBER</b> | 92-155037                              |  | <b>INSPECTION NUMBER</b>            | 7                            |
| JOB ADDRESS<br><b>9136 EAGLE RIDGE DR</b> |                      |                                        |  |                                     |                              |
| LOT NO.<br><b>78</b>                      |                      | BLOCK NO.<br><b>5</b>                  |  | SUBDIVISION NAME<br><b>MONTAIRE</b> |                              |
| FIRE DEPT. MAP NO.<br><b>-</b>            |                      | JOB PHONE<br><b>794-4412</b>           |  | CALL-IN DATE<br><b>09/01/92</b>     | CALL-IN TIME<br><b>14:39</b> |
| SCHEDULE DATE<br><b>09/02/92</b>          |                      |                                        |  |                                     |                              |
| INSPECTOR NO.<br><b>65</b>                |                      | INSPECTOR NAME<br><b>LOUIS BRUNSON</b> |  |                                     |                              |
|                                           |                      | <b>PRE-SLAB (105)</b>                  |  |                                     |                              |

**PLAN 2, LAIRD WHIPPLE**

- UFER REBAR IN SLAB EDGE
- KEEP CABLES UP TO SHOW 2" CONCRETE ENCASUREMENTS, OF SAME
- CLEAN ROCKS/TRASH OFF FTG'S + SLABS
- COVER BARE COPPER PIPES
- PA/H.I.D.'S, LYING ON GAR SLAB?
- GET P.T. PRINTS CHANGED TO SHOW NOT POURING GAR, PLATFORM SLAB ELEV. CHANGE

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                   |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                   | PARTIAL DESCRIPTION                                                                                                                 |                                                         |                                   |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                          | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H) |                                          |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                         |                                                                                                                                     |                                                         |                                   | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                     |                                                         |                                   |                                          |
| INSPECTOR SIGNATURE<br>                                                                                                         |                                                                                 |                                                                                                                                     | INSPECTION DATE<br><b>9-2-92</b>                        |                                   |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |                                                                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                   |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                 |                                                                                                                                     |                                                         |                                   | <b>229-6769</b>                          |

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

|                                                                                                                                                                                        |                                                                                                                                        |                                          |                                                            |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| □                                                                                                                                                                                      | PERMIT<br>NUMBER                                                                                                                       | 92-15037                                 | INSPECTION<br>NUMBER                                       | 46                                   |
| JOB ADDRESS<br>9136 EAGLE RIDGE                                                                                                                                                        |                                                                                                                                        |                                          |                                                            |                                      |
| LOT NO.<br>78                                                                                                                                                                          | BLOCK NO.<br>5                                                                                                                         | SUBDIVISION NAME<br>MONTAÑE              |                                                            |                                      |
| FIRE DEPT MAP NO.                                                                                                                                                                      | JOB PHONE                                                                                                                              | CALL-IN DATE                             | CALL-IN TIME                                               | SCHEDULE DATE                        |
| INSPECTOR NO.<br>65                                                                                                                                                                    |                                                                                                                                        | INSPECTOR NAME<br>BRUNSON                |                                                            |                                      |
| INSPECTION<br>REQUESTED > # 405 - SEWER                                                                                                                                                |                                                                                                                                        |                                          |                                                            |                                      |
| <p>EXECUTIVE <span style="float: right;">(Am)</span></p> <p>— REMOVE ROCKS/TRASH FROM DITCH</p> <p>— BACKFILL SEWER LINE</p> <p>— KEEP WTR SERV. 12' ABOVE SEWER<br/>IN SAME DITCH</p> |                                                                                                                                        |                                          |                                                            |                                      |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                                                                         | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                            |                                      |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                                                                    | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD<br>(H) |
| <input type="checkbox"/> REJECTED (R)                                                                                                                                                  | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                          | <input type="checkbox"/> PERMIT<br>REQUIRED                |                                      |
| <input type="checkbox"/> REFEE (F)                                                                                                                                                     | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                            |                                      |
| INSPECTOR<br>SIGNATURE                                                                                                                                                                 |                                                                                                                                        | INSPECTION DATE                          |                                                            |                                      |
|                                                                                                     |                                                                                                                                        | 9-10-92                                  |                                                            |                                      |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                                                                           | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                      |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                     |                                                                                                                                        |                                          |                                                            |                                      |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                    |           |                                                      |              |
|--------------------------------------------------------------------|-----------|------------------------------------------------------|--------------|
| <input type="checkbox"/> PERMIT NUMBER <b>92-155037</b>            |           | <input type="checkbox"/> INSPECTION NUMBER <b>15</b> |              |
| JOB ADDRESS <b>9136 EARLE RIDGE</b>                                |           |                                                      |              |
| LOT NO.<br><b>78</b>                                               | BLOCK NO. | SUBDIVISION NAME<br><b>MONTAÑE</b>                   |              |
| FIRE DEPT. MAP NO.                                                 | JOB PHONE | CALL-IN DATE                                         | CALL-IN TIME |
| INSPECTOR NO.<br><b>65</b>                                         |           | INSPECTOR NAME<br><b>BRUNSON</b>                     |              |
| <input type="checkbox"/> INSPECTION REQUESTED <b>#107 - SHEATH</b> |           |                                                      |              |

PLAN - 2A

- MISSING MAIN BOOTS, REPL W/ HD 7A'S, (2) GAR/HSE **17** OSB SHR
- MISSING MAIN BOOTS, (2) HD 2A'S, LOWER BATH/STAIR **11** OSB SHR
- SAME ↑, BOTH MASTER BED **9** OSB SHR HD 2A'S, (4) TOTAL
- NAIL MIN. 12 NAILS, EACH A-35
- NAIL ALL (4) SIDES, OSB SHR BOXES
- MISSING A/B'S, BOTH REAR **11** 24" O.C.

|                                                                                                                                 |                                                                                                                                     |                                            |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION<br><b>CHK AT FRAME</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"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                            | <input type="checkbox"/> HOLD (H)                       |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                            | <input type="checkbox"/> PERMIT REQUIRED                |
| INSPECTOR SIGNATURE<br><b>John B.</b>                                                                                           |                                                                                                                                     | INSPECTION DATE<br><b>10-8-92</b>          |                                                         |
| <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) |                                            |                                                         |
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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                     |  |                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                             | <b>PERMIT NUMBER</b><br>92-155037 | <b>INSPECTION NUMBER</b><br>16                                                                                                      |  |                                        |  |
| <b>JOB ADDRESS</b><br>9136 EAGLE RIDGE                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                                     |  |                                        |  |
| <b>LOT NO</b><br>78                                                                                                                                                                                                                                                                                                                                                                                  |                                   | <b>BLOCK NO.</b>                                                                                                                    |  | <b>SUBDIVISION NAME</b><br>MONTAINE    |  |
| <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>INSPECTOR NO.</b><br>65                                                                                                                                                                                                                                                                                                                                                                           |                                   | <b>INSPECTOR NAME</b><br>BRUNSON (2) & (3) LEBBS                                                                                    |  |                                        |  |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                                                                                                                                                                                                                          |                                   | # 109 - SHEAR                                                                                                                       |  |                                        |  |
| <p>PLAN - 2A</p> <p>— INSTALL (4) MTT-28'S, REARS, </p> <p>OSB SHE, MISSED (4) PA/22'S</p> <p>— MISSING (2) PA/22'S, PEN/FRT LOWER BED , PUT (2) MTT-28'S, EAST WALL</p> <p>— RE DO, (201) OSB BAND AT FRT TRUSSES → NEAR FRT DOOR, MUST GO, DBL TOP PLATES, TO UPPER FRT SHHH</p> <p>— PUT 4" X 6" POST, NORTH END OF GAR OPENING GLU-LAM DBL GIRDER</p> <p>— PUT DBL WALL STUDS, UNDER GAR T-1</p> |                                   |                                                                                                                                     |  |                                        |  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                                                                                                                                                                                          |                                   | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | <b>PARTIAL DESCRIPTION</b><br>WEST END |  |
| <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.                                                     |  |                                        |  |
| <b>INSPECTOR SIGNATURE</b><br>                                                                                                                                                                                                                                                                                                                                                                       |                                   | <b>INSPECTION DATE</b><br>10-8-92                                                                                                   |  |                                        |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                                                                                                                                                                                                            |                                   | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |  |                                        |  |
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|                                                         |                  |                                                      |                     |
|---------------------------------------------------------|------------------|------------------------------------------------------|---------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 92-155037 |                  | <input type="checkbox"/> <b>INSPECTION NUMBER</b> 16 |                     |
| <b>JOB ADDRESS</b> 9136 SABLE RIDGE                     |                  |                                                      |                     |
| <b>LOT NO.</b> 78                                       | <b>BLOCK NO.</b> | <b>SUBDIVISION NAME</b> MONTAÑE                      |                     |
| <b>FIRE DEPT. MAP NO.</b>                               | <b>JOB PHONE</b> | <b>CALL-IN DATE</b>                                  | <b>CALL-IN TIME</b> |
| <b>INSPECTOR NO.</b> 65                                 |                  | <b>INSPECTOR NAME</b> BRUNSON (3) (3) LISA           |                     |
| <b>INSPECTION REQUESTED</b> # 109-SHEAR                 |                  |                                                      |                     |

