

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FO



31029

89-060239

102589

DEVELOPMENT PERMIT

FOR FENCE, WALL, RETAINING WALL

LOG NO. &amp; AREA

DATE

CONST. VAL. \$ 363

ADDRESS OF  
CONSTRUCTION

2704 MEANDER CIRCLE

OWNER

JAMES G. TAYLOR

PHONE

254-2218

CONTRACTOR

STATE  
LICENSE NO.CITY  
LICENSE NO.

LOT(s)

68

BLOCK

1

SUBDIVISION

Richmond Avenue Home to Silver #1

ZONE

R-P06

☐ CONSTRUCTION PLANS SUBMITTED BY OWNER/CONTRACTOR☒ CONSTRUCTION DESIGN BY CITY DESIGN SHEET

ENGINEER

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.

| DESCRIPTION             | TOTAL LIN. FT. | TOTAL SQ. FT. |
|-------------------------|----------------|---------------|
| CHAIN LINK OR WIRE MESH |                |               |
| ORNAMENTAL IRON         |                |               |
| WOOD                    |                |               |
| X MASONRY 3'            | 25             | 75            |
| X RETAINING 2'          | 25             | 50            |

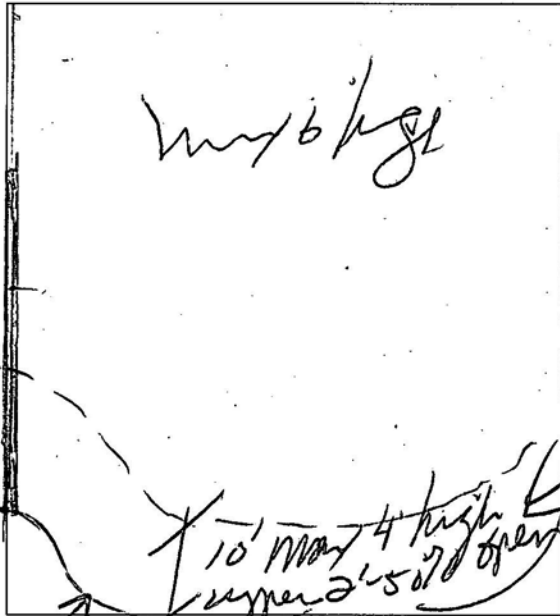
## OTHER INSPECTIONS AND FEES

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 each.
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 at approved plans = \$30.00 per hour (minimum charge two hours).

## CONDITIONS OF THE PERMIT:

1. Any type of retaining wall must be engineered by a Civil or Structural Engineer.
2. If a home owner takes out the Building Permit and if the owner sublets the work to a Contractor, then the Contractor must take out the permit and pay for it.
3. No fence or wall can be built on City property or rights-of-way, but this is not intended to preclude construction within utility easements if utilities will not be damaged or made inaccessible.
4. The fence or wall shall not enclose any water meter, light standard, or fire alarm box and shall not come closer than 24" from the nearest fire hydrant outlet.
5. Department Inspectors must approve footings before concrete is poured and block wall reinforcing before grouting is done.
6. Maximum height of any wall or fence is 6', side and rear yards; 4' maximum in front yard with the vertical surface above the height of 2' - 50% open.
7. I must not obstruct required onsite parking space (2 spaces for each dwelling unit) by the erection of this fence or wall.
8. By the signing of this application I herewith agree to the requirements outlined above.

FOR INSPECTIONS, CALL 799-2071



SIGNED

CONTRACTOR - AGENT - OWNER

PLANNING DEPT.

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

BUILDING DEPT.

PLAN  
REVIEW  
FEEPERMIT  
FEE  
2310-2401TOTAL  
FEES

12.00

## RECEIPT

09/25/89  
12.00  
12.00  
12.00  
12.00  
12.00

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

Richmond Am Homes

2704 Meander Cir

OWNER

5-25-88

ADDRESS

Rich Am

DATE

GEN. CONT.

