

**DEPARTMENT OF BUILDING & SAFETY    CITY OF LAS VEGAS**

|                                 |                   |                     |
|---------------------------------|-------------------|---------------------|
| JOB ADDRESS<br>2657 Seashore Dr |                   | PERMIT NO.<br>85602 |
| LOT NO.                         | MAP NO.<br>1-249P | INSPECTOR<br>60     |
| SUBDIVISION NAME                |                   | DATE<br>1-16-91     |
| INSPECTOR SIGNATURE<br>         |                   | PHONE<br>1-17-91    |

☐ PARTIAL INSPECTION DESCRIPTION☐ **APPROVED**

☐ PERMIT REQUIRED

☐ STOP WORK

**REJECTED CORRECTION NOTICE REINSPECTION REQUIRED CALL 799 2071**

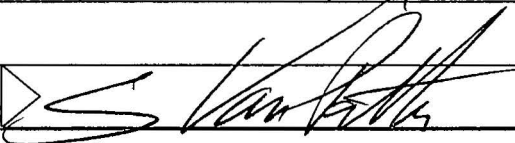
| INSPECT                       | DESCRIPTION                                                                                             | INSPECT                                 | DESCRIPTION                 | INSPECT                                 | DESCRIPTION            |
|-------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------------|------------------------|
| <input type="checkbox"/> B 1  | FOOTING LAYOUT REBAR ZONING                                                                             | <input type="checkbox"/> P 1            | ON SITE SEWER               | <input type="checkbox"/> X 2            | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B 2  | STEM WALL - FORMS & REBAR                                                                               | <input type="checkbox"/> P 2            | ON SITE WATER               | <input type="checkbox"/> X 3            | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B 3  | PRE SLAB                                                                                                | <input type="checkbox"/> P 3            | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X 4            | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B 4  | ROOF SHEATHING                                                                                          | <input type="checkbox"/> P 4            | UNDERSLAB PLUMBING          | <input type="checkbox"/> X 5            | FIRE ALARM             |
| <input type="checkbox"/> B 5  | FRAMING                                                                                                 | <input checked="" type="checkbox"/> P 5 | TOP OUT WATER GAS WASTE     | <input type="checkbox"/> X 6            | OTHER                  |
| <input type="checkbox"/> B 6  | INSULATION                                                                                              | <input type="checkbox"/> P 6            | FINAL GAS TEST              | <input type="checkbox"/> X 7            | FINAL FIRE             |
| <input type="checkbox"/> B 7  | DRYWALL NAILING                                                                                         | <input type="checkbox"/> P 7            | FINAL PLUMBING              |                                         |                        |
| <input type="checkbox"/> B 8  | EXTERIOR LATH/STUCCO                                                                                    |                                         |                             | <input type="checkbox"/> E 1            | UNDERGROUND ELECTRICAL |
| <input type="checkbox"/> B 9  | WALL GROUT & STEEL                                                                                      | <input checked="" type="checkbox"/> M 1 | ROUGH VENT                  | <input checked="" type="checkbox"/> E 2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B 10 |  PRE GUNITE          | <input type="checkbox"/> M 2            | HOOD                        | <input type="checkbox"/> E 3            | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11 |  PRE PLASTER / FINAL | <input type="checkbox"/> M 3            | FINAL MECHANICAL            | <input type="checkbox"/> E 4            | SIGN INSPECTION        |
| <input type="checkbox"/> B 12 | BUILDING FINAL                                                                                          |                                         |                             | <input type="checkbox"/> E 5            | FINAL ELECTRICAL       |
| <input type="checkbox"/> B 13 | CERT OF OCC                                                                                             | <input type="checkbox"/> X 1            | KICKER / FLUSH              | <input type="checkbox"/> E 6            | TEMP POWER             |