PLAN-2A

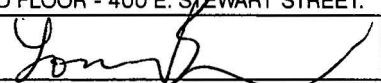
— "FIX" MIN. BRG, UPPER LEVEL, (T-2)  
(T-3) GAR, 1 1/2" NOW?

— DID "FIX" ON (E-4), ~~GIVE COPY TO~~ V  
~~INSPECTION # 65~~ CB

— CHECK ALL TRUSS BRG. PTS., MUST  
BE NAILLED W/ (3) 16ds, EACH PLACE

|                                                                                                                                 |                                                                                                                                     |                                              |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                              | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                | <b>PARTIAL DESCRIPTION</b> CHK AT PLAN 2     |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                         | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                       | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                    | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                      |                                              | <input type="checkbox"/> <b>HOLD (H)</b>                       |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                       | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                              |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTOR SIGNATURE</b> [Signature]                                                                                          |                                                                                                                                     | <b>INSPECTION DATE</b> 10-8-92               |                                                                |
| <input 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 (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 |                                                                                                                                     |                                              |                                                                |

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

|                                                                                                                                                                                                                                        |                              |                                                                                                                                     |                                       |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                                                    | <b>PERMIT NUMBER</b>         | 92-155037                                                                                                                           | <b>INSPECTION NUMBER</b>              | 11                                                      |
| <b>JOB ADDRESS</b><br>9136 EAGLE RIDGE DR                                                                                                                                                                                              |                              |                                                                                                                                     |                                       |                                                         |
| <b>LOT NO</b><br>78                                                                                                                                                                                                                    |                              | <b>BLOCK NO.</b><br>5                                                                                                               |                                       | <b>SUBDIVISION NAME</b><br>MONTAIRE                     |
| <b>FIRE DEPT. MAP NO</b><br>-                                                                                                                                                                                                          | <b>JOB PHONE</b><br>592-3246 | <b>CALL-IN DATE</b><br>10/19/92                                                                                                     | <b>CALL-IN TIME</b><br>14:27          | <b>SCHEDULE DATE</b><br>10/20/92                        |
| <b>INSPECTOR NO</b><br>65                                                                                                                                                                                                              |                              | <b>INSPECTOR NAME</b><br>LOUIS BRUNSON (3) J (3) LST3                                                                               |                                       |                                                         |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                                                            |                              | ROUGH ELECTRICAL (220)                                                                                                              |                                       |                                                         |
| <p>— FINISH F.A.U., IN ATTIC</p> <p>— " EXH FAN, LOWER BATH</p> <p>— PUT PLATE, KIT. RANGE BOX</p> <p>— SAME ↑, KIT. GFI AT PASS THRU</p> <p>— SAME ↑, UPPER FRT BED, WEST WALL, AT GAR RF</p> <p>— INSTAL BOX FOR LOFT FLR OUTLET</p> |                              |                                                                                                                                     |                                       |                                                         |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                            |                              | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                                       | <b>PARTIAL DESCRIPTION</b><br>CHK AT INSUL              |
| <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><br>10-20-92                      |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                                              |                              | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                                                                        |                              |                                                                                                                                     |                                       | 229-6769                                                |

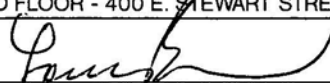
# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

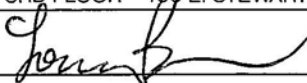
|                                                                                                                                    |                                                                                    |                                                                                                                                        |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | <b>PERMIT<br/>NUMBER</b>                                                           | 92-155037                                                                                                                              | <b>INSPECTION<br/>NUMBER</b>                               | 10                                   |
| JOB ADDRESS<br><b>9136 EAGLE RIDGE DR</b>                                                                                          |                                                                                    |                                                                                                                                        |                                                            |                                      |
| LOT NO.<br><b>78</b>                                                                                                               |                                                                                    | BLOCK NO.<br><b>5</b>                                                                                                                  | SUBDIVISION NAME<br><b>MONTAIRE</b>                        |                                      |
| FIRE DEPT. MAP NO.<br><b>-</b>                                                                                                     | JOB PHONE<br><b>592-3246</b>                                                       | CALL-IN DATE<br><b>10/19/92</b>                                                                                                        | CALL-IN TIME<br><b>14:27</b>                               | SCHEDULE DATE<br><b>10/20/92</b>     |
| INSPECTOR NO<br><b>65</b>                                                                                                          |                                                                                    | INSPECTOR NAME<br><b>LOUIS BRUNSON</b> ① of ③ LISTS                                                                                    |                                                            |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                    | <b>TOP OUT-WATER, GAS, WASTE (420)</b>                                                                                                 |                                                            |                                      |
| <p>— SEAL NOTCHES, IN OUTSIDE<br/>WALL, BOT. PLATES</p>                                                                            |                                                                                    |                                                                                                                                        |                                                            |                                      |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                   | PARTIAL DESCRIPTION<br><b>CHK AT INSUL</b>                                                                                             |                                                            |                                      |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                          | <input type="checkbox"/> COMMENTS<br>(C)                                                                                               | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H) |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL * 229-2071                                            |                                                                                                                                        | <input type="checkbox"/> PERMIT<br>REQUIRED                |                                      |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                        |                                                            |                                      |
| INSPECTOR<br>SIGNATURE<br>                      |                                                                                    | INSPECTION DATE<br><b>10-20-92</b>                                                                                                     |                                                            |                                      |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       |                                                                                    | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                            |                                      |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<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.

|                                     |                                                 |                              |                       |                           |
|-------------------------------------|-------------------------------------------------|------------------------------|-----------------------|---------------------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER                                | 92-155037                    | INSPECTION<br>NUMBER  | 9                         |
| JOB ADDRESS<br>9136 EAGLE RIDGE DR  |                                                 |                              |                       |                           |
| LOT NO<br>78                        | BLOCK NO.<br>5                                  | SUBDIVISION NAME<br>MONTAIRE |                       |                           |
| FIRE DEPT MAP NO.<br>-              | JOB PHONE<br>592-3246                           | CALL-IN DATE<br>10/19/92     | CALL IN TIME<br>14:27 | SCHEDULE DATE<br>10/20/92 |
| INSPECTOR NO.<br>65                 | INSPECTOR NAME<br>LOUIS BRUNSON (2) Q (3) LISTS |                              |                       |                           |
| INSPECTION<br>REQUESTED             | ROUGH MECHANICAL (320)                          |                              |                       |                           |

