

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

PERMIT NO. 92-137522

-2071

## BUILDING PERMIT

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

70685

LOG NO. &amp; AREA P-170 DATE 2-18-92 CONST. VAL. \$ 80,702

ADDRESS OF CONSTRUCTION 8349 Emerald Isle Ave. OWNER American West Development PHONE 736-6434

LOT(s) 410 BLOCK 11 SUBDIVISION Southshore Estates Unit #7 ZONE R-PDS

PROPOSED CONSTRUCTION SFR (Capri Unit 2 Phase 8) USE

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

FLOOR AREA BSMT 1ST 1516 2ND 1296 GARAGE 548 PORCH - TOTAL 3360

CONTRACTOR American West Development STATE LICENSE NO. 22406 CITY LICENSE NO. C11017612027628

ARCHITECT ENGINEER

MASTER PLUMBER/CONTRACTOR MASTER 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: American West Development

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 2/26/92

PLANNING DEPT. DATE 2/25/92

BUILDING DEPT. DATE

PLUMBING FEE

WATER DISTRIBUTION 6.00

SEWER SYSTEM - NEW OR MODIFICATION 10.00

FIXTURES - WATER SOFTENER, H.W. HEATER 2.00

GARBAGE DISPOSAL - WASHER 2.00

FUEL PIPING 6.00

IRRIGATION SYSTEM 8.00

MISC.

2310 - 2433 TOTAL

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

## 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

MISC.

2310 - 2431 PLAN REVIEW 10.00

2310 - 2401 BLDG. PERMIT 484.00

7143 - 2973 SEWER CONNECTION 1100.00

6122 - 3352 TORTOISE

- 2897 P.I.F.

88100-1232 TRANSPORT 500.00

TOTAL FEES 2094.00

## RECEIPT

MUST BE MACHINE VALIDATED

PERMIT NO.:

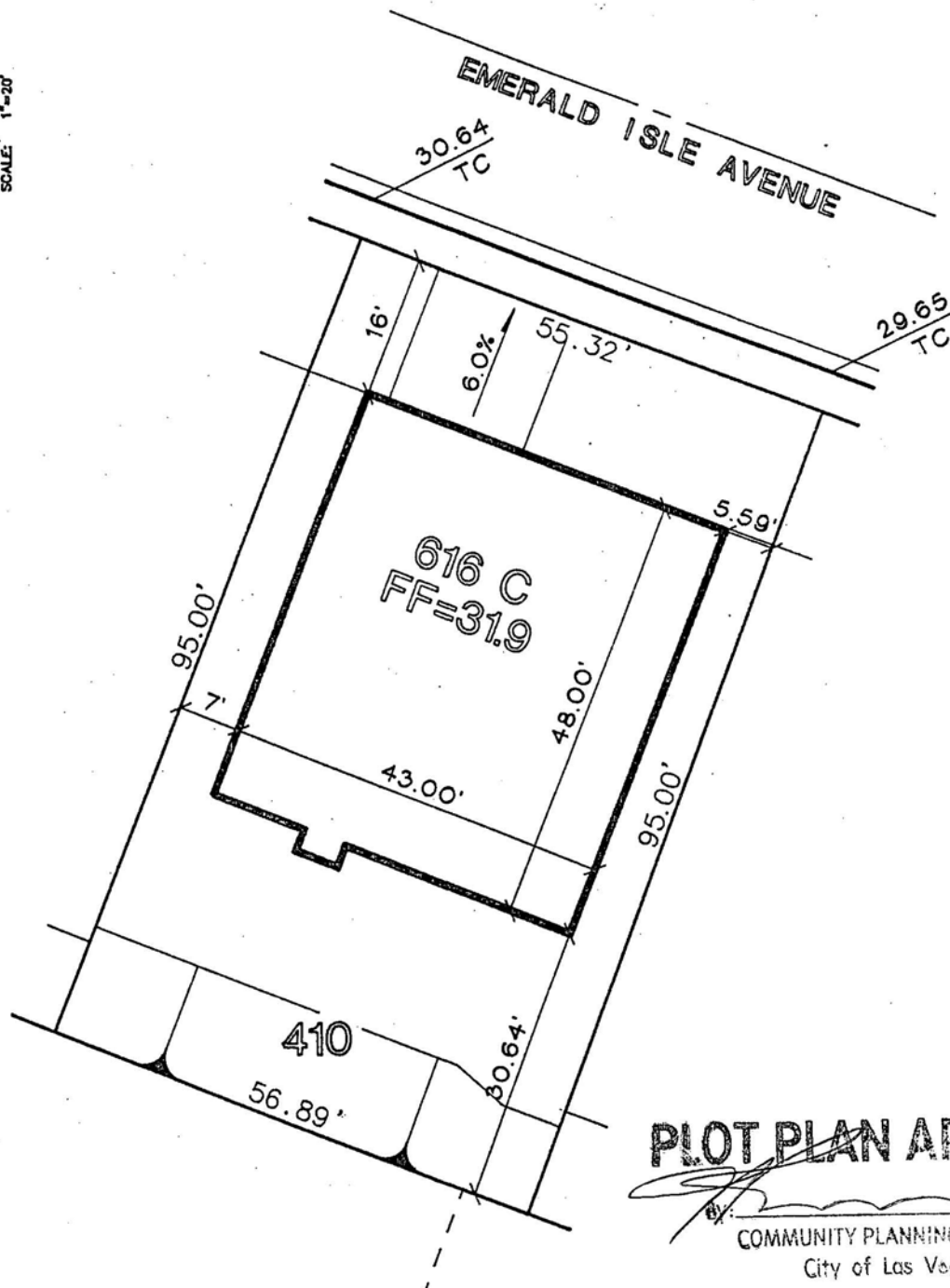
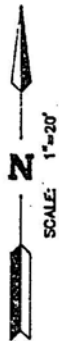
Permit Expires 180 Days After Abandonment of Work

# SOUTH SHORE ESTATES UNIT No. 7

SCALE: 1" = 20'

LOT 410 BLOCK 11

8349 Emerald Isle



**PLOT PLAN APPROVED**

COMMUNITY PLANNING & DEVELOPMENT  
City of Las Vegas

**NOTE:**

THIS PLAN IS PRODUCED FOR THE LIMITED PURPOSE OF ASSISTING THE WORKMEN IN PERFORMING THEIR DUTIES IN CONFORMITY WITH NORMAL ENGINEERING AND CONSTRUCTION PRACTICES. THIS PLAN MAY NOT DEPICT EXACTLY THE DIMENSIONS OF THE PROJECT WHEN ACTUALLY CONSTRUCTED DUE TO CHANGES AND MODIFICATIONS DEEMED NECESSARY DURING THE COURSE OF CONSTRUCTION.



**ESI ENGINEERS & SURVEYORS, INC.**

7018 W. CHARLESTON BLVD.  
LAS VEGAS, NEVADA 89117  
(702) 363-6415



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

PERMIT NO.

92-156933



## BUILDING PERMIT

FOR: Single Family Dwelling, Remodel  
Additions, Misc. Residential ConstructionPLAN CHECK NO. M-5177

DATE

8/18/92CONST. VAL. \$ 918.00ADDRESS OF CONSTRUCTION 8349 Emerald Isle

OWNER

John Grillo

PHONE

258-4965LOT(s) 410 BLOCK 11 SUBDIVISION South Shore Sub #7

ZONE

R-PDSPROPOSED CONSTRUCTION Patio cover

USE

THIS PERMIT FOR: BLDG. ☐ A/C ☐ ELEC. ☐ PLBG. ☐OTHER PERMITS REQD.: FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA: BSMT 1ST 2ND GARAGE 153 PORCH 153 TOTALCONTRACTOR Town & Country Pool Blders STATE LICENSE NO. 0033141 CITY LICENSE NO. 0506651

ARCHITECT

ENGINEER

MASTER PLUMBER/  
CONTRACTORMASTER ELECTRICIAN/  
CONTRACTOR

## OTHER INSPECTIONS AND FEES

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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: John Grillo  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY

OWNER

BY: Colleen Maude 8/18/92  
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

8/18/92

PLANNING DEPT.

DATE

8/18/92

BUILDING DEPT.

DATE

| PLUMBING                               | FEE   |
|----------------------------------------|-------|
| WATER DISTRIBUTION                     | 6.00  |
| SEWER SYSTEM - NEW OR MODIFICATION     | 10.00 |
| FIXTURES - WATER SOFTENER, H.W. HEATER | 2.00  |
| GARBAGE DISPOSAL - WASHER              | 2.00  |
| FUEL PIPING                            | 6.00  |
| IRRIGATION SYSTEM                      | 8.00  |
| MISC.                                  |       |
| 2310 - 2433 TOTAL                      |       |
| AIR CONDITIONING                       | FEE   |
| NEW UNIT - 3 TON = 9.00 OVER = 16.50   |       |
| FURNACE TO 100,000/9.00 OVER/11.00     |       |
| VAPORATIVE COOLER                      | 6.95  |
| VENTILATION FAN                        | 2.55  |
| 2310 - 2435 TOTAL                      |       |

## ELECTRICAL

## FEE

|                                                   |        |     |
|---------------------------------------------------|--------|-----|
| RECEPTACLE                                        | SWITCH | .45 |
| EACH LIGHT FIXTURE OR SOCKET                      |        | .35 |
| SPECIAL OUTLET, APPLIANCE ETC.                    |        | .75 |
| SERVICE/PANEL - SUB/3.25 - 200A/6.45 - 400A/13.40 |        |     |
| A.C. UNIT OR MOTORS                               | 3.25   |     |
| 2310 - 2432 TOTAL                                 |        |     |
| MISC.                                             |        |     |

2310 - 2431 PLAN REVIEW

2310 - 2401 BLDG. PERMIT

7143 - 2973 SEWER CONNECTION

6122 - 3352 TORTOISE

- 2897 P.I.F.

88100-1232 TRANSPORT

TOTAL FEES

## SPECIAL CONDITIONS:

30.00  
Patio cover  
in conjunction  
with pool deck  
\* See attached

per City Design  
Sheet

RECEIPT  
 MUST BE MACHINE VALIDATED  
SFD 24.00  
CHEK 24.00  
1793A000 12:51

08/18/92

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR



091069

NO.

92-152330

## DEVELOPMENT PERMIT

FOR: Fence, Wall, Retaining Wall

PLAN CHECK NO.

M-4554

DATE

7-9-92

CONST. VAL. \$

12,400.00

ADDRESS OF  
CONSTRUCTION

8349 EMERALD ISLE AVE

OWNER

AM. WEST

PHONE

CONTRACTOR

CEDCO

STATE

LICENSE NO.