BUILD. TYPE

SFD

PERMIT No. 0786-5

LEGAL lot 68 B-1

LOG No. T-92

**BUILDING**

**MECHANICAL**

Pt. Loc. & Ft. ☐

Plumbing Cont.

Location & Footing ☐ JK 12-27-88

Permit No. Date

Stemwall ☐

A/C Cont. BCAC

Concrete Slab Floor ☐ 9/6/30/88

Permit No. 5866-5 Date 9/29/88

Chimney Steel ☐

Sewer Fee 0786-5

Fireplace Footing ☐

Vert. Steel Reinf. ☐

Horiz. Steel Reinf. ☐ 9/6/30/88

Roof Sheathing RB 10/14/88

Insulation TG 11/23/88

Framing TG 11/23/88 11-23-88

Ext. Lath TG 11/22/88

Ext. Scratch

Ext. Brown

Drywall TH 12-6-88

Final Building

Appr. for Occu. Final Building

elec slab 9/6/30/88

**ELECTRICAL**

Electrical Cont. Best Elec

Permit No. 5140-5 Date 8/14/88

PT Rough ES 10/2/88

Ground Electrode  
Temporary Power TK 12-30-88 # 33040

Meter Tag

Final Electrical ES 12-30-88

Permit No. Date

Rough Soil ☐

Rough Water ☐

Top-Out RW 10/17/88

Rough Gas RW 11/2/88

A/C Rough Duct. RW 10/17/88

Final Plumbing 12-23-88

Final Gas 12-23-88

Final Air Cond. 12-23-88

Final Sewer

Rough Hood ☐

Final Hood ☐

Final Irrig.

Truss fixed TH 12-8-88

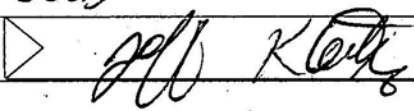
**ELECTRICAL**

Temp. Pole Cont.

Permit No. Date

Inspection Date

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                          |                                 |                                                                                                                                        |                             |                                    |                        |
|----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|
| JOB ADDRESS<br><b>2704 MEANDER CIRCLE</b>                                                                |                                 |                                                                                                                                        | PERMIT NO.                  |                                    |                        |
| LOT NO.                                                                                                  |                                 | MAP NO.                                                                                                                                |                             | INSPECTOR<br><b>#50</b>            |                        |
| SUBDIVISION NAME<br><b>YACHT CLUB</b>                                                                    |                                 |                                                                                                                                        |                             | DATE<br><b>3-14-89</b>             |                        |
| INSPECTOR SIGNATURE<br> |                                 |                                                                                                                                        |                             | PHONE                              |                        |
|                                                                                                          |                                 |                                                                                                                                        |                             | INSPECTION DATE<br><b>3-14-89</b>  |                        |
| <p style="text-align: center;"><b>RICHMOND AMERICAN / MICHAELS MASONRY</b></p>                           |                                 |                                                                                                                                        |                             |                                    |                        |
| <p style="text-align: center;"><b>- FENCE FOOTINGS ABOVE ANY REASONABLE GRADE</b></p>                    |                                 |                                                                                                                                        |                             |                                    |                        |
|                                                                                                          |                                 |                                                                                                                                        |                             |                                    |                        |
| <p style="text-align: center;"><b>- CORRECTION NOTICE -</b></p>                                          |                                 |                                                                                                                                        |                             |                                    |                        |
| <p style="text-align: center;"><b>CORRECT BY MARCH 24 1989</b></p>                                       |                                 |                                                                                                                                        |                             |                                    |                        |
|                                                                                                          |                                 |                                                                                                                                        |                             |                                    |                        |
| <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 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 type="checkbox"/> M-1                                                                                                           | ROUGH VENT                  | <input type="checkbox"/> E-2       | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10                                                                            | <b>POOL</b> PRE-GUNITE          | <input type="checkbox"/> M-2                                                                                                           | HOOD                        | <input type="checkbox"/> E-3       | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11                                                                            | <b>POOL</b> 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 TECHNICAL ASSISTANCE - CALL: 799-6916**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