— INSUL. METAL "Y" S, IN  
ATTIC FLEX DUCT SYSTEM  
— PUT ALUM FLEX DUCT TO  
LOWER BATH EXH. FAN

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION<br>CHK AT INSUL      |                                                            |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL *229-2071                                                                                                 |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                     |                                          | INSPECTION DATE<br>10-20-92                                |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                          |                                                            | 229-6769                                    |

|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | PERMIT NUMBER                                                                                                                       | 92-155037                             | INSPECTION NUMBER                                       | 6                                 |
| JOB ADDRESS                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                       |                                                         |                                   |
| 9136 EAGLE RIDGE                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                       |                                                         |                                   |
| LOT NO.                                                                                                                                                                                                                                                                                                                         | BLOCK NO.                                                                                                                           | SUBDIVISION NAME                      |                                                         |                                   |
| 78                                                                                                                                                                                                                                                                                                                              | 5                                                                                                                                   | MONTAIRE                              |                                                         |                                   |
| FIRE DEPT. MAP NO.                                                                                                                                                                                                                                                                                                              | JOB PHONE                                                                                                                           | CALL-IN DATE                          | CALL-IN TIME                                            | SCHEDULE DATE                     |
|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
| INSPECTOR NO.                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     | INSPECTOR NAME                        |                                                         |                                   |
| 65                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     | BRUNSON (2) of (3) LISTS              |                                                         |                                   |
| INSPECTION REQUESTED                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                       |                                                         |                                   |
| # 120 - FRAME                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                       |                                                         |                                   |
| <p>PLAN - 2A</p> <p>— F/BK TRIANGLE CHASE, BOT. STAIRS, NO. SIDE, 8' LINE</p> <p>— F/BK CONDENSATE PIPE, 8' LINE, KIT. FRT. VENT. CHASE</p> <p>— F/BK ROMEX HOLES, BOTH SIDES STAIR TREADS, to WALLS</p> <p>— F/BK FLR SHUT, UNDER UPPER TUB</p> <p>— " " " , BOT. SUPPLY DUCT to UPPER FLR</p> <p>— SAME ↑ TOP SUPPLY DUCT</p> |                                                                                                                                     |                                       |                                                         |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |                                   |
| <input type="checkbox"/> APPROVED (A)                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H) |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                                                                                                                                                                                                                | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                                                                                                                                                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                   |
| INSPECTOR SIGNATURE                                                                                                                                                                                                                                                                                                             |                                                  |                                       | INSPECTION DATE                                         |                                   |
|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     |                                       | 10-22-92                                                |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                                                                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                                                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                 |                                           |                              |
|---------------------------------|-------------------------------------------|------------------------------|
| <input type="checkbox"/>        | PERMIT NUMBER<br>92-155037                | INSPECTION NUMBER<br>6       |
| JOB ADDRESS<br>9136 SABLE RIDGE |                                           |                              |
| LOT NO.<br>78                   | BLOCK NO.<br>5                            | SUBDIVISION NAME<br>MONTAIRE |
| FIRE DEPT. MAP NO.              | JOB PHONE                                 | CALL-IN DATE                 |
|                                 |                                           | CALL-IN TIME                 |
|                                 |                                           | SCHEDULE DATE                |
| INSPECTOR NO.<br>65             | INSPECTOR NAME<br>BRUNSON (3) Q (3) LISTS |                              |
| INSPECTION REQUESTED            | #120 - FRAME                              |                              |

PLAN - 2A

— F/BUR (2) UPPER FRT WINDOW

VERT. CHASES, INTO SOFFIT OVER WINDOW

— PUT FULL HT. TRIMMERS,

BOTH SIDES, GLASS BLOCK WINDOW, AT STAIR LANDING

— HOOK ELECT GRD to UFER, GAR, PROVIDE ACCESS to GRD CLAMP

|                                                  |                                                                                                                                     |                                       |                                                         |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION      | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |
| <input type="checkbox"/> APPROVED (A)            | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
|                                                  |                                                                                                                                     |                                       | <input type="checkbox"/> HOLD (H)                       |
| <input checked="" type="checkbox"/> REJECTED (R) | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |
| <input type="checkbox"/> REFEE (F)               | REINSPECTION REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                         |                                       |                                                         |
| INSPECTOR SIGNATURE<br>[Signature]               | INSPECTION DATE<br>10-22-92                                                                                                         |                                       |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE        | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                   |                                 |                              |                       |
|---------------------------------------------------|---------------------------------|------------------------------|-----------------------|
| <input checked="" type="checkbox"/> PERMIT NUMBER | 92-155037                       | INSPECTION NUMBER            | 6                     |
| JOB ADDRESS<br>9136 EAGLE RIDGE DR                |                                 |                              |                       |
| LOT NO<br>78                                      | BLOCK NO.<br>5                  | SUBDIVISION NAME<br>MONTAIRE |                       |
| FIRE DEPT. MAP NO<br>-                            | JOB PHONE<br>592-3246           | CALL-IN DATE<br>10/21/92     | CALL-IN TIME<br>13:18 |
| SCHEDULE DATE<br>10/22/92                         |                                 |                              |                       |
| INSPECTOR NO.<br>65                               | INSPECTOR NAME<br>LOUIS BRUNSON |                              |                       |
| ① & ③ LISTS                                       |                                 |                              |                       |
| INSPECTION REQUESTED                              |                                 | FRAMING (120)                |                       |

PLAN - 2A

PM

— REDO F/BUKING, F/P FCT, AT (2)

ADDED FIRE-OUTS

— WRENCH TIGHTEN MAIN NUT, (1) HD2A  
MSTR BED  $\triangle 9$  OSB, AT BATH WALL

— INSTALL LOFT FLOOR BOSS

— F/BUK UPPER WALL, RE LINE OF GAR

— 2"X4" CLG JOISTS, OVERSPAN, PER PRINTS, 6' MAX., NOT APPX 8'1/2"

— F/BUK MSTR TUB TO UNDER STAIR VOID

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
|                                                                                                                                 |                                                                                                                                     | <input type="checkbox"/> HOLD (H)     |                                                         |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       | <input type="checkbox"/> PERMIT REQUIRED                |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET.                                                      |                                       |                                                         |
| INSPECTOR SIGNATURE                                                                                                             | INSPECTION DATE                                                                                                                     |                                       |                                                         |
|                                                                                                                                 | 10-22-92                                                                                                                            |                                       |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                                       |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       | 229-6769                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |               |                                                                                                                                     |                   |                                       |
|---------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------|
| <input type="checkbox"/>                                                                                                        | PERMIT NUMBER | 92-155037                                                                                                                           | INSPECTION NUMBER | 38                                    |
| JOB ADDRESS                                                                                                                     |               |                                                                                                                                     |                   |                                       |
| 9136 EAGLE RIDGE                                                                                                                |               |                                                                                                                                     |                   |                                       |
| LOT NO.                                                                                                                         |               | BLOCK NO.                                                                                                                           |                   | SUBDIVISION NAME                      |
| 78                                                                                                                              |               | 5                                                                                                                                   |                   | MOUNTAIN                              |
| FIRE DEPT. MAP NO.                                                                                                              |               | JOB PHONE                                                                                                                           |                   | CALL-IN DATE                          |
|                                                                                                                                 |               |                                                                                                                                     |                   | CALL-IN TIME                          |
|                                                                                                                                 |               | SCHEDULE DATE                                                                                                                       |                   |                                       |
| INSPECTOR NO.                                                                                                                   |               | INSPECTOR NAME                                                                                                                      |                   |                                       |
| 65                                                                                                                              |               | BRUNSON                                                                                                                             |                   |                                       |
| INSPECTION REQUESTED                                                                                                            |               |                                                                                                                                     |                   |                                       |
| # 120 - FRAME                                                                                                                   |               |                                                                                                                                     |                   |                                       |
| <p>PUN - 2A</p> <p>— SEE ITEMS LISTED ON INSUL, INSP., THIS DATE</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"/> HOLD (H)     |
| <input type="checkbox"/> REJECTED (R)                                                                                           |               | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                   |                                       |
| <input type="checkbox"/> REFEE (F)                                                                                              |               | REINSPECTION <del>FEE</del> REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                          |                   |                                       |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                        |               |                                                                                                                                     |                   |                                       |
| INSPECTOR SIGNATURE                                                                                                             |               | INSPECTION DATE                                                                                                                     |                   |                                       |
|                                              |               | 10-26-92                                                                                                                            |                   |                                       |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |               | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                   |                                       |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |               |                                                                                                                                     |                   |                                       |