27032

CITY

LICENSE NO.

35916

LOT(S)

BLOCK

SUBDIVISION

CAPRI

ZONE

☒ 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                                                |                |               |
| <input checked="" type="checkbox"/> MASONRY 6' HIGH | 800            | 4,800         |
| <input checked="" type="checkbox"/> RETAINING 1'    | 105            | 105           |

## OTHER INSPECTIONS AND FEES

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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 229-2071

Lots 370-378

Lots 401-410

8316 8317  
 8320 8317  
 8324 8321  
 8328 8325  
 8332 8329  
 8336 8333  
 8340 8337  
 8344 8341  
 8345

SIDEWALKS

X Reg App'd Grading Plan

Jerry Brown

SIGNED CONTRACTOR AGENT OWNER

PLANNING DEPT.

DATE

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.

7/10/92

DATE

7/10/92

DATE

PLAN  
REVIEW  
FEEPERMIT  
FEE  
2310-2401TOTAL  
FEES

127.00

127.00

## RECEIPT

\*\*0006\*\*

WALL 127.00

CASH 127.00

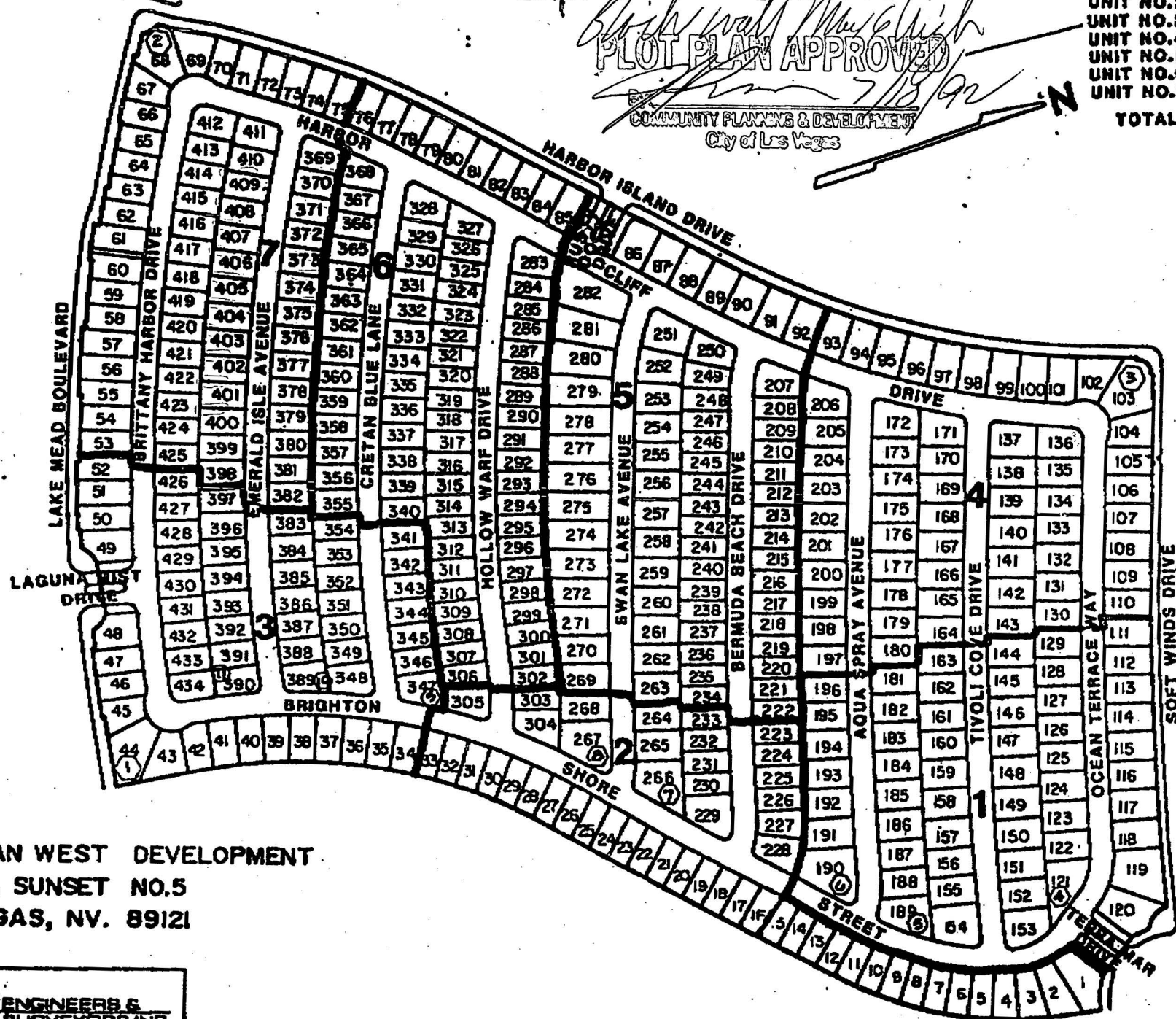
9305A000 13:04

07/10/92

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

AMERICAN WEST DEVELOPMENT  
2700 E. SUNSET NO.5  
LAS VEGAS, NV. 89121



**CASHDAN**

CIVIL AND STRUCTURAL ENGINEERS

PROJECT MASONRY FENCE FOR CEDCO CONSTRUCTION  
CEDCO CONSTRUCTIONMADE BY KMB DATE 11/15/90 JOB NO. 90-596CHKD BY KSP DATE 11/15/90 SHEET NO. 1 OF 2MASONRY FENCEDESIGN FOR 75 MPH WIND TO  
SATISFY BOTH CLARK CO. & LAS  
VEGAS BLDG. DEPARTMENTS.

$$WIND = .7(1.2)(15\text{PSF})(.75)(1.0) = 9.45\text{PSF}$$

$$EQ. \text{ FLUID PRESSURE FOR SOIL} = 30\text{RF}$$

WALL

$$M = 9.45\text{PSF}(6.33')\left(\frac{6.33'}{2} + 1'\right) + 30\text{RF}\frac{(1')^3}{6} = 254\text{#}'$$

$$A_{SR} = \frac{.254\text{K}'}{1.44(2.8'')(1.33)} = .047\text{#}''$$

$$\#4 @ 40" OC = .06\text{#}''$$

$$P_n = \frac{25.8(.06\text{#}''}{12''(2.8'')} = .046 \Rightarrow \frac{z}{JK} = 8.40$$

$$f_m = \frac{254\text{#}'(12'')}{12''(2.8'')^2} 8.40 = 272\text{PSI} < F_m = \frac{1}{2}(.33)(1500)(1.33) = 330\text{PSI}$$

∴ OK

USE #4 @ 40" OC (VERTICAL)FOOTING

$$M_{OT} = 9.45\text{PSF}(6.33')\left(\frac{6.33'}{2} + 1.67'\right) + 30\text{RF}\frac{(1.67')^3}{6} = 312\text{#}' \times 1.5 = 468\text{#}'$$

$$P_{WALL} = 30\text{PSF}(7.33') = 219\text{#}' \text{ PER FOOT}$$

$$W_{FTG} = 150\text{PSF}(.67') = 100\text{#}'$$

TRY 8" x 24" FTG

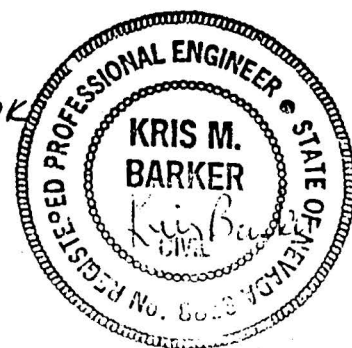
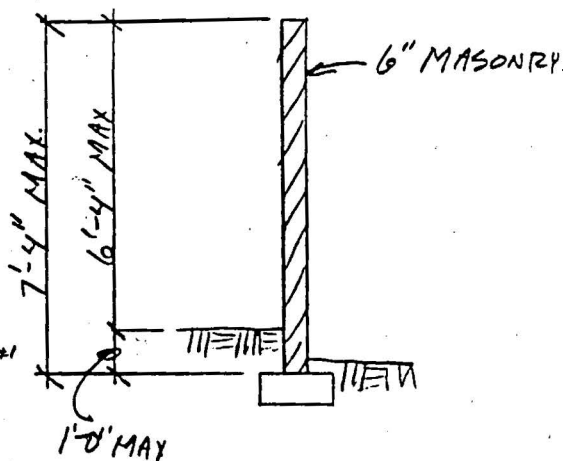
$$M_R = 279\text{#}'(1') + 100\text{#}'\frac{(2')^2}{2} = 479\text{#}' > 468\text{#}' \therefore \text{OK}$$

$$a = \frac{479\text{#}' - 312\text{#}'}{279\text{#}' + 100\text{#}'(2')} = .35' < \frac{1}{3}$$

↑  
DL = 479#'

$$p_{SOIL} = \frac{2(479\text{#}')}{3(.35')} = 912\text{PSF} < 1500\text{PSF} \therefore \text{OK}$$