| JOB ADDRESS<br><b>2704 MEANDER CIRCLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | PERMIT NO.              |                              |                                |                              |                           |                              |          |                              |                |                              |         |                              |            |                              |                 |                              |                      |                              |                    |                               |                        |                               |                                 |                               |                |                               |               |                                                                                                    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| LOT NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MAP NO.                         | INSPECTOR<br><b>ASO</b> |                              |                                |                              |                           |                              |          |                              |                |                              |         |                              |            |                              |                 |                              |                      |                              |                    |                               |                        |                               |                                 |                               |                |                               |               |                                                                                                    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              |                 |                              |                  |                              |            |
| SUBDIVISION NAME<br><b>YACHT CLUB</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | DATE<br><b>3-24-89</b>  |                              |                                |                              |                           |                              |          |                              |                |                              |         |                              |            |                              |                 |                              |                      |                              |                    |                               |                        |                               |                                 |                               |                |                               |               |                                                                                                    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              |                 |                              |                  |                              |            |
| INSPECTOR SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | PHONE<br><b>3-24-89</b> |                              |                                |                              |                           |                              |          |                              |                |                              |         |                              |            |                              |                 |                              |                      |                              |                    |                               |                        |                               |                                 |                               |                |                               |               |                                                                                                    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              |                 |                              |                  |                              |            |
| <p><b>- IMPROPER FOOTING FOR RATH PROPERTY WALL</b></p> <p><b>- CORRECT BY APRIL 3 1989</b></p> <p><b>— SECOND NOTICE —</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                         |                              |                                |                              |                           |                              |          |                              |                |                              |         |                              |            |                              |                 |                              |                      |                              |                    |                               |                        |                               |                                 |                               |                |                               |               |                                                                                                    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              |                 |                              |                  |                              |            |
| <input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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              |                 |                              |                  |                              |            |
| <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> APPROVED</span> <span><input type="checkbox"/> PERMIT REQUIRED</span> <span><input type="checkbox"/> STOP WORK</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                         |                              |                                |                              |                           |                              |          |                              |                |                              |         |                              |            |                              |                 |                              |                      |                              |                    |                               |                        |                               |                                 |                               |                |                               |               |                                                                                                    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              |                 |                              |                  |                              |            |
| <input checked="" type="checkbox"/> <b>REJECTED CORRECTION NOTICE</b> REINSPECTION REQUIRED CALL 799-2071                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                         |                              |                                |                              |                           |                              |          |                              |                |                              |         |                              |            |                              |                 |                              |                      |                              |                    |                               |                        |                               |                                 |                               |                |                               |               |                                                                                                    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              |                 |                              |                  |                              |            |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">INSPECT</th> <th style="width: 90%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> B-1</td><td>FOOTING, LAYOUT, REBAR, ZONING</td></tr> <tr><td><input type="checkbox"/> B-2</td><td>STEM WALL - FORMS &amp; REBAR</td></tr> <tr><td><input type="checkbox"/> B-3</td><td>PRE-SLAB</td></tr> <tr><td><input type="checkbox"/> B-4</td><td>ROOF SHEATHING</td></tr> <tr><td><input type="checkbox"/> B-5</td><td>FRAMING</td></tr> <tr><td><input type="checkbox"/> B-6</td><td>INSULATION</td></tr> <tr><td><input type="checkbox"/> B-7</td><td>DRYWALL NAILING</td></tr> <tr><td><input type="checkbox"/> B-8</td><td>EXTERIOR LATH/STUCCO</td></tr> <tr><td><input type="checkbox"/> B-9</td><td>WALL GROUT &amp; STEEL</td></tr> <tr><td><input type="checkbox"/> B-10</td><td><b>POOL</b> PRE-GUNITE</td></tr> <tr><td><input type="checkbox"/> B-11</td><td><b>POOL</b> PRE-PLASTER / FINAL</td></tr> <tr><td><input type="checkbox"/> B-12</td><td>BUILDING FINAL</td></tr> <tr><td><input type="checkbox"/> B-13</td><td>CERT. OF OCC.</td></tr> </tbody> </table> | INSPECT                         | DESCRIPTION             | <input type="checkbox"/> B-1 | FOOTING, LAYOUT, REBAR, ZONING | <input type="checkbox"/> B-2 | STEM WALL - FORMS & REBAR | <input type="checkbox"/> B-3 | PRE-SLAB | <input type="checkbox"/> B-4 | ROOF SHEATHING | <input type="checkbox"/> B-5 | FRAMING | <input type="checkbox"/> B-6 | INSULATION | <input type="checkbox"/> B-7 | DRYWALL NAILING | <input type="checkbox"/> B-8 | EXTERIOR LATH/STUCCO | <input type="checkbox"/> B-9 | WALL GROUT & STEEL | <input type="checkbox"/> B-10 | <b>POOL</b> PRE-GUNITE | <input type="checkbox"/> B-11 | <b>POOL</b> PRE-PLASTER / FINAL | <input type="checkbox"/> B-12 | BUILDING FINAL | <input type="checkbox"/> B-13 | CERT. 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FORMS & REBAR       |                         |                              |                                |                              |                           |                              |          |                              |                |                              |         |                              |            |                              |                 |                              |                      |                              |                    |                               |                        |                               |                                 |                               |                |                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |             |                              |               |                              |               |                              |                             |                              |                    |                              |                           |                              |                |                              |                |                              |            |                              |      |                              |                  |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |             |                              |                   |                              |                        |                              |                        |                              |            |                              |        |                              |            |                              |                       |                              |                  |                              |                        |                              |                 |                              |                  |                              |            |
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| <input type="checkbox"/> B-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <input type="checkbox"/> P-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> P-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> <b>FINAL INSPECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |             |                              |                   |                              |                        |                              |                        |                              |            |                              |        |                              |            |                              |                       |                              |                  |                              |                        |                              |                 |                              |                  |                              |            |