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                     |                      |                       |                          |                         |
|-------------------------------------|----------------------|-----------------------|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | 92-155037             | <b>INSPECTION NUMBER</b> | 4                       |
| <b>JOB ADDRESS</b>                  |                      |                       |                          |                         |
| 9136 EAGLE RIDGE DR                 |                      |                       |                          |                         |
| <b>LOT NO</b>                       |                      | <b>BLOCK NO.</b>      |                          | <b>SUBDIVISION NAME</b> |
| 78                                  |                      | 5                     |                          | MONTAIRE                |
| <b>FIRE DEPT MAP NO</b>             | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>   | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b>    |
| -                                   | 794-4412             | 10/23/92              | 13:18                    | 10/26/92                |
| <b>INSPECTOR NO.</b>                |                      | <b>INSPECTOR NAME</b> |                          |                         |
| 65                                  |                      | LOUIS BRUNSON         |                          |                         |
| <b>INSPECTION REQUESTED</b>         |                      | INSULATION (123)      |                          |                         |

— F/BK UPPER FRT BED RF/LINE OF GAR, WEST WALL  
 — GIVE COPY "LETTER", 6' OVERSPAN MAX. 2"X4" JOISTS, TO CEILINGS, TO INSP. #65  
 — F/BK W/ DRYWALL, UNDER STAIRS TO MSTR TUB, VOID SPACES  
 — SECURE ALL WALL INSUL TO STAY IN PLACE  
 — PROVIDE MUD RING, UFR CRD ACCESS, CLOSER THAN 24" AWAY!

|                                                                                                                                                                             |                                                                                 |                                                                                                                                                |                                                         |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <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"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                                                                          | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                                |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                                                  |                                                                                 | <b>INSPECTION DATE</b>                                                                                                                         |                                                         |                                   |
| <br><input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                                                        |                                                                                 | 10-26-92<br>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 <span style="float: right;">229-6760</span> |                                                                                 |                                                                                                                                                |                                                         |                                   |

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> | 92-155037                  | <b>INSPECTION NUMBER</b> | 13                      |
| <b>JOB ADDRESS</b>                  |                      |                            |                          |                         |
| 9136 EAGLE RIDGE DR                 |                      |                            |                          |                         |
| <b>LOT NO.</b>                      |                      | <b>BLOCK NO</b>            |                          | <b>SUBDIVISION NAME</b> |
| 78                                  |                      | 5                          |                          | MONTAIRE                |
| <b>FIRE DEPT. MAP NO</b>            | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>        | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b>    |
| -                                   | 592-3246             | 10/27/92                   | 14:27                    | 10/28/92                |
| <b>INSPECTOR NO</b>                 |                      | <b>INSPECTOR NAME</b>      |                          |                         |
| 65                                  |                      | LOUIS BRUNSON              |                          |                         |
| <b>INSPECTION REQUESTED</b>         |                      | EXTERIOR LATH/STUCCO (129) |                          |                         |

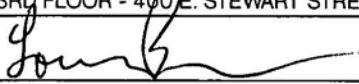
— CAULK BOTH WEEP SCREEDS,  
FRT. ENT.

— MISSING (4) GLASS  
BLOCK WINDOWS, WEST SIDE

|                                                                                                                                 |                                                                                 |                                                                                                                                    |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                    |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                 | <b>INSPECTION DATE</b>                                                                                                             |                                                         |                                          |
|                                                                                                                                 |                                                                                 | 10-28-92                                                                                                                           |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |                                                                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7 00 A.M. - 7:15 A.M. OR 2 45 P.M. - 3 00 P.M. AT |                                                                                 |                                                                                                                                    |                                                         | 229-6769                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                   |                                                                                                                                        |                                          |                                                            |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/>                                                                                                          | PERMIT<br>NUMBER                                                                                                                       | > 92-155037                              | INSPECTION<br>NUMBER                                       | > 42                                 |
| JOB ADDRESS                                                                                                                       |                                                                                                                                        |                                          |                                                            |                                      |
| 9136 EAGLE RIDGE                                                                                                                  |                                                                                                                                        |                                          |                                                            |                                      |
| LOT NO.                                                                                                                           | BLOCK NO.                                                                                                                              | SUBDIVISION NAME                         |                                                            |                                      |
| 78                                                                                                                                |                                                                                                                                        | MONTANA                                  |                                                            |                                      |
| FIRE DEPT MAP NO.                                                                                                                 | JOB PHONE                                                                                                                              | CALL-IN DATE                             | CALL-IN TIME                                               | SCHEDULE DATE                        |
|                                                                                                                                   |                                                                                                                                        |                                          |                                                            |                                      |
| INSPECTOR NO.                                                                                                                     | INSPECTOR NAME                                                                                                                         |                                          |                                                            |                                      |
| 65                                                                                                                                | BRUNSON                                                                                                                                |                                          |                                                            |                                      |
| INSPECTION<br>REQUESTED                                                                                                           | > # 125 DRY WALL                                                                                                                       |                                          |                                                            |                                      |
| <p>PLAN - 2A</p> <p>- FINISH NAILING, HANGING,<br/>GAB WALLS</p>                                                                  |                                                                                                                                        |                                          |                                                            |                                      |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                    | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                            |                                      |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                               | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD<br>(H) |
| <input type="checkbox"/> REJECTED (R)                                                                                             | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                          | <input type="checkbox"/> PERMIT<br>REQUIRED                |                                      |
| <input type="checkbox"/> REFEE (F)                                                                                                | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                            |                                      |
| INSPECTOR<br>SIGNATURE                                                                                                            |                                                     |                                          | INSPECTION DATE                                            |                                      |
|                                                                                                                                   |                                                                                                                                        |                                          | 10-30-92                                                   |                                      |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                      | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                      |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<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 checked="" type="checkbox"/>       | PERMIT<br>NUMBER             | 92-155037                              | INSPECTION<br>NUMBER                | 13                               |
| JOB ADDRESS<br><b>9136 EAGLE RIDGE DR</b> |                              |                                        |                                     |                                  |
| LOT NO<br><b>78</b>                       |                              | BLOCK NO<br><b>5</b>                   | SUBDIVISION NAME<br><b>MONTAIRE</b> |                                  |
| FIRE DEPT MAP NO<br><b>-</b>              | JOB PHONE<br><b>592-3246</b> | CALL-IN DATE<br><b>11/30/92</b>        | CALL-IN TIME<br><b>14:38</b>        | SCHEDULE DATE<br><b>12/01/92</b> |
| INSPECTOR NO<br><b>65</b>                 |                              | INSPECTOR NAME<br><b>LOUIS BRUNSON</b> |                                     |                                  |
| INSPECTION<br>REQUESTED                   |                              | <b>FINAL GAS TEST (423)</b>            |                                     |                                  |