USE 8" x 24" FTG 1.5' 2 #11 CONT



11/15/90



CASHDAN

CIVIL AND STRUCTURAL ENGINEERS

PROJECT \_\_\_\_\_

MADE BY \_\_\_\_\_

DATE \_\_\_\_\_

JOB NO. \_\_\_\_\_

90-596

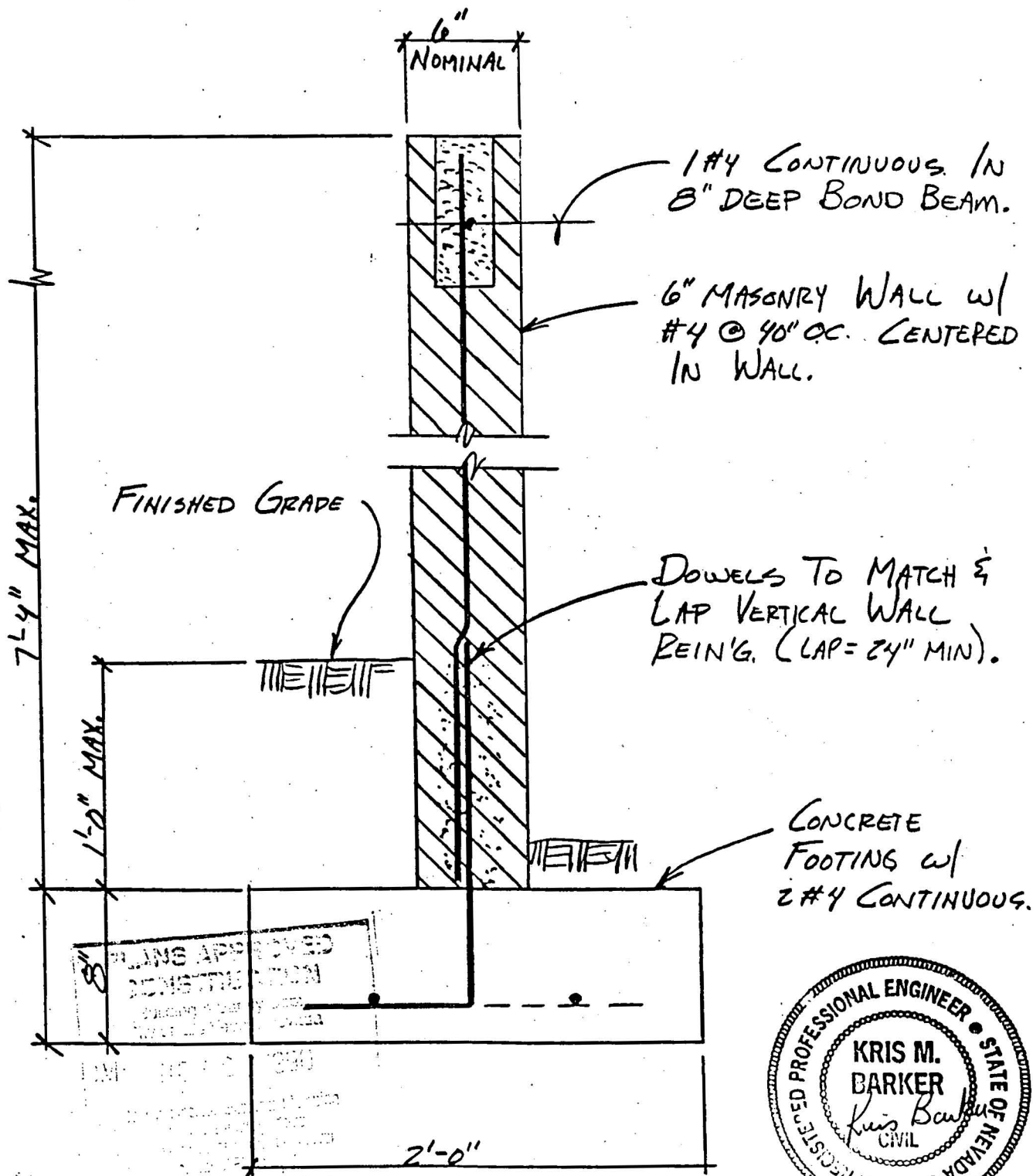
CHKD BY \_\_\_\_\_

DATE \_\_\_\_\_

SHEET NO. \_\_\_\_\_

2

OF 2



11/15/90



## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-155709

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS CALL 799-2071

DEVELOPMENT PERMIT  
FOR: Swimming Pool or Spa

LOG NO. &amp; AREA

M-4997

DATE

094270

CONST. VAL. \$

5690

ADDRESS OF  
CONSTRUCTION

8349 Emerald Isle

OWNER

John Grillo

PHONE

228-2621

CONTRACTOR

Town &amp; Country Pools

STATE  
LICENSE NO.

0033141

CITY  
LICENSE NO.

050651

LOT(S)

410

BLOCK

11

SUBDIVISION

South Shore Pk #7

ZONE

R-P05

PLUMBING  
CONTRACTOR

T&amp;C

ELECTRICAL  
CONTRACTOR

High Energy

CIRCLE TYPE OF POOL THAT APPLIES:

PRIVATE

SEMI-PUBLIC

PUBLIC

SPA

MATERIALS OF CONSTRUCTION:

REINFORCED GUNITE

REINFORCED CONCRETE

OTHER

Shotcrete

SQUARE FEET OF SURFACE POOL:

420

SPA

49

VOLUME IN GALLONS

12,680

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.

I state that I am familiar with the effective ordinances of the City of Las Vegas, Nevada and the effective Statutes of the State of Nevada covering construction and use of the above type; I agree to perform said construction in conformity therewith. I further agree that issuance of a permit on the above application will not excuse me from conforming with the said Ordinances and Statutes despite any errors on the part of the building inspector or engineer in checking plans and application herewith.

All swimming pools must be fenced before the pool is filled with water. No electrical lines shall cross over a pool. Applicants must have separate plot plans showing location of power pole, proposed or existing fencing and location of swimming pool. I agree to repair any utility line, if damaged during excavation work. I have read and understand the contents of above application. I hereby state that the same are true and correct.

SIGNED

Callan Grillo

CONTRACTOR

8/3/92

BY

PLANNING DEPT.

BUILDING DEPT.

AGENT/OWNER

DATE

DATE

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| DESCRIPTION                              |                                   |                    | FEE   | TOTAL  |
|------------------------------------------|-----------------------------------|--------------------|-------|--------|
| ISSUANCE FEE                             |                                   |                    | 10.00 | 10.70  |
| SEWER CONNECTION FEE (to 30,000 GALLONS) |                                   |                    | 60.00 | 110    |
| BUILDING PERMIT - POOL & OR SPA:         |                                   |                    |       | 25     |
| PLUMBING PERMIT                          | PRIVATE POOL OR SPA               | PREFORMED SPA      | 10.00 | 21.40  |
|                                          |                                   | OTHERWISE          | 20.00 |        |
|                                          | PUBLIC OR SEMI-PUBLIC POOL OR SPA | PREFORMED SPA      | 20.00 | 08/0   |
|                                          |                                   | OTHERWISE          | 30.00 |        |
|                                          | FUEL PIPING FOR POOL HEATER       |                    | 6.00  | 6.40   |
| ELECTRICAL PERMIT                        | SPA                               |                    | 8.00  | 8.50   |
|                                          | SWIMMING POOL                     | RESIDENTIAL        | 20.00 | 21.40  |
|                                          |                                   | PUBLIC-SEMI-PUBLIC | 30.00 |        |
|                                          | ELECTRICAL SERVICE CHANGE         |                    | 6.00  |        |
| MISC.                                    |                                   |                    |       |        |
| TOTAL FEES                               |                                   |                    |       | 253.40 |

RECEIPT

\*\*0009\*\*

|          |        |
|----------|--------|
| POOL     | 85.70  |
| SEWR     | 110.00 |
| PLBG     | 27.80  |
| ELEC     | 29.90  |
| CHEK     | 253.40 |
| 1139A000 | 09:52  |

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

PERMIT NO.

92-167760

PLUMBING PERMIT

LOG NO. &amp; AREA

P-170

105927

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION

8349 EMERALD ISLE

OWNER

AMERICAN WEST

PHONE

458-3955

CONTRACTOR

BOULDER LANE CAFE

STATE

LICENSE NO.

25739

CITY

LICENSE NO.

C-11-04502-2-052933

LOT(s)

410

BLOCK

11

SUBDIVISION

CAPRI

ZONE

PROPOSED CONSTRUCTION:

IMPROVEMENT

USE:

PLUMBING  
PERMIT NO.Approval for the work under this permit will be given only after refuse  
and debris have been removed from job site and public right of way.

| UNITS                            | DESCRIPTION                                                                                          | FEE      | TOTAL |
|----------------------------------|------------------------------------------------------------------------------------------------------|----------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                                      |          |       |
| 1                                | For Issuing Each Permit                                                                              | 10.70    | 15.20 |
|                                  | For Issuing Each Supplemental Permit                                                                 | 4.85     |       |
| <b>FIXTURE CHARGE</b>            |                                                                                                      |          |       |
|                                  | Bathub, Shower, Lavatory, Toilet, Urinal                                                             | EA. 2.15 |       |
|                                  | Floor Drain, Floor Sink, Wash Tray, Sink                                                             | EA. 2.15 |       |
|                                  | Garbage Disposal, Clothes Washer, Dishwasher (residential)                                           | EA. 2.15 |       |
|                                  | Garbage Disposal (commercial)                                                                        | EA. 8.60 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                                                              | EA. 2.15 |       |
|                                  | Clothes Dryer (gas) (venting)                                                                        | 2.15     |       |
|                                  | Dental Unit                                                                                          | 8.60     |       |
|                                  | Drinking Fountain                                                                                    | 2.15     |       |
|                                  | Refrigerator - Ice Maker, Water Dispenser                                                            | 2.15     |       |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                                  | 2.15     |       |
|                                  | Hot Water Heater (Gas or Electric)                                                                   | EA. 2.15 |       |
| <b>SEWER SYSTEM</b>              |                                                                                                      |          |       |
|                                  | New, Replacement, Modification, or Any Drainage Work                                                 | 10.70    |       |
|                                  | Grease or Sand Trap or Interceptor                                                                   | 2.15     |       |
|                                  | Trailer Trap (rental parks)                                                                          | 5.35     |       |
| <b>WATER SOFTENERS</b>           |                                                                                                      |          |       |
|                                  | Non Permanent Type (rental)                                                                          | 2.15     |       |
|                                  | Permanent Type (connected to drain)                                                                  | 2.15     |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                                      |          |       |
|                                  | Single Family Dwelling                                                                               | 6.45     |       |
|                                  | Multi-Family Dwelling                                                                                | 6.45     |       |
|                                  | Plus Each Dwelling Unit                                                                              | 3.25     |       |
|                                  | Commercial Building per floor                                                                        | 3.25     |       |
|                                  | Plus Each Unit (leased space or office)                                                              | 2.15     |       |
|                                  | Hotel or Motel                                                                                       | 8.60     |       |
|                                  | Plus Each Unit                                                                                       | 3.25     |       |
|                                  | Trailer Park                                                                                         | 32.10    |       |
|                                  | Plus Each Space                                                                                      | 2.15     | 8.20  |
|                                  | Irrigation Single Family Dwelling                                                                    | 8.60     |       |
|                                  | Irrigation Commercial Fee Based on:<br>Building Code Valuation Chart<br>Construction Valuation _____ |          |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                           | FEE            | TOTAL |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>          |                                                                                                                                                                                                                       |                |       |
|                                    | Single Family Dwelling                                                                                                                                                                                                | 6.45           |       |
|                                    | Multi-Family Dwelling                                                                                                                                                                                                 | 10.70          |       |
|                                    | Plus Each Unit                                                                                                                                                                                                        | 2.15           |       |
|                                    | Commercial Building (per floor)                                                                                                                                                                                       | 6.45           |       |
|                                    | Plus Each Unit (leased space or office)                                                                                                                                                                               | 6.45           |       |
|                                    | Medium Pressure System (Plan Check)                                                                                                                                                                                   | 12.85          |       |
|                                    | Each Gas Appliance (Any Type)                                                                                                                                                                                         | 2.15           |       |
|                                    | Steam Boilers                                                                                                                                                                                                         | 5.60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>        |                                                                                                                                                                                                                       |                |       |
|                                    | Collectors (including piping) (per collector)                                                                                                                                                                         | 5.60           |       |
|                                    | Storage Tanks (each)                                                                                                                                                                                                  | 5.60           |       |
| <b>PIPELINE CONTRACT</b>           |                                                                                                                                                                                                                       |                |       |
|                                    | For Onsite Sewer, Gas or Water Contract Value. Fee based on Building Code Permit Valuation Chart.                                                                                                                     |                |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                       |                |       |
|                                    | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                             | 25.00 per hour |       |
|                                    | Under provisions of Table 3-A of the Uniform Building Code, work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30.00 per each inspection during business hours. | 30.00 each     |       |
|                                    | Additional plan review required by changes: Additions to or revisions to approved plans (minimum charge two hours).                                                                                                   | 30.00 per hour |       |
|                                    | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                    |                |       |
|                                    | Construction Valuation                                                                                                                                                                                                |                |       |

FOR INSPECTIONS  
CALL 229-2071SEWER # 7114-3654  
CONNECTION

RECEIPT

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

FEE \_\_\_\_\_

2310-2403  
PERMIT  
FEETOTAL  
FEES

2440

PERMIT NO.