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

**FOR TECHNICAL ASSISTANCE - CALL: 799-6916**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                    |         |                      |                                |
|------------------------------------|---------|----------------------|--------------------------------|
| JOB ADDRESS<br><b>2704 Meander</b> |         |                      | PERMIT NO.<br><b>40239</b>     |
| LOT NO.                            | MAP NO. | INSPECTOR <b>#51</b> | DATE                           |
| SUBDIVISION NAME                   |         |                      | PHONE                          |
| INSPECTOR SIGNATURE <b>G.S</b>     |         |                      | INSPECTION DATE<br><b>10-4</b> |

**Masonry wall (2'-0")**

☐ PARTIAL INSPECTION - DESCRIPTION:

☒ **APPROVED**

☐ **PERMIT REQUIRED**

☐ **STOP WORK**

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

| INSPECT                                 | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-----------------------------------------|---------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input checked="" 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 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           | <b>POOL</b> PRE-GUNITE          | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11           | <b>POOL</b> 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>2704. Meander</b> |         |                        | PERMIT NO.<br><b>40239</b>      |
| LOT NO.                             | MAP NO. | INSPECTOR<br><b>51</b> | DATE                            |
| SUBDIVISION NAME                    |         |                        | PHONE                           |
| INSPECTOR SIGNATURE<br><b>G.S.</b>  |         |                        | INSPECTION DATE<br><b>10-25</b> |

Masonry 2'-0" wall

☐ 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 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 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 | <b>POOL</b> PRE-GUNITE          | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11 | <b>POOL</b> 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**

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FOR ASSISTANCE -CALL: 388-6251