PM

OK

-ISSUED **G** TAG # 24700

# 16

|                                                                                                                                  |                                                                                                                                       |                                          |                                                             |                                             |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                   | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                      | PARTIAL DESCRIPTION                      |                                                             |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                              | <input type="checkbox"/> STOP<br>WORK (S)                                                                                             | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) -- UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                            | REINSPECTION REQUIRED - CALL *229-2071                                                                                                |                                          |                                                             | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                               | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E STEWART STREET.                                                     |                                          |                                                             |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                           |                                                                                                                                       | INSPECTION DATE<br><b>12-1-92</b>        |                                                             |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                     | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O. ISSUANCE (Commercial Only) |                                          |                                                             |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<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> | 92-155037                   | <b>INSPECTION NUMBER</b> | 5                    |
| <b>JOB ADDRESS</b>                  |                      |                             |                          |                      |
| 9136 EAGLE RIDGE DR                 |                      |                             |                          |                      |
| <b>LOT NO.</b>                      |                      | <b>BLOCK NO.</b>            | <b>SUBDIVISION NAME</b>  |                      |
| 78                                  |                      | 5                           | MONTAIRE                 |                      |
| <b>FIRE DEPT MAP NO.</b>            | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>         | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b> |
| -                                   | 592-3246             | 12/03/92                    | 14:48                    | 12/04/92             |
| <b>INSPECTOR NO.</b>                |                      | <b>INSPECTOR NAME</b>       |                          |                      |
| 65                                  |                      | LOUIS BRUNSON               |                          |                      |
| <b>INSPECTION REQUESTED</b>         |                      | <b>ELEC METER TAG (133)</b> |                          |                      |

— THIS IS 30 DAY TEMP.  
 PERM. TAG, ONLY  
 — INSUL. ENDS OF WIRING  
 NOT TERMINATED

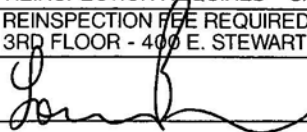
— ISSUED E TAG # 48407

|                                                                                                                                |                                                                                                                                     |                                       |                                                                           |                                   |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                    | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | <b>PARTIAL DESCRIPTION</b>            |                                                                           |                                   |
| <input type="checkbox"/> APPROVED (A)                                                                                          | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input checked="" type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL 1-4-93 | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                          | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       | <input type="checkbox"/> PERMIT REQUIRED                                  |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                             | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET.                                                      |                                       |                                                                           |                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                                     |                                                                                                                                     | <b>INSPECTION DATE</b>                |                                                                           |                                   |
|                                             |                                                                                                                                     | 12-4-92                               |                                                                           |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                      | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                                       |                                                                           |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M OR 2 45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |                                                                           | 229-6769                          |

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

|                                                         |                  |                                                      |                     |
|---------------------------------------------------------|------------------|------------------------------------------------------|---------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 92-155037 |                  | <input type="checkbox"/> <b>INSPECTION NUMBER</b> 15 |                     |
| <b>JOB ADDRESS</b> 9136 EAGLE RIDGE                     |                  |                                                      |                     |
| <b>LOT NO.</b> 78                                       | <b>BLOCK NO.</b> | <b>SUBDIVISION NAME</b> MONTAÑAS                     |                     |
| <b>FIRE DEPT. MAP NO.</b>                               | <b>JOB PHONE</b> | <b>CALL-IN DATE</b>                                  | <b>CALL-IN TIME</b> |
| <b>INSPECTOR NO.</b> 65                                 |                  | <b>INSPECTOR NAME</b> BRUNSON                        |                     |
| <b>INSPECTION REQUESTED</b> # 240 - E/ELECT             |                  |                                                      |                     |

- INSTALL PANEL DEAD-FRT.
- "10" IN BRKRS
- INSUL ENDS OPEN WIRING, KIT LID, OVER WINDOW
- HOOK ELECT FEED FLEX'S TO OUTSIDE A/C UNITS, SUPPORT TO HOUSE
- REMOVE REAR YD. TEMP. PWR. POLE/WIRING
- RE-ATTACH MSTR BATH SWITCHES

|                                                                                                                |                                                                                    |                                                                                                                                                   |                                                                |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                             | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                               | <b>PARTIAL DESCRIPTION</b>                                                                                                                        |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                        | <input type="checkbox"/> <b>STOP WORK (S)</b>                                      | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                                      | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) — UNTIL</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                   | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                      |                                                                                                                                                   | <input type="checkbox"/> <b>HOLD (H)</b>                       |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                      | <b>REINSPECTION REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                   | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTOR SIGNATURE</b>  |                                                                                    | <b>INSPECTION DATE</b> 12-8-92                                                                                                                    |                                                                |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                    |                                                                                    | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. OF O ISSUANCE (Commercial Only)</b> |                                                                |

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                          |                      |                |                          |                  |
|--------------------------|----------------------|----------------|--------------------------|------------------|
| <input type="checkbox"/> | <b>PERMIT NUMBER</b> | 92-155037      | <b>INSPECTION NUMBER</b> | 16               |
| JOB ADDRESS              |                      |                |                          |                  |
| 9136 EAGLE RIDGE         |                      |                |                          |                  |
| LOT NO.                  |                      | BLOCK NO.      |                          | SUBDIVISION NAME |
| 78                       |                      |                |                          | MONTAINE         |
| FIRE DEPT MAP NO.        |                      | JOB PHONE      | CALL-IN DATE             | CALL-IN TIME     |
|                          |                      |                |                          | SCHEDULE DATE    |
| INSPECTOR NO.            |                      | INSPECTOR NAME |                          |                  |
| 65                       |                      | BRUNSON        |                          |                  |
| INSPECTION REQUESTED     |                      |                |                          |                  |
| # 340 - F/M ECH          |                      |                |                          |                  |

— HOOK UP FREON LINES to GAR. F.A.U.

— SEAL CRACK AT GAR SUPPLY DUCT to LID, ALSO RET/AIR DUCT REAR

— HOOK FREON LINES to A/C UNITS OUTSIDE, INSUL SAME ↑

—

|                                                                                                                                                                      |                                        |                                                                                                                                     |                                                         |                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|--|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                          |                                        | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                                                         | PARTIAL DESCRIPTION                      |  |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                                                     | <input type="checkbox"/> STOP WORK (S) | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |  |
| <input type="checkbox"/> REJECTED (R)                                                                                                                                |                                        | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                                         |                                          |  |
| <input type="checkbox"/> REFEE (F)                                                                                                                                   |                                        | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                         | <input type="checkbox"/> PERMIT REQUIRED |  |
| INSPECTOR SIGNATURE                                                                                                                                                  |                                        |                                                                                                                                     | INSPECTION DATE                                         |                                          |  |
| [Signature]                                                                                                                                                          |                                        |                                                                                                                                     | 12-8-92                                                 |                                          |  |
| <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 <span style="float: right;">▷</span> |                                        |                                                                                                                                     |                                                         |                                          |  |

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

## DEPARTMENT OF BUILDING &amp; SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                |                                                                                                                                        |                                                      |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PERMIT NUMBER <b>92-155037</b>                                                                                                                        |                                                                                                                                        | <input type="checkbox"/> INSPECTION NUMBER <b>17</b> |                                                         |
| JOB ADDRESS <b>9136 EAGLE RIDGE</b>                                                                                                                                            |                                                                                                                                        |                                                      |                                                         |
| LOT NO<br><b>178</b>                                                                                                                                                           | BLOCK NO.                                                                                                                              | SUBDIVISION NAME<br><b>MONTANA</b>                   |                                                         |
| FIRE DEPT MAP NO                                                                                                                                                               | JOB PHONE                                                                                                                              | CALL-IN DATE                                         | CALL-IN TIME                                            |
| INSPECTOR NO<br><b>65</b>                                                                                                                                                      |                                                                                                                                        | INSPECTOR NAME<br><b>BRUNSON</b>                     |                                                         |
| INSPECTION REQUESTED <b># 440 - F/PLUMB</b>                                                                                                                                    |                                                                                                                                        |                                                      |                                                         |
| <p>— SCREW W/(3), EACH JOINT IN<br/>H.W. HTR, FLUE, GAR</p> <p>— 1</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"/> REFEED (F)                                                                                                    | <input type="checkbox"/> HOLD (H)                    |                                                         |
| <input type="checkbox"/> REINSPECTION REQUIRED - CALL *229-2071<br><input type="checkbox"/> REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                        | <input type="checkbox"/> PERMIT REQUIRED             |                                                         |
| INSPECTOR SIGNATURE<br>                                                                     |                                                                                                                                        | INSPECTION DATE<br><b>12-8-92</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 PM - 3 00 PM. AT                                                |                                                                                                                                        |                                                      |                                                         |