MUST BE MACHINE VALIDATED

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

SIGNED

CONTRACTOR

MASTER CARD NO.

BY

Registered Master Plumber, Spec. Contr. or Owner

BUILDING DEPT.

DATE

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-155933

55

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

BUILDING PERMIT

FOR: Single Family Dwelling, Remodel  
Additions, Misc. Residential ConstructionPLAN CHECK NO. M-5177

DATE

CONST. VAL. \$ 913.00ADDRESS OF  
CONSTRUCTION18349 Emerald Isle

OWNER

John Grillo

PHONE

258 4765

LOT(s)

2110

BLOCK

11

SUBDIVISION

South Shore Sub #7

ZONE

R-PDS

PROPOSED CONSTRUCTION

Patio cover

USE

THIS PERMIT FOR

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

FLOOR AREA

BSMT

1ST

2ND

GARAGE

PORCH 153

TOTAL

CONTRACTOR

Town & Country Pool Blders

STATE

LICENSE NO. 0033141

CITY

LICENSE NO. 0506651

ARCHITECT

ENGINEER

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: John Grillo  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY

OWNER

BY: Colleen Grillo8/18/92  
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

8/18/92

PLANNING DEPT.

DATE

8/18/92

BUILDING DEPT.

DATE

| PLUMBING                               |       | FEE |
|----------------------------------------|-------|-----|
| WATER DISTRIBUTION                     | 6.00  |     |
| SEWER SYSTEM - NEW OR MODIFICATION     | 10.00 |     |
| FIXTURES - WATER SOFTENER, H.W. HEATER | 2.00  |     |
| GARBAGE DISPOSAL - WASHER              | 2.00  |     |
| FUEL PIPING                            | 6.00  |     |
| IRRIGATION SYSTEM                      | 8.00  |     |
| MISC.                                  |       |     |
| 2310 - 2433                            | TOTAL |     |
| AIR CONDITIONING                       |       | FEE |
| NEW UNIT - 3 TON = 9.00 OVER = 16.50   |       |     |
| FURNACE TO 100,000/9.00 OVER/11.00     |       |     |
| VAPORATIVE COOLER                      | 6.95  |     |
| VENTILATION FAN                        | 2.55  |     |
| 2310 - 2435                            | TOTAL |     |

ELECTRICAL

FEE

|                                                   |        |          |
|---------------------------------------------------|--------|----------|
| RECEPTACLE                                        | SWITCH | .45      |
| EACH LIGHT FIXTURE OR SOCKET                      |        | .35      |
| SPECIAL OUTLET, APPLIANCE ETC.                    |        | .75      |
| SERVICE/PANEL - SUB/3.25 - 200A/6.45 - 400A/13.40 |        |          |
| A.C. UNIT OR MOTORS                               |        | 3.25     |
| 2310 - 2432                                       | TOTAL  | 09/18/92 |
| MISC.                                             |        |          |

2310 - 2431 PLAN REVIEW

2310 - 2401 BLDG. PERMIT

7143 - 2973 SEWER CONNECTION

6122 - 3852 TORTOISE

- 2897 P.I.F.

88100-1232 TRANSPORT

TOTAL FEES

## SPECIAL CONDITIONS:

30 -Patio coverin conjunction with pool deck\* See attachedOpen City Design SheetRECEIPT  
MUST BE MACHINE VALIDATED

SFD 24.00

CHK 24.00

1793A000 12:51

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

PERMIT NO.

92-167760

PLUMBING PERMIT

55

LOG NO. &amp; AREA

P-170

DATE

11/19/92

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION

8349 EMERALD ISLE

OWNER

AMERICAN WEST

PHONE

458-3955

CONTRACTOR

BOULDER LUN CAME

STATE  
LICENSE NO.

25739

CITY  
LICENSE NO.

C-11-04502-2-052933

LOT(S)

410

BLOCK

11

SUBDIVISION

CAPRI

ZONE

PROPOSED CONSTRUCTION:

IRRIGATION

USE:

PLUMBING  
PERMIT NO.Approval for the work under this permit will be given only after refuse  
and debris have been removed from job site and public right of way.

| UNITS                            | DESCRIPTION                                                                             | FEE      | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|----------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |          |       |
| 1                                | For Issuing Each Permit                                                                 | 10.70    | 15.20 |
|                                  | For Issuing Each Supplemental Permit                                                    | 4.85     |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |          |       |
|                                  | Bathub, Shower, Lavatory, Toilet, Urinal                                                | EA. 2.15 |       |
|                                  | Floor Drain, Floor Sink, Wash Tray, Sink                                                | EA. 2.15 |       |
|                                  | Garbage Disposal, Clothes Washer, Dishwasher (residential)                              | EA. 2.15 |       |
|                                  | Garbage Disposal (commercial)                                                           | EA. 8.60 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                                                 | EA. 2.15 |       |
|                                  | Clothes Dryer (gas) (venting)                                                           | 2.15     |       |
|                                  | Dental Unit                                                                             | 8.60     |       |
|                                  | Drinking Fountain                                                                       | 2.15     |       |
|                                  | Refrigerator - Ice Maker, Water Dispenser                                               | 2.15     |       |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                     | 2.15     |       |
|                                  | Hot Water Heater (Gas or Electric)                                                      | EA. 2.15 |       |
| <b>SEWER SYSTEM</b>              |                                                                                         |          |       |
|                                  | New, Replacement, Modification, or Any Drainage Work                                    | 10.70    |       |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2.15     |       |
|                                  | Trailer Trap (rental parks)                                                             | 5.35     |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |          |       |
|                                  | Non Permanent Type (rental)                                                             | 2.15     |       |
|                                  | Permanent Type (connected to drain)                                                     | 2.15     |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |          |       |
|                                  | Single Family Dwelling                                                                  | 6.45     |       |
|                                  | Multi-Family Dwelling                                                                   | 6.45     |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3.25     |       |
|                                  | Commercial Building per floor                                                           | 3.25     |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2.15     |       |
|                                  | Hotel or Motel                                                                          | 8.60     |       |
|                                  | Plus Each Unit                                                                          | 3.25     |       |
|                                  | Trailer Park                                                                            | 32.10    |       |
|                                  | Plus Each Space                                                                         | 2.15     |       |
|                                  | Irrigation Single Family Dwelling                                                       | 8.60     |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation |          |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                           | FEE            | TOTAL |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>          |                                                                                                                                                                                                                       |                |       |
|                                    | Single Family Dwelling                                                                                                                                                                                                | 6.45           |       |
|                                    | Multi-Family Dwelling                                                                                                                                                                                                 | 10.70          |       |
|                                    | Plus Each Unit                                                                                                                                                                                                        | 2.15           |       |
|                                    | Commercial Building (per floor)                                                                                                                                                                                       | 6.45           |       |
|                                    | Plus Each Unit (leased space or office)                                                                                                                                                                               | 6.45           |       |
|                                    | Medium Pressure System (Plan Check)                                                                                                                                                                                   | 12.85          |       |
|                                    | Each Gas Appliance (Any Type)                                                                                                                                                                                         | 2.15           |       |
|                                    | Steam Boilers                                                                                                                                                                                                         | 5.60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>        |                                                                                                                                                                                                                       |                |       |
|                                    | Collectors (including piping) (per collector)                                                                                                                                                                         | 5.60           |       |
|                                    | Storage Tanks (each)                                                                                                                                                                                                  | 5.60           |       |
| <b>PIPELINE CONTRACT</b>           |                                                                                                                                                                                                                       |                |       |
|                                    | For Onsite Sewer, Gas or Water Contract Value. Fee based on Building Code Permit Valuation Chart.                                                                                                                     |                |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                       |                |       |
|                                    | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                             | 25.00 per hour |       |
|                                    | Under provisions of Table 3-A of the Uniform Building Code, work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30.00 per each inspection during business hours. | 30.00 each     |       |
|                                    | Additional plan review required by changes. Additions to or revisions to approved plans (minimum charge two hours):                                                                                                   | 30.00 per hour |       |
|                                    | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                    |                |       |
|                                    | Construction Valuation                                                                                                                                                                                                |                |       |

FOR INSPECTIONS  
CALL 229-2071SEWER # 7114-3654  
CONNECTION

RECEIPT

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

FEE \_\_\_\_\_

2310-2403

PERMIT  
FEETOTAL  
FEES

2440

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

MUST BE MACHINE VALIDATED.

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

SIGNED

CONTRACTOR

MASTER CARD NO.

BY:

Registered Master Plumber, Spec. Cont'r. or Owner

BUILDING DEPT.

DATE

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

MIT NO.