☐ **FINAL INSPECTION**

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

**FOR ASSISTANCE CALL 388-6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                          |                          |                           |                                  |
|----------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|----------------------------------|
| JOB ADDRESS<br><b>2651 Seashore Dr</b>                                                                   |                          | PERMIT NO<br><b>85593</b> |                                  |
| LOT NO                                                                                                   | MAP NO<br><b>70-105P</b> | INSPECTOR<br><b>60</b>    | DATE<br><b>2-1-91</b>            |
| SUBDIVISION NAME                                                                                         |                          |                           | PHONE                            |
| INSPECTOR SIGNATURE<br> |                          |                           | INSPECTION DATE<br><b>2-4-91</b> |

|                                                                                                    |                                                   |                                                                                                                                     |                             |                                    |                        |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION DESCRIPTION                                            |                                                   |                                                                                                                                     |                             |                                    |                        |
| <input type="checkbox"/> APPROVED                                                                  |                                                   | <input type="checkbox"/> PERMIT REQUIRED                                                                                            |                             | <input type="checkbox"/> STOP WORK |                        |
| <input checked="" type="checkbox"/> REJECTED CORRECTION NOTICE REINSPECTION REQUIRED CALL 799 2071 |                                                   |                                                                                                                                     |                             |                                    |                        |
| INSPECT                                                                                            | DESCRIPTION                                       | INSPECT                                                                                                                             | DESCRIPTION                 | INSPECT                            | DESCRIPTION            |
| <input type="checkbox"/> B 1                                                                       | FOOTING LAYOUT REBAR ZONING                       | <input type="checkbox"/> P 1                                                                                                        | ON SITE SEWER               | <input type="checkbox"/> X 2       | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B 2                                                                       | STEM WALL - FORMS & REBAR                         | <input type="checkbox"/> P 2                                                                                                        | ON SITE WATER               | <input type="checkbox"/> X 3       | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B 3                                                                       | PRE SLAB                                          | <input type="checkbox"/> P 3                                                                                                        | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X 4       | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B 4                                                                       | ROOF SHEATHING                                    | <input type="checkbox"/> P 4                                                                                                        | UNDERSLAB PLUMBING          | <input type="checkbox"/> X 5       | FIRE ALARM             |
| <input type="checkbox"/> B 5                                                                       | FRAMING                                           | <input type="checkbox"/> P 5                                                                                                        | TOP OUT WATER GAS WASTE     | <input type="checkbox"/> X 6       | OTHER                  |
| <input type="checkbox"/> B 6                                                                       | INSULATION                                        | <input type="checkbox"/> P 6                                                                                                        | FINAL GAS TEST              | <input type="checkbox"/> X 7       | FINAL FIRE             |
| <input checked="" type="checkbox"/> B 7                                                            | DRYWALL NAILING                                   | <input type="checkbox"/> P 7                                                                                                        | FINAL PLUMBING              |                                    |                        |
| <input type="checkbox"/> B 8                                                                       | EXTERIOR LATH/STUCCO                              |                                                                                                                                     |                             | <input type="checkbox"/> E 1       | UNDERGROUND ELETRICAL  |
| <input type="checkbox"/> B 9                                                                       | WALL GROUT & STEEL                                | <input type="checkbox"/> M 1                                                                                                        | ROUGH VENT                  | <input type="checkbox"/> E 2       | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B 10                                                                      | <input type="checkbox"/> POOL PRE GUNITE          | <input type="checkbox"/> M 2                                                                                                        | HOOD                        | <input type="checkbox"/> E 3       | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11                                                                      | <input type="checkbox"/> POOL PRE PLASTER / FINAL | <input type="checkbox"/> M 3                                                                                                        | FINAL MECHANICAL            | <input type="checkbox"/> E 4       | SIGN INSPECTION        |
| <input type="checkbox"/> B 12                                                                      | BUILDING FINAL                                    |                                                                                                                                     |                             | <input type="checkbox"/> E 5       | FINAL ELECTRICAL       |
| <input type="checkbox"/> B 13                                                                      | CERT OF OCC                                       | <input type="checkbox"/> X 1                                                                                                        | KICKER / FLUSH              | <input type="checkbox"/> E 6       | TEMP POWER             |
| <input type="checkbox"/> FINAL INSPECTION                                                          |                                                   | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                             |                                    |                        |

**FOR ASSISTANCE CALL 388-8251**