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> | 92-155037                   | <b>INSPECTION NUMBER</b> | 3                    |
| <b>JOB ADDRESS</b>                  |                      |                             |                          |                      |
| 9136 EAGLE RIDGE DR                 |                      |                             |                          |                      |
| <b>LOT NO</b>                       |                      | <b>BLOCK NO.</b>            | <b>SUBDIVISION NAME</b>  |                      |
| 78                                  |                      | 5                           | MONTAIRE                 |                      |
| <b>FIRE DEPT MAP NO</b>             | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>         | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b> |
| -                                   | 592-3246             | 12/08/92                    | 14:55                    | 12/09/92             |
| <b>INSPECTOR NO.</b>                |                      | <b>INSPECTOR NAME</b>       |                          |                      |
| 65                                  |                      | LOUIS BRUNSON               |                          |                      |
| <b>INSPECTION REQUESTED</b>         |                      | <b>BUILDING FINAL (140)</b> |                          |                      |

① HOOK GAR F.A.M. FREON LINES TO UNIT PM

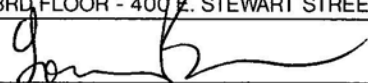
② SEAL CRACK, GAR. LID AT SUPPLY / RET AIR DUCTS

③ PUT (3) SCREWS IN H.W. HTR. FLUE, GAR.

|                                                                                                                                 |                                                                                                                                     |                                               |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                                                                            | <b>PARTIAL DESCRIPTION</b><br>CHK AT C. OF O. |                                                         |                                          |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C)         | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                               |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET.                                                      |                                               |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                                                                     | <b>INSPECTION DATE</b>                        |                                                         |                                          |
| Louis Brunson                                                                                                                   |                                                                                                                                     | 12-9-92                                       |                                                         |                                          |
| <input 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 (Commercial Only) |                                               |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                               |                                                         | 229-6769                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                      |                                                                                                                                    |                                       |                                                         |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/>                                                                                                                                             | <b>PERMIT NUMBER</b>                                                                                                               | 92-165037                             | <b>INSPECTION NUMBER</b>                                | 43                                |
| <b>JOB ADDRESS</b><br>9136 EAGLE RIDGE                                                                                                                               |                                                                                                                                    |                                       |                                                         |                                   |
| <b>LOT NO</b><br>78                                                                                                                                                  |                                                                                                                                    | <b>BLOCK NO.</b><br>5                 | <b>SUBDIVISION NAME</b><br>MONSIEUR                     |                                   |
| <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>INSPECTOR NO.</b><br>65                                                                                                                                           |                                                                                                                                    | <b>INSPECTOR NAME</b><br>BRUNSON      |                                                         |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                                                                          |                                                                                                                                    | # 940 @ OF @.                         |                                                         |                                   |
| <p>— HOOK GAR. FLEW LINES TO F.A.U. UNIT</p> <p>— SEAL GAR LID CRACK, BEHIND SUPPLY DUCT</p> <p>— PUT (3) SCREWS IN EACH JOINT, H.W, HTR, FLUE.</p>                  |                                                                                                                                    |                                       |                                                         |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                          | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                      | <b>PARTIAL DESCRIPTION</b>            |                                                         |                                   |
| <input type="checkbox"/> APPROVED (A)                                                                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                             | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H) |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                                                     | REINSPECTION REQUIRED - CALL * 229-2071                                                                                            |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                                                                   | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                    |                                       |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b><br>                                                    |                                                                                                                                    | <b>INSPECTION DATE</b><br>12-10-92    |                                                         |                                   |
| <input 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 (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 <span style="float: right;">▶</span> |                                                                                                                                    |                                       |                                                         |                                   |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                          |                  |                  |                      |               |
|--------------------------|------------------|------------------|----------------------|---------------|
| <input type="checkbox"/> | PERMIT<br>NUMBER | 92-155037        | INSPECTION<br>NUMBER | 42            |
| JOB ADDRESS              |                  |                  |                      |               |
| 9136 KABLE RIDGE         |                  |                  |                      |               |
| LOT NO                   | BLOCK NO.        | SUBDIVISION NAME |                      |               |
| 79                       | 5                | MONTAINE         |                      |               |
| FIRE DEPT MAP NO         | JOB PHONE        | CALL-IN DATE     | CALL-IN TIME         | SCHEDULE DATE |
|                          |                  |                  |                      |               |
| INSPECTOR NO.            |                  | INSPECTOR NAME   |                      |               |
| 65                       |                  | BRUNSON          |                      |               |
| INSPECTION<br>REQUESTED  |                  | # 140 - F/BLDG   |                      |               |

— SEE (3) ITEMS NOTED ON  
C. OF O. INSP, THIS DATE

5

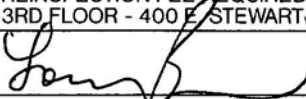
|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL *229-2071                                                                                                 |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                        | INSPECTION DATE                          |                                                            |                                             |
| [Signature]                                                                                                                        |                                                                                                                                        | 12-10-92                                 |                                                            |                                             |
| <input checked="" type="checkbox"/> PROJECT<br>COMPLETE                                                                            | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<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 &amp; SAFETY CITY OF LAS VEGAS

|                                     |                  |                     |                      |               |
|-------------------------------------|------------------|---------------------|----------------------|---------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER | 92-155037           | INSPECTION<br>NUMBER | 1             |
| JOB ADDRESS                         |                  |                     |                      |               |
| 9136 EAGLE RIDGE DR                 |                  |                     |                      |               |
| LOT NO                              |                  | BLOCK NO.           | SUBDIVISION NAME     |               |
| 78                                  |                  | 5                   | MONTAIRE             |               |
| FIRE DEPT MAP NO                    | JOB PHONE        | CALL-IN DATE        | CALL-IN TIME         | SCHEDULE DATE |
| -                                   | 784-4412         | 12/10/92            | 14:52                | 12/11/92      |
| INSPECTOR NO                        |                  | INSPECTOR NAME      |                      |               |
| 65                                  |                  | LOUIS BRUNSON       |                      |               |
| INSPECTION<br>REQUESTED             |                  | CERT. OF OCC. (940) |                      |               |

-OK

|                                                                                                                                    |                                                                                                                                       |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                      | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                             | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL * 229-2071                                                                                               |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E STEWART STREET.                                                     |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                       | INSPECTION DATE                          |                                                            |                                             |
|                                                 |                                                                                                                                       | 12-11-92                                 |                                                            |                                             |
| <input checked="" type="checkbox"/> PROJECT<br>COMPLETE                                                                            | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2 45 P.M. - 3:00 P.M. AT |                                                                                                                                       |                                          |                                                            | 229-6769                                    |