071

92-137690  
PLUMBING PERMIT

LOG NO. &amp; AREA \_\_\_\_\_ P - 170 DATE 2/14/92 CONST. VAL. \$ \_\_\_\_\_

ADDRESS OF CONSTRUCTION: 8349 Emerald Isle Avenue OWNER American West Development PHONE 649-5770

CONTRACTOR AZTEC PLUMBING CORP. STATE LICENSE NO. 012058 CITY LICENSE NO. C11-570-2-12748

LOT(s) 410 BLOCK 11 SUBDIVISION CAPRI Ph. 8 ZONE \_\_\_\_\_

PROPOSED CONSTRUCTION: \_\_\_\_\_ USE: \_\_\_\_\_

PLUMBING  
PERMIT NO. \_\_\_\_\_

Approval for the work under this permit will be given only after refuse and debris have been removed from job site and public right of way.

| UNITS                            | DESCRIPTION                                                                                   | FEE      | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------------|----------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                               |          |       |
| 1                                | For Issuing Each Permit                                                                       | 10.70    | 10.70 |
|                                  | For Issuing Each Supplemental Permit                                                          | 4.85     |       |
| <b>FIXTURE CHARGE</b>            |                                                                                               |          |       |
|                                  | Bathub, Shower, Lavatory, Toilet, Urinal                                                      | EA. 2.15 |       |
| 15                               | Floor Drain, Floor Sink, Wash Tray, Sink                                                      | EA. 2.15 | 32.25 |
|                                  | Garbage Disposal, Clothes Washer, Dishwasher (residential)                                    | EA. 2.15 |       |
|                                  | Garbage Disposal (commercial)                                                                 | EA. 8.60 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                                                       | EA. 2.15 |       |
|                                  | Clothes Dryer (gas) (venting)                                                                 | 2.15     |       |
|                                  | Dental Unit                                                                                   | 8.60     |       |
|                                  | Drinking Fountain                                                                             | 2.15     |       |
|                                  | Refrigerator - Ice Maker, Water Dispenser                                                     | 2.15     |       |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                           | 2.15     |       |
| 1                                | Hot Water Heater (Gas or Electric)                                                            | EA. 2.15 | 2.15  |
| <b>SEWER SYSTEM</b>              |                                                                                               |          |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                                          | 10.70    | 10.70 |
|                                  | Grease or Sand-Trap or Interceptor                                                            | 2.15     |       |
|                                  | Trailer Trap (rental parks)                                                                   | 5.35     |       |
| <b>WATER SOFTENERS</b>           |                                                                                               |          |       |
|                                  | Non Permanent Type (rental)                                                                   | 2.15     |       |
|                                  | Permanent Type (connected to drain)                                                           | 2.15     |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                               |          |       |
| 1                                | Single Family Dwelling                                                                        | 6.45     | 6.45  |
|                                  | Multi-Family Dwelling                                                                         | 6.45     |       |
|                                  | Plus Each Dwelling Unit                                                                       | 3.25     |       |
|                                  | Commercial Building per floor                                                                 | 3.25     |       |
|                                  | Plus Each Unit (leased space or office)                                                       | 2.15     |       |
|                                  | Hotel or Motel                                                                                | 8.60     |       |
|                                  | Plus Each Unit                                                                                | 3.25     |       |
|                                  | Trailer Park                                                                                  | 32.10    |       |
|                                  | Plus Each Space                                                                               | 2.15     |       |
|                                  | Irrigation Single Family Dwelling                                                             | 8.60     |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation _____ |          |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                           | FEE            | TOTAL |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>          |                                                                                                                                                                                                                       |                |       |
| 1                                  | Single Family Dwelling                                                                                                                                                                                                | 6.45           | 6.45  |
|                                    | Multi-Family Dwelling                                                                                                                                                                                                 | 10.70          |       |
|                                    | Plus Each Unit                                                                                                                                                                                                        | 2.15           |       |
|                                    | Commercial Building (per floor)                                                                                                                                                                                       | 6.45           |       |
|                                    | Plus Each Unit (leased space or office)                                                                                                                                                                               | 6.45           |       |
|                                    | Medium Pressure System (Plan Check)                                                                                                                                                                                   | 12.85          |       |
|                                    | Each Gas Appliance (Any Type)                                                                                                                                                                                         | 2.15           |       |
|                                    | Solar Boilers                                                                                                                                                                                                         | 5.60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>        |                                                                                                                                                                                                                       |                |       |
|                                    | Collectors (including piping) (per collector)                                                                                                                                                                         | 5.60           |       |
|                                    | Storage Tanks (each)                                                                                                                                                                                                  | 5.60           |       |
| <b>PIPELINE CONTRACT</b>           |                                                                                                                                                                                                                       |                |       |
|                                    | For Onsite Sewer, Gas or Water Contract Value. Fee based on Building Code Permit Valuation Chart.                                                                                                                     |                |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                       |                |       |
|                                    | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                             | 25.00 per hour |       |
|                                    | Under provisions of Table 3-A of the Uniform Building Code, work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30.00 per each inspection during business hours. | 30.00 each     |       |
|                                    | Additional plan review required by changes. Additions to or revisions to approved plans (minimum charge two hours).                                                                                                   | 30.00 per hour |       |
|                                    | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                    |                |       |
|                                    | Construction Valuation _____                                                                                                                                                                                          |                |       |

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

SIGNED *Aztec Plumbing Corp.* CONTRACTOR MASTER CARD NO. \_\_\_\_\_  
 BY *Alma Enamada* Registered Master Plumber, Spec. Contr. or Owner  
*Alma Enamada* 2/27/92  
 BUILDING DEPT. DATE

FOR INSPECTIONS  
CALL 799-2071SEWER # 7114-3654  
CONNECTION
 FIXTURES \_\_\_\_\_ X \_\_\_\_\_  
 FEE 68.70

 2310-2403  
 PERMIT FEE 68.70

TOTAL FEES \_\_\_\_\_

RECEIPT

616

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

MUST BE MACHINE VALIDATED



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INFO



AIR CONDITIONING PERMIT

PLAN CHECK NO. 170P-170

DATE

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION 8349 EMERALD ISLEOWNER AMERICAN WESTPHONE 798-1055CONTRACTOR SIERRA AIR CONDITIONING, INC. STATE  
LICENSE NO. 26554CITY  
LICENSE NO. 036280LOT(s) 410 BLOCK 11 SUBDIVISION CAPRI PHASE 8

ZONE:

PROPOSED CONSTRUCTION

616

USE:

| UNITS             | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1 PERMIT ISSUANCE |                                                                                                                                                                                                                                                            |       |       |
|                   | For the issuance of each permit.                                                                                                                                                                                                                           | 16.05 | 16.05 |
|                   | For issuing each supplemental permit.                                                                                                                                                                                                                      | 4.85  |       |
| UNIT FEE SCHEDULE |                                                                                                                                                                                                                                                            |       |       |
|                   | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h.                                                                          | 9.65  |       |
|                   | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance over 100,000 Btu/h.                                                                                          | 11.80 |       |
|                   | For the installation or relocation of each floor furnace, including vent.                                                                                                                                                                                  | 9.65  |       |
|                   | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater.                                                                                                                                            | 9.65  |       |
|                   | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit.                                                                                                                                  | 4.85  |       |
|                   | For the repair of, alteration of, or addition to each heating appliance, refrigeration unit, cooling unit, absorption unit, or each heating, cooling absorption, or evaporative cooling system, including installation of controls regulated by this code. | 9.65  |       |
| 2                 | For the installation or relocation of each boiler or compressor to and including three tons, or each absorption system to and including 100,000 Btu/h.                                                                                                     | 9.65  | 19.30 |
|                   | For the installation or relocation of each boiler or compressor over three tons to and including 15 tons, or each absorption system over 100,000 Btu/h and including 500,000 Btu/h.                                                                        | 17.65 |       |
|                   | For the installation or relocation of each boiler or compressor over 15 tons to and including 30 tons, or each absorption system over 500,000 Btu/h to and including 1,000,000 Btu/h.                                                                      | 24.15 |       |
|                   | For the installation or relocation of each boiler or compressor over 30 tons to and including 50 tons, or for each absorption system over 1,000,000 Btu/h to and including 1,750,000 Btu/h.                                                                | 35.85 |       |
|                   | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h.                                                                                                                | 59.95 |       |

| Approval for the work under this permit will be given only after refuse and debris have been removed from job site and public right of way. |                                                                                                                                                                                                                                                                                                                                              |                |             |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| UNITS                                                                                                                                       | DESCRIPTION                                                                                                                                                                                                                                                                                                                                  | FEE            | TOTAL       |
|                                                                                                                                             | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br><b>Note:</b> This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code. | 6.95           |             |
|                                                                                                                                             | For each air-handling unit over 10,000 cfm.                                                                                                                                                                                                                                                                                                  | 11.80          |             |
|                                                                                                                                             | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                        | 6.95           |             |
| <u>2</u>                                                                                                                                    | For each ventilation fan. <u>COMMERCIAL</u><br><u>RESIDENTIAL</u>                                                                                                                                                                                                                                                                            | 4.85<br>2.55   | <u>5.10</u> |
|                                                                                                                                             | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                         | 6.95           |             |
|                                                                                                                                             | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                                  | 6.95           |             |
|                                                                                                                                             | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                        | 4.85           |             |
| <b>OTHER INSPECTIONS AND FEES:</b>                                                                                                          |                                                                                                                                                                                                                                                                                                                                              |                |             |
|                                                                                                                                             | Inspections outside of normal business hours (minimum charge — three hours.)                                                                                                                                                                                                                                                                 | 25.00 per hour |             |
|                                                                                                                                             | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$15.00 EACH.                                                                                                                                                                                                                                         | 15.00 each     |             |
|                                                                                                                                             | Inspections for which no fee is specifically indicated (minimum charge — one-half hour).                                                                                                                                                                                                                                                     | 30.00 per hour |             |
|                                                                                                                                             | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours).                                                                                                                                                                                                                           | 30.00 per hour |             |
|                                                                                                                                             | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                                                                                                                                         |                |             |
|                                                                                                                                             | Gas piping which is directly related and necessary to the repair or replacement of heating, air conditioning, or refrigeration systems not exceeding 500,000 B.T.U.H.                                                                                                                                                                        | 6.45           |             |

2310-2435

RECEIPT

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

SIGNED Craig H. MANN CONTRACTOR MASTER CARD NO.

PERMIT FEE

40.45

BY Don Hensley Spec. Contr'r. or Owner  
BUILDING DEPT. DATE 3/12/96

TOTAL FEES

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR



PERMIT NO.

92-140038

## ELECTRICAL PERMIT

LOG NO. &amp; AREA T170

DATE

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 8349 Emerald Isle Ave. OWNER American West

CONTRACTOR JOHNSON ELECTRIC

STATE LICENSE NO. 21520

CITY LICENSE NO. 26363

Michael Johnson

69

PHONE 739-7781

(PRINT NAME OF MASTER ELECTRICIAN)

MASTER CARD NO.

PROPOSED CONSTRUCTION: New SFR Plan 616, Capri 8

USE:

ELECTRIC  
PERMIT NO.

Approval for the work under this permit will be given only after refuse and debris have been removed from job site and public right of way.

| UNITS                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                    |                                                                                                                                                                                                                                                            |       |       |
| 1                                                                                                                         | For Issuing Each Permit                                                                                                                                                                                                                                    | 10.70 | 10.70 |
|                                                                                                                           | Supplemental Fee                                                                                                                                                                                                                                           | 4.85  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                            |       |       |
| <b>Residential or General Commercial</b>                                                                                  |                                                                                                                                                                                                                                                            |       |       |
| 90                                                                                                                        | Receptacle 54 Switch 36                                                                                                                                                                                                                                    | .45   | 40.50 |
| 34                                                                                                                        | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                   | .35   | 11.90 |
| 2                                                                                                                         | EACH OUTLET FOR SPECIAL PURPOSE: Dishwasher, Garbage Grinder, Trash Compactor, G.F.I., Clothes Washer, Dryer, Electric Range, Ovens, Water Heater, Space Heater, Blast Coil Heater, (PER K.W.), Mercury Lamp, Quartz Lamp, Sodium Lamp, 20AMP Sign Circuit | .75   | 1.50  |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                                 | 10.70 |       |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                          | 8.60  |       |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                                | 3.25  |       |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                            |       |       |
|                                                                                                                           | First H.P. or Ton For each Unit                                                                                                                                                                                                                            | 3.25  |       |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                                    | 3.25  |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                  | .55   |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                   | .40   |       |
|                                                                                                                           | Temporary power or Pole                                                                                                                                                                                                                                    | 6.45  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                            |       |       |
|                                                                                                                           | Up to 200 AMP                                                                                                                                                                                                                                              | 6.45  |       |
| 1                                                                                                                         | 400 AMP And 600 AMP                                                                                                                                                                                                                                        | 13.40 | 3.40  |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                   | 26.75 |       |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                              | 53.50 |       |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                               | .55   |       |
| 1                                                                                                                         | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                  | 3.25  | 3.25  |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                                | 21.40 |       |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                | 32.10 |       |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                       | 8.60  |       |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                         | 3.25  |       |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                  | FEE            | TOTAL |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                     | 3.25           |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                 | 3.25           |       |
| 2                                                                             | Permanent A/C Unit (5 Tons or Less)                                                                                                                                          | 3.25           | 6.50  |
| 2                                                                             | Each Air Handler                                                                                                                                                             | 1.10           | 2.20  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                              |                |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                       | .35            |       |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                               | .35            |       |
|                                                                               | Amplifiers                                                                                                                                                                   | 2.15           |       |
|                                                                               | Control Panel                                                                                                                                                                | .55            |       |
| 2                                                                             | TV Master System                                                                                                                                                             | .35            | .70   |
| 2                                                                             | Telephone or Computer Outlet                                                                                                                                                 | .35            | .70   |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                              |                |       |
|                                                                               | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                  | 30.00 per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$30.00 EACH.                                                                         | 30.00 each     |       |
|                                                                               | Inspections for which no fee is specifically indicated (minimum charge — one-half hour).                                                                                     | 30.00 per hour |       |
|                                                                               | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — one-half hour). After work hours — \$30.00 per hour — minimum 1 hour. | 30.00 per hour |       |
|                                                                               | Starter Permit                                                                                                                                                               | 50.00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                              |                |       |
|                                                                               | Commercial —Burglar Alarms                                                                                                                                                   |                |       |
|                                                                               | —Music Systems                                                                                                                                                               |                |       |
|                                                                               | —Data Processing                                                                                                                                                             |                |       |
|                                                                               | —Communication                                                                                                                                                               |                |       |
|                                                                               | Conduit Only—Contract Price                                                                                                                                                  |                |       |
|                                                                               | All Misc. Electric                                                                                                                                                           |                |       |

Electrical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.

# 2310-2432

## RECEIPT

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

  
SIGNED HOMEOWNER, CONTRACTOR

BUILDING DEPT.

DATE

PERMIT  
FEE \$91.35LESS  
STARTER PERMITTOTAL  
FEES

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-152339

55

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

DEVELOPMENT PERMIT

FOR: Fence, Wall, Retaining Wall

PLAN CHECK NO. \_\_\_\_\_ DATE 7-9-92 CONST. VAL. \$ 12400.00ADDRESS OF CONSTRUCTION 8349 EMERALD ISLE AVE OWNER AM. WEST PHONE \_\_\_\_\_CONTRACTOR CEDCO STATE LICENSE NO. 27032 CITY LICENSE NO. 35916LOT(s) \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION CARRI ZONE: \_\_\_\_\_☒ 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                    |                |               |
| <input checked="" type="checkbox"/> | MASONRY <u>6' HIGH</u>  | <u>800</u>     | <u>4,800</u>  |
| <input checked="" type="checkbox"/> | RETAINING <u>1'</u>     | <u>105</u>     | <u>105</u>    |

## 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 229-2071

Lots 370-378  
 Lots 401-410  
 8316 8313  
 8320 8317  
 8324 8321  
 8328 8325  
 8332 8329  
 8336 8333  
 8340 8337  
 8344 8341  
 8345

SIDEWALLS

\*Per App'd Grading Plan

Terry Brown

SIGNED \_\_\_\_\_ CONTRACTOR AGENT OWNER  
 PLANNING DEPT. \_\_\_\_\_ DATE 7/10/92

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.

DATE 7/10/92DATE 7/10/92

PLAN REVIEW FEE

PERMIT FEE 2310-2401

TOTAL FEES

127.00

127.00

## RECEIPT

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO. 92-137522

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS, CALL 799-2071

## BUILDING PERMIT

FOR: Single Family Dwelling, Remodel  
Additions, Misc. Residential ConstructionLOG NO. & AREA P-170 DATE 2-18-92 CONST. VAL. \$ 80,702ADDRESS OF CONSTRUCTION 8349 Emerald Isle Ave. OWNER American West Development PHONE 736-6434LOT(s) 410 BLOCK 11 SUBDIVISION Southshore Estates Unit #7 ZONE R-PDSPROPOSED CONSTRUCTION SFR (Capri Unit 2 Phase 8) USE \_\_\_\_\_THIS PERMIT FOR BLDG. ☒ A/C ☐ ELEC. ☐ PLBG. ☐ OTHER PERMITS REQD.: FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT \_\_\_\_\_ 1ST 1516 2ND 1296 GARAGE 548 PORCH - TOTAL 3360CONTRACTOR American West Development STATE LICENSE NO. 22406 CITY LICENSE NO. C11017612027628

ARCHITECT \_\_\_\_\_ ENGINEER \_\_\_\_\_

MASTER PLUMBER/  
CONTRACTOR \_\_\_\_\_ MASTER 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: American West Development

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

BY: [Signature] 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 [Signature] DATE 2/26/92PLANNING DEPT. [Signature] DATE 2/25/92BUILDING DEPT. [Signature] DATE \_\_\_\_\_

| PLUMBING                               | FEE   |
|----------------------------------------|-------|
| WATER DISTRIBUTION                     | 6.00  |
| SEWER SYSTEM - NEW OR MODIFICATION     | 10.00 |
| FIXTURES - WATER SOFTENER, H.W. HEATER | 2.00  |
| GARBAGE DISPOSAL - WASHER              | 2.00  |
| FUEL PIPING                            | 6.00  |
| IRRIGATION SYSTEM                      | 8.00  |
| MISC.                                  |       |
| 2310 - 2433 TOTAL                      |       |
| 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                      |       |

| 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                             |      |
| MISC.                                         |      |

|                              |         |
|------------------------------|---------|
| 2310 - 2431 PLAN REVIEW      | 10.00   |
| 2310 - 2401 BLDG. PERMIT     | 484.00  |
| 7143 - 2973 SEWER CONNECTION | 1100.00 |
| 6122 - 3352 TORTOISE         |         |
| - 2897 P.I.F.                |         |
| 88100-1232 TRANSPORT         | 500.00  |
| TOTAL FEES                   | 2094.00 |

## SPECIAL CONDITIONS:

Plan: 616C

RECEIPT  
MUST BE MACHINE VALIDATED

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

AIR CONDITIONING PERMIT

PLAN CHECK NO. 70 P-170 DATE \_\_\_\_\_ CONST. VAL. \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION 8349 EMERALD ISLE OWNER AMERICAN WEST PHONE 798-1055CONTRACTOR SIERRA AIR CONDITIONING, INC. STATE LICENSE NO. 26554 CITY LICENSE NO. 036280LOT(s) 410 BLOCK 11 SUBDIVISION CAPRI PHASE 8 ZONE: \_\_\_\_\_PROPOSED CONSTRUCTION 616 USE: \_\_\_\_\_

| UNITS             | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1 PERMIT ISSUANCE |                                                                                                                                                                                                                                                            |       |       |
|                   | For the issuance of each permit.                                                                                                                                                                                                                           | 16.05 | 16.05 |
|                   | For issuing each supplemental permit.                                                                                                                                                                                                                      | 4.85  |       |
| UNIT FEE SCHEDULE |                                                                                                                                                                                                                                                            |       |       |
|                   | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h.                                                                          | 9.65  |       |
|                   | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance over 100,000 Btu/h.                                                                                          | 11.80 |       |
|                   | For the installation or relocation of each floor furnace, including vent.                                                                                                                                                                                  | 9.65  |       |
|                   | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater.                                                                                                                                            | 9.65  |       |
|                   | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit.                                                                                                                                  | 4.85  |       |
|                   | For the repair of, alteration of, or addition to each heating appliance, refrigeration unit, cooling unit, absorption unit, or each heating, cooling absorption, or evaporative cooling system, including installation of controls regulated by this code. | 9.65  |       |
| 2                 | For the installation or relocation of each boiler or compressor to and including three tons, or each absorption system to and including 100,000 Btu/h.                                                                                                     | 9.65  | 19.30 |
|                   | For the installation or relocation of each boiler or compressor over three tons to and including 15 tons, or each absorption system over 100,000 Btu/h and including 500,000 Btu/h.                                                                        | 17.65 |       |
|                   | For the installation or relocation of each boiler or compressor over 15 tons to and including 30 tons, or each absorption system over 500,000 Btu/h to and including 1,000,000 Btu/h.                                                                      | 24.15 |       |
|                   | For the installation or relocation of each boiler or compressor over 30 tons to and including 50 tons, or for each absorption system over 1,000,000 Btu/h to and including 1,750,000 Btu/h.                                                                | 35.85 |       |
|                   | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h.                                                                                                                | 59.95 |       |

Approval for the work under this permit will be given only after refuse and debris have been removed from job site and public right of way.