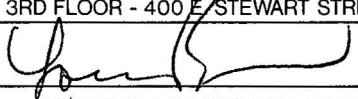
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |  |                            |  |                                                              |  |                     |  |
|----------------------------------------------------------|--|----------------------------|--|--------------------------------------------------------------|--|---------------------|--|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> |  | <b>92-155037</b>           |  | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> |  | <b>4</b>            |  |
| <b>JOB ADDRESS</b>                                       |  |                            |  |                                                              |  |                     |  |
| <b>9136 EAGLE RIDGE DR</b>                               |  |                            |  |                                                              |  |                     |  |
| <b>LOT NO</b>                                            |  | <b>BLOCK NO</b>            |  | <b>SUBDIVISION NAME</b>                                      |  |                     |  |
| <b>78</b>                                                |  | <b>5</b>                   |  | <b>MONTAIRE</b>                                              |  |                     |  |
| <b>FIRE DEPT. MAP NO</b>                                 |  | <b>JOB PHONE</b>           |  | <b>CALL-IN DATE</b>                                          |  | <b>CALL-IN TIME</b> |  |
| <b>-</b>                                                 |  | <b>592-3246</b>            |  | <b>12/08/92</b>                                              |  | <b>14:56</b>        |  |
| <b>INSPECTOR NO</b>                                      |  | <b>INSPECTOR NAME</b>      |  |                                                              |  |                     |  |
| <b>65</b>                                                |  | <b>LOUIS BRUNSON</b>       |  |                                                              |  |                     |  |
| <b>INSPECTION REQUESTED</b>                              |  | <b>CERT. OF OCC. (940)</b> |  |                                                              |  |                     |  |

PM

— NOT READY, SEE (3)  
ITEMS LISTED ON F/BUDG  
INSP, THIS DATE

|                                                                                                                                      |  |                                                                                                                                                   |  |                                              |  |                                                                |                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|----------------------------------------------------------------|-----------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                   |  | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                              |  | <b>PARTIAL DESCRIPTION</b>                   |  |                                                                |                 |
| <input 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 checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                              |  | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                                                                                     |  |                                              |  |                                                                |                 |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                            |  | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET.</b>                                                             |  |                                              |  |                                                                |                 |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                      |  |                                                                                                                                                   |  |                                              |  |                                                                |                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                           |  |                                                                                                                                                   |  | <b>INSPECTION DATE</b>                       |  |                                                                |                 |
|                                                   |  |                                                                                                                                                   |  | <b>12-8-92</b>                               |  |                                                                |                 |
| <input 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.

FGG, 74

JOB 2ABC

TYPE 2839

9/11/92

4 OF 10 Pgs

 $3 \times 4$  &  $3 \times 4$ 

344

3849

344 344

544

 $3 \times 4 \neq 3 \cdot 4$ 

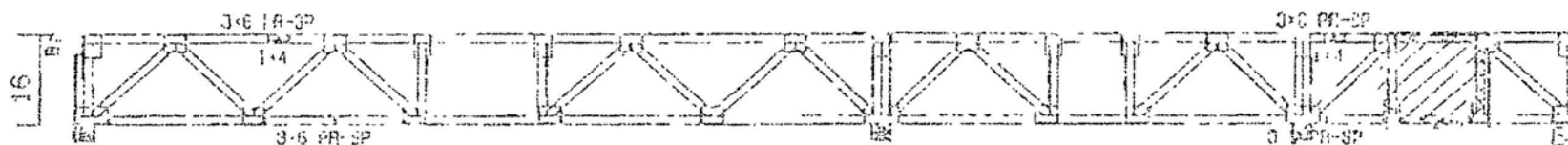
34

C 10 344

3.4.4 3.4

321

3.4.4.



- BRG  
REMOVED

3.6

3:4

3x4

344

3.4

316

$$3 = 4$$

3 x 4

3:6

3x4

34

34

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| YC | 18 | 30 | 15 | 21 | 15 | 30 | 15 | 15 | 15 | 14 | 15 | 15 | 15 | 16 | 17 |
| BC | 33 | 30 | 21 | 30 | 36 | 31 | 14 | 31 | 15 | 16 | 17 |    |    |    |    |

22-v9-00

|                              |                    |                  |
|------------------------------|--------------------|------------------|
| YOUNG = 40.0 PSF             | SPACING = 2-00-00  | REACTIONS MIN    |
| YOUNG = 10.0 PSF             | INCREASE = 1.00    | (LBS) MFG (IN)   |
| CELL = 0.0 PSF               | DEPTH = 1-04-00    | J 1 = -500 3.50  |
| CELL = 5.0 PSF               | CONFORMS TO PCT-00 | J24 = -1084 3.50 |
| SHUCK COMPONENT SYSTEMS INC. |                    | J21 = -805 3.50  |
| WOODBURY HOMES P22-0-0 F-4   |                    |                  |

2/DOF=144"/2 [C]=897.1/L/L DEF= 144"/6,12'=999. CAM=0  
12 GA. NPO PLATES 149 PSI CRS (MAX)  
16 GA. PTH PLATES 127 PSI CRS (MAX)

HEPET:100E FNCF

```

----- TOP CHORD ----- CSR= 0.546-----
4X 2 145CF-1.3E M SPF *EXCEPT*
C 1 17 ARE 4X 2 STANDARD SPF
C 1= -34 C 7= -489 C13= 750
C 2= 0 C 8= 711 C14= 756
C 3= -927 C 9= 711 C15= 104
C 4= -1269 C10= 281 C16= 0
C 5= -1258 C11= 281 C17= -110
C 6= -1258 C12= 281

```

```

--- BOTTOM CHORD - CSR= 0.441---
    4X 2 1450F-1.3E M SFF
C18= -194 C22= -281 C26= 1258
C19= -154 C23= -424 C27= 1217
C20= -194 C24= 17 C28= 591
C21= -439 C25= 954

```

```

----- WEBS - CSQ= 0.454-----
      4X 2 STANDARD SPF
W 1=  -004 W 3=   656 W 7=  -430
W 2=   467 W 4=  -991 W 8=   -50
W 3=  -400 W 5=  -111 W 9=  -740
W 4=   -54 W 6=  -090 W 10=  182
W 5=  -60 W 13=  194 W 21=  -151
W 6=  -214 W 14=  -182 W 22=  258
W 7=   412 W 15=  -110
W 8=  -047 W 16=  215

```

1. UNBALANCED LOADS HAVE BEEN CONSIDERED FOR THIS DESIGN.
2. PROVIDE A COPY OF THIS DRAWING TO THE BUILDING DESIGNER AND THE TRUSS ERECTION CONTRACTOR PRIOR TO FABRICATION.
3. PLATING CONFORMS TO USC RULES. ALL PLATES ARE A20 PLATES WITH SLOT DIRECTIONS PARALLEL TO THE CHORD C-LEGS UNLESS OTHERWISE INDICATED ON THE PLOT.
4. RECOMMEND 2X6 STRONGBACKS (CH EDGE) SPACED AT 16 FEET O.C. AND FASTENED TO EACH TRUSS WITH 3-10D NAILS. STRONGBACKS TO BE ATTACHED TO WALLS AT THEIR OUTER ENDS OR RESTRAINED BY OTHER MEANS.
5. FOLLOWING WEBS ARE DOUBLED: W11, W18

FIELD REPAIR 9-11-92: Truss was designed with a right bearing but now cantilevers 4'. Truss is acceptable as is but to prevent long term creep of cantilever, shear both sides of rectangular opening in cantilever section with 15/32" OSD. Attach with 8d nails @ 3" o.c.

1968

Sednet Components Systems, Inc.  
8205 North 67th Avenue  
Glendale, Arizona 85302  
Telephone 602.931.3661

1000

100  
200  
300  
400  
500

၁၇

2000

## STRUCTURE COMPONENT

2092

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-155037

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS CALL 700-0074



093337

## BUILDING PERMIT

FOR: Single Family Dwelling, Remodel  
Additions, Misc. Residential Construction

LOG NO. &amp; AREA T-277

D.