| UNITS                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                                  | FEE            | TOTAL       |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
|                                    | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br><b>Note:</b> This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code. | 6.95           |             |
|                                    | For each air-handling unit over 10,000 cfm.                                                                                                                                                                                                                                                                                                  | 11.80          |             |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                        | 6.95           |             |
| <u>5</u>                           | For each ventilation fan. <u>COMMERCIAL</u><br><u>RESIDENTIAL</u>                                                                                                                                                                                                                                                                            | 4.85<br>2.55   | <u>5.10</u> |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                         | 6.95           |             |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                                  | 6.95           |             |
|                                    | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                        | 4.85           |             |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                              |                |             |
|                                    | Inspections outside of normal business hours (minimum charge — three hours.)                                                                                                                                                                                                                                                                 | 25.00 per hour |             |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$15.00 EACH.                                                                                                                                                                                                                                         | 15.00 each     |             |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one-half hour).                                                                                                                                                                                                                                                     | 30.00 per hour |             |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours).                                                                                                                                                                                                                           | 30.00 per hour |             |
|                                    | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                                                                                                                                         |                |             |
|                                    | Gas piping which is directly related and necessary to the repair or replacement of heating, air conditioning, or refrigeration systems not exceeding 500,000 B.T.U.H.                                                                                                                                                                        | 6.45           |             |

2310-2435

RECEIPT

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

SIGNED Capital MANN CONTRACTOR MASTER CARD NO. \_\_\_\_\_

BY Don Hooley Spec. Cont'r. or Owner DATE 3/12/92

PERMIT FEE

TOTAL FEES

MUST BE MACHINE VALIDATED



## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-137690

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS, CALL 799-2071

PLUMBING PERMIT

LOG NO. & AREA P - 170 DATE 2/14/92 CONST. VAL. \$           ADDRESS OF CONSTRUCTION 8349 Emerald Isle Avenue OWNER American West Development PHONE 649-5770CONTRACTOR AZTEC PLUMBING CORP. STATE LICENSE NO. 012058 CITY LICENSE NO. C11-570-2-12748LOT(s) 410 BLOCK 11 SUBDIVISION CAPRI Ph. 8 ZONE           PROPOSED CONSTRUCTION:           USE           PLUMBING  
PERMIT NO.           

Approval for the work under this permit will be given only after refuse and debris have been removed from job site and public right of way.

| UNITS                            | DESCRIPTION                                                         | FEE      | TOTAL |
|----------------------------------|---------------------------------------------------------------------|----------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                     |          |       |
| 1                                | For Issuing Each Permit                                             | 10.70    | 10.70 |
|                                  | For Issuing Each Supplemental Permit                                | 4.85     |       |
| <b>FIXTURE CHARGE</b>            |                                                                     |          |       |
|                                  | Bathtub, Shower, Lavatory, Toilet, Urinal                           | EA. 2.15 |       |
| 15                               | Floor Drain, Floor Sink, Wash Tray, Sink                            | EA. 2.15 | 32.25 |
|                                  | Garbage Disposal, Clothes Washer, Dishwasher (residential)          | EA. 2.15 |       |
|                                  | Garbage Disposal (commercial)                                       | EA. 8.60 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                             | EA. 2.15 |       |
|                                  | Clothes Dryer (gas) (venting)                                       | 2.15     |       |
|                                  | Dental Unit                                                         | 8.60     |       |
|                                  | Drinking Fountain                                                   | 2.15     |       |
|                                  | Refrigerator - Ice Maker, Water Dispenser                           | 2.15     |       |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers | 2.15     |       |
| 1                                | Hot Water Heater (Gas or Electric)                                  | EA. 2.15 | 2.15  |
| <b>SEWER SYSTEM</b>              |                                                                     |          |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                | 10.70    | 10.70 |
|                                  | Grease or Sand Trap or Interceptor                                  | 2.15     |       |
|                                  | Trailer Trap (rental parks)                                         | 5.35     |       |
| <b>WATER SOFTENERS</b>           |                                                                     |          |       |
|                                  | Non Permanent Type (rental)                                         | 2.15     |       |
|                                  | Permanent Type (connected to drain)                                 | 2.15     |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                     |          |       |
| 1                                | Single Family Dwelling                                              | 6.45     | 6.45  |
|                                  | Multi-Family Dwelling                                               | 6.45     |       |
|                                  | Plus Each Dwelling Unit                                             | 3.25     |       |
|                                  | Commercial Building per floor                                       | 3.25     |       |
|                                  | Plus Each Unit (leased space or office)                             | 2.15     |       |
|                                  | Hotel or Motel                                                      | 8.60     |       |
|                                  | Plus Each Unit                                                      | 3.25     |       |
|                                  | Trailer Park                                                        | 32.10    |       |
|                                  | Plus Each Space                                                     | 2.15     |       |
|                                  | Irrigation Single Family Dwelling                                   | 8.60     |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart    |          |       |
|                                  | Construction Valuation                                              |          |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                           | FEE            | TOTAL |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>          |                                                                                                                                                                                                                       |                |       |
| 1                                  | Single Family Dwelling                                                                                                                                                                                                | 6.45           | 6.45  |
|                                    | Multi-Family Dwelling                                                                                                                                                                                                 | 10.70          |       |
|                                    | Plus Each Unit                                                                                                                                                                                                        | 2.15           |       |
|                                    | Commercial Building (per floor)                                                                                                                                                                                       | 6.45           |       |
|                                    | Plus Each Unit (leased space or office)                                                                                                                                                                               | 6.45           |       |
|                                    | Medium Pressure System (Plan Check)                                                                                                                                                                                   | 12.85          |       |
|                                    | Each Gas Appliance (Any Type)                                                                                                                                                                                         | 2.15           |       |
|                                    | Steam Boilers                                                                                                                                                                                                         | 5.60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>        |                                                                                                                                                                                                                       |                |       |
|                                    | Collectors (including piping) (per collector)                                                                                                                                                                         | 5.60           |       |
|                                    | Storage Tanks (each)                                                                                                                                                                                                  | 5.60           |       |
| <b>PIPELINE CONTRACT</b>           |                                                                                                                                                                                                                       |                |       |
|                                    | For Onsite Sewer, Gas or Water Contract Value. Fee based on Building Code Permit Valuation Chart.                                                                                                                     |                |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                       |                |       |
|                                    | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                             | 25.00 per hour |       |
|                                    | Under provisions of Table 3-A of the Uniform Building Code, work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30.00 per each inspection during business hours. | 30.00 each     |       |
|                                    | Additional plan review required by changes. Additions to or revisions to approved plans (minimum charge two hours).                                                                                                   | 30.00 per hour |       |
|                                    | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                    |                |       |
|                                    | Construction Valuation                                                                                                                                                                                                |                |       |

FOR INSPECTIONS  
CALL 799-2071SEWER # 7114-3654  
CONNECTION

RECEIPT

616

FIXTURES XFEE 68.70

2310-2403

PERMIT  
FEE 68.70TOTAL  
FEES           PERMIT NO.           

MUST BE MACHINE VALIDATED

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

SIGNED [Signature] CONTRACTOR MASTER CARD NO.           BY [Signature] Registered Master Plumber, Spec. Contr. or Owner

BUILDING DEPT.

DATE 2/27/92

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-140038

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS, CALL 799-2071

ELECTRICAL PERMIT

LOG NO. & AREA **T170**

DATE

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION**8349 Emerald Isle Ave.**

OWNER

**American West**

CONTRACTOR

**JOHNSON ELECTRIC**

STATE

LICENSE NO.

**21520**

CITY

LICENSE NO.

**26363****Michael Johnson****69**PHONE **739-7781**

(PRINT NAME OF MASTER ELECTRICIAN)

MASTER CARD NO.

PROPOSED CONSTRUCTION: **New SFR Plan 616, Capri 8**

USE:

ELECTRIC  
PERMIT NO.Approval for the work under this permit will be given only after refuse  
and debris have been removed from job site and public right of way.

| UNITS                                                                                                                         | DESCRIPTION                                                                                                                                                                                                                                                               | FEE   | TOTAL        |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|
| <b>PERMIT ISSUANCE</b>                                                                                                        |                                                                                                                                                                                                                                                                           |       |              |
| <b>1</b>                                                                                                                      | For Issuing Each Permit                                                                                                                                                                                                                                                   | 10.70 | <b>10.70</b> |
|                                                                                                                               | Supplemental Fee                                                                                                                                                                                                                                                          | 4.85  |              |
| <b>APPLIANCE CHARGE</b>                                                                                                       |                                                                                                                                                                                                                                                                           |       |              |
| <b>Residential or General Commercial</b>                                                                                      |                                                                                                                                                                                                                                                                           |       |              |
| <b>90</b>                                                                                                                     | Receptacle <u>54</u> Switch <u>36</u>                                                                                                                                                                                                                                     | .45   | <b>40.50</b> |
| <b>34</b>                                                                                                                     | Each Light Fixture, Socket, or Exit Light,<br>Smoke Detector or Exhaust Fan                                                                                                                                                                                               | .35   | <b>11.90</b> |
| <b>2</b>                                                                                                                      | EACH OUTLET FOR SPECIAL PURPOSE:<br>Dishwasher, Garbage Grinder, Trash Compactor,<br>G.F.I., Clothes Washer, Dryer, Electric Range,<br>Ovens, Water Heater, Space Heater, Blast Coil<br>Heater, (PER K.W.), Mercury Lamp, Quartz Lamp,<br>Sodium Lamp, 20AMP Sign Circuit | .75   | <b>1.50</b>  |
|                                                                                                                               | X-Ray Unit                                                                                                                                                                                                                                                                | 10.70 |              |
|                                                                                                                               | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                                         | 8.60  |              |
|                                                                                                                               | Each Additional 1,000 Watts                                                                                                                                                                                                                                               | 3.25  |              |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS,<br/>GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                                           |       |              |
|                                                                                                                               | First H.P. or Ton For each Unit                                                                                                                                                                                                                                           | 3.25  |              |
|                                                                                                                               | First KVA For Each Unit                                                                                                                                                                                                                                                   | 3.25  |              |
|                                                                                                                               | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                                 | .55   |              |
|                                                                                                                               | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                                  | .40   |              |
|                                                                                                                               | Temporary power or Pole                                                                                                                                                                                                                                                   | 6.45  |              |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                    |                                                                                                                                                                                                                                                                           |       |              |
|                                                                                                                               | Up to 200 AMP                                                                                                                                                                                                                                                             | 6.45  |              |
| <b>1</b>                                                                                                                      | 400 AMP And 600 AMP                                                                                                                                                                                                                                                       | 13.40 | <b>13.40</b> |
|                                                                                                                               | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                                  | 26.75 |              |
|                                                                                                                               | Over 1200 AMP                                                                                                                                                                                                                                                             | 53.50 |              |
|                                                                                                                               | Each Additional Meter Socket                                                                                                                                                                                                                                              | .55   |              |
| <b>1</b>                                                                                                                      | Sub Panel, Motor Control Center<br>Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                              | 3.25  | <b>3.25</b>  |
|                                                                                                                               | Swimming Pool (Residential)                                                                                                                                                                                                                                               | 21.40 |              |
|                                                                                                                               | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                               | 32.10 |              |
|                                                                                                                               | Spas                                                                                                                                                                                                                                                                      | 8.60  |              |
|                                                                                                                               | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                                        | 3.25  |              |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                           | FEE               | TOTAL       |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                              | 3.25              |             |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                          | 3.25              |             |
| <b>2</b>                                                                      | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                   | 3.25              | <b>6.50</b> |
| <b>2</b>                                                                      | Each Air Handler                                                                                                                                                                      | 1.10              | <b>2.20</b> |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                                       |                   |             |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                                | .35               |             |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                                        | .35               |             |
|                                                                               | Amplifiers                                                                                                                                                                            | 2.15              |             |
|                                                                               | Control Panel                                                                                                                                                                         | .55               |             |
| <b>2</b>                                                                      | TV Master System                                                                                                                                                                      | .35               | <b>.70</b>  |
| <b>2</b>                                                                      | Telephone or Computer Outlet                                                                                                                                                          | .35               | <b>.70</b>  |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                       |                   |             |
|                                                                               | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                        | 30.00<br>per hour |             |
|                                                                               | Reinspection fee assessed under provisions of TABLE<br>3-A of the Uniform Building Code = \$30.00 EACH.                                                                               | 30.00<br>each     |             |
|                                                                               | Inspections for which no fee is specifically<br>indicated (minimum charge — one-half hour).                                                                                           | 30.00<br>per hour |             |
|                                                                               | Additional plan review required by changes, additions<br>or revisions to approved plans (minimum charge —<br>one-half hour). After work hours — \$30.00 per hour<br>— minimum 1 hour. | 30.00<br>per hour |             |
|                                                                               | Starter Permit                                                                                                                                                                        | 50.00             |             |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                                       |                   |             |
|                                                                               | Commercial —Burglar Alarms                                                                                                                                                            |                   |             |
|                                                                               | —Music Systems                                                                                                                                                                        |                   |             |
|                                                                               | —Data Processing                                                                                                                                                                      |                   |             |
|                                                                               | —Communication                                                                                                                                                                        |                   |             |
|                                                                               | Conduit Only—Contract Price                                                                                                                                                           |                   |             |
|                                                                               | All Misc. Electric                                                                                                                                                                    |                   |             |