CONST. VAL. \$ 58,700

ADDRESS OF  
CONSTRUCTION

9136 Eagle Ridge Drive

OWNER

Taylor Woodrow Homes

PHONE

794-4412

LOT(s)

78

BLOCK

5

SUBDIVISION

Montana

ZONE

RD-12

PROPOSED CONSTRUCTION

SFD 1 PF

USE

Res

THIS PERMIT FOR

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

FLOOR AREA

BSMT

1ST 1360

2ND

654

GARAGE

519

PORCH

TOTAL 2535

CONTRACTOR

Taylor Woodrow Homes

STATE  
LICENSE NO.

0028822

CITY  
LICENSE NO.

C11-03041-2-

ARCHITECT

Danylian

ENGINEER

Mendenhall Smith

039503

MASTER PLUMBER/  
CONTRACTORMASTER ELECTRICIAN/  
CONTRACTOR

## OTHER INSPECTIONS AND FEES

- 1 Inspections outside of normal business hours = \$30.00 per hour (minimum charge three hours)
- 2 Re-inspection fee during normal business hours assessed under provisions of TABLE 3-A of the Uniform Building Code = \$30.00 per hour
- 3 Inspections during normal business hours for which no fee is specifically indicated = \$30.00 per hour (minimum charge one half hour)
- 4 Additional plan review required by changes, additions, or revisions to approved plans = \$30.00 per hour (minimum charge two hours)

## CONDITIONS OF THE PERMIT:

1. I agree to call the City Building Department for inspections before concrete is poured, before rough wiring, electrical, plumbing, framing is covered. Also for air conditioning, drywall and sheathing inspection.
2. I agree that when the job is completed that I will call for final inspection before occupancy
3. I agree to perform all construction in accordance with City Ordinances and Building Codes.
4. 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
5. 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.
6. 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
7. 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

DATE

PLANNING DEPT

DATE

BUILDING DEPT.

DATE

| PLUMBING                             |       | FEE |
|--------------------------------------|-------|-----|
| WATER DISTRIBUTION                   | 6.00  |     |
| SEWER SYSTEM - NEW OR MODIFICATION   | 10.00 |     |
| FIXTURES - WATER SOFTENER, HW HEATER | 2.00  |     |
| GARBAGE DISPOSAL - WASHER            | 2.00  |     |
| FUEL PIPING                          | 6.00  |     |
| IRRIGATION SYSTEM                    | 8.00  |     |
| MISC                                 |       |     |
| 2310 - 2433                          | TOTAL | 78  |
| AIR CONDITIONING                     |       | FEE |
| NEW UNIT - 3 TON = 9.00 OVER = 16.50 |       |     |
| FURNACE TO 100,000/9.00 OVER/11.00   |       |     |
| VAPORATIVE COOLER                    | 6.50  |     |
| VENTILATION FAN                      | 2.35  |     |
| 2310 - 2435                          | TOTAL | 58  |

| ELECTRICAL                                        |        | FEE  |
|---------------------------------------------------|--------|------|
| RECEPTACLE                                        | SWITCH | .40  |
| EACH LIGHT FIXTURE OR SOCKET                      |        | .30  |
| SPECIAL OUTLET, APPLIANCE ETC.                    |        | .70  |
| SERVICE/PANEL - SUB/3.00 - 200A/6.00 - 400A/12.50 |        |      |
| A C UNIT OR MOTORS                                |        | 3.00 |
| 2310 - 2432                                       | TOTAL  | 78   |
| MISC.                                             |        |      |

2310 - 2431 PLAN REVIEW

10.00

2310 - 2401 BLDG. PERMIT

389.00

7143 - 2973 SEWER CONNECTION

1100.00

6122 - 3352 TORTOISE

0

- 2897 P.I.F

88100-1232 TRANSPORT

500.00

TOTAL FEES

2,213.00

## SPECIAL CONDITIONS.

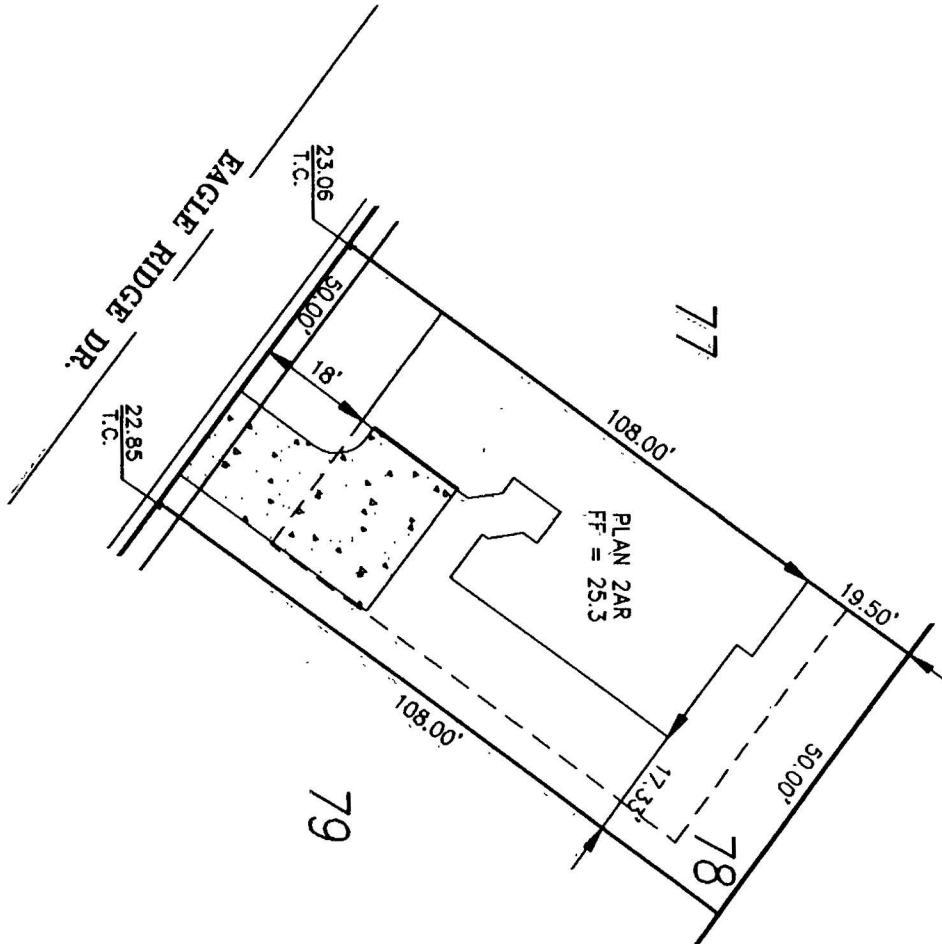
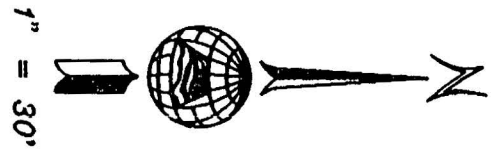
Plan 2

RECEIPT  
MUST BE MACHINE VALIDATED

PERMIT NO.

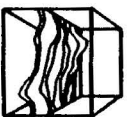
Permit Expires 180 Days After Abandonment of Work

#9136 Eagle Ridge  
± 92-155037



NOT PLAN APPROVED  
*[Signature]*  
COMMUNITY PLANNING & DEVELOPMENT  
City of Las Vegas

3618X11



**Church Engineering of Nevada, Inc.**

Consulting Engineers  
Planners  
Surveyors  
6600 W. Charleston Blvd.  
Suite 140  
Las Vegas, Nv. 89102  
(702) 878-6244

**MONTAIRE  
ESTATES**

**PLOT PLAN  
LOT 78, BLOCK 5**

**JOB NO. 7155.361  
SHEET NO.**

**DRAWN RMM  
CHECKED KMM**

**DATE JUNE 15, 1992  
SCALE 1" = 30'**