Electrical permit fees may be computed  
the same as building permit fees by  
using the cost of installation for valuation  
amount when such work is not included  
in the above schedule.

# 2310-2432

## RECEIPT

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

SIGNED HOMEOWNER, CONTRACTOR

BUILDING DEPT.

DATE

PERMIT

FEE **\$91.35**

LESS

STARTER PERMIT

TOTAL

FEES

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS, CALL 799-2071

DEVELOPMENT PERMIT  
FOR: Swimming Pool or Spa

72

LOG NO. &amp; AREA

M-4997

DATE

8-3-92

CONST. VAL. \$

5690

ADDRESS OF  
CONSTRUCTION

8349 Emerald Isle

OWNER

John Grillo

PHONE

228-2621

CONTRACTOR

Town &amp; Country Pools

STATE  
LICENSE NO.

0033141

CITY  
LICENSE NO.

050651

LOT(s)

410

BLOCK

11

SUBDIVISION

South Shore 8A17

ZONE

R-P05

PLUMBING  
CONTRACTOR

TAC

ELECTRICAL  
CONTRACTOR

High Energy

CIRCLE TYPE OF POOL THAT APPLIES:

PRIVATE

SEMI-PUBLIC

PUBLIC

SPA

MATERIALS OF CONSTRUCTION:

REINFORCED GUNITE

REINFORCED CONCRETE

OTHER

Shotcrete

SQUARE FEET OF SURFACE POOL

420

SPA

49

VOLUME IN GALLONS

12,680

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.

I state that I am familiar with the effective ordinances of the City of Las Vegas, Nevada and the effective Statutes of the State of Nevada covering construction and use of the above type; I agree to perform said construction in conformity therewith. I further agree that issuance of a permit on the above application will not excuse me from conforming with the said Ordinances and Statutes despite any errors on the part of the building inspector or engineer in checking plans and application herewith.

All swimming pools must be fenced before the pool is filled with water. No electrical lines shall cross over a pool. Applicants must have separate plot plans showing location of power pole, proposed or existing fencing and location of swimming pool. I agree to repair any utility line, if damaged during excavation work. I have read and understand the contents of above application. I hereby state that the same are true and correct.

SIGNED

Collin Smith

CONTRACTOR

8/3/92

BY

[Signature]

AGENT/OWNER

PLANNING DEPT.

Ted 8-9-92

DATE

BUILDING DEPT.

DATE

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

| DESCRIPTION                              |                                   |                    | FEE   | TOTAL  |
|------------------------------------------|-----------------------------------|--------------------|-------|--------|
| ISSUANCE FEE                             |                                   |                    | 10.00 | 10.70  |
| SEWER CONNECTION FEE (to 30,000 GALLONS) |                                   |                    | 60.00 | 110    |
| BUILDING PERMIT - POOL & OR SPA:         |                                   |                    |       | 75     |
| PLUMBING PERMIT                          | PRIVATE POOL OR SPA               | PREFORMED SPA      | 10.00 |        |
|                                          |                                   | OTHERWISE          | 20.00 | 31.40  |
|                                          | PUBLIC OR SEMI-PUBLIC POOL OR SPA | PREFORMED SPA      | 20.00 |        |
|                                          |                                   | OTHERWISE          | 30.00 | 85/1   |
|                                          | FUEL PIPING FOR POOL HEATER       |                    | 6.00  | 6.40   |
| ELECTRICAL PERMIT                        | SPA                               |                    | 8.00  | 8.50   |
|                                          | SWIMMING POOL                     | RESIDENTIAL        | 20.00 | 31.40  |
|                                          |                                   | PUBLIC-SEMI-PUBLIC | 30.00 |        |
|                                          | ELECTRICAL SERVICE CHANGE         |                    | 6.00  |        |
| MISC.                                    |                                   |                    |       |        |
| TOTAL FEES                               |                                   |                    |       | 253.40 |

## RECEIPT

\*\*0009\*\*

POOL 85.70  
SEWER 110.00  
PLBG 27.80  
ELEC 29.90  
CHECK 253.40  
1139A000 09:52

MUST BE MACHINE VALIDATED



gale insulation of nevada, inc.

5115 INDUSTRIAL ROAD, SUITE 808  
LAS VEGAS, NEVADA 89118  
(702) 739-6798



## Installed Insulation Certificate

We certify insulation material listed herein meeting applicable federal, state and local specifications has been installed at the following residence surrounding conditioned space.

| R FACTOR | AREA           | TYPE             | INCHES/BAGS (BLOWN) |
|----------|----------------|------------------|---------------------|
| R-30     | Ceiling Area   | Cellulose blow   | 8.69"               |
| R-30     | Ceiling Area   | Fiberglass batts | 10"                 |
| R-13     | Exterior Walls | Fiberglass batts | 3.50"               |

Certified by

Title

Office Manager

8349 Emerald Isle Avenue  
Capri - Lot 410, Block 11

Address or Lot Number  
May 19, 1992

Date Installed



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/>                                                                                             | <b>PERMIT NUMBER</b>                                                                                                                | 92-137522                             | <b>INSPECTION NUMBER</b>                                | 10                                |
| JOB ADDRESS                                                                                                                     |                                                                                                                                     |                                       |                                                         |                                   |
| 8349 EMERALD ISLE AV                                                                                                            |                                                                                                                                     |                                       |                                                         |                                   |
| LOT NO.                                                                                                                         |                                                                                                                                     | BLOCK NO.                             | SUBDIVISION NAME                                        |                                   |
| 410                                                                                                                             |                                                                                                                                     | 11                                    | SOUTH SHORE EST 7                                       |                                   |
| FIRE DEPT. MAP NO.                                                                                                              | JOB PHONE                                                                                                                           | CALL-IN DATE                          | CALL-IN TIME                                            | SCHEDULE DATE                     |
| 2217-41                                                                                                                         | 736-6434                                                                                                                            | 06/12/92                              | 13:03                                                   | 06/15/92                          |
| INSPECTOR NO.                                                                                                                   |                                                                                                                                     | INSPECTOR NAME                        |                                                         |                                   |
| 55                                                                                                                              |                                                                                                                                     | EARL RUSSEL                           |                                                         |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                                                                     | <b>BUILDING FINAL (140)</b>           |                                                         |                                   |
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> 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>                |                                                         |                                   |
| <i>E. Russell</i>                                                                                                               |                                                                                                                                     | 6.15.92                               |                                                         |                                   |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                     | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (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 |                                                                                                                                     |                                       |                                                         | 229-6765                          |

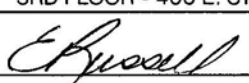
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                      |                                                                                                                                     |                                       |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                             | <b>PERMIT NUMBER</b> | <b>92-140038</b>                                                                                                                    | <b>INSPECTION NUMBER</b>              | <b>11</b>                                               |
| JOB ADDRESS                                                                                                                     |                      |                                                                                                                                     |                                       |                                                         |
| <b>8349 EMERALD ISLE AV</b>                                                                                                     |                      |                                                                                                                                     |                                       |                                                         |
| LOT NO.                                                                                                                         |                      | BLOCK NO.                                                                                                                           | SUBDIVISION NAME                      |                                                         |
| FIRE DEPT. MAP NO.                                                                                                              |                      | JOB PHONE                                                                                                                           | CALL-IN DATE                          | CALL-IN TIME                                            |
| <b>2217-41</b>                                                                                                                  |                      | <b>739-7781</b>                                                                                                                     | <b>06/12/92</b>                       | <b>13:04</b>                                            |
| INSPECTOR NO.                                                                                                                   |                      | INSPECTOR NAME                                                                                                                      |                                       |                                                         |
| <b>55</b>                                                                                                                       |                      | <b>EARL RUSSEL</b>                                                                                                                  |                                       |                                                         |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                      | <b>FINAL ELECTRICAL (240)</b>                                                                                                       |                                       |                                                         |
|                                                                                                                                 |                      |                                                                                                                                     |                                       |                                                         |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |                      | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                                       | PARTIAL DESCRIPTION                                     |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                |                      | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
| <input type="checkbox"/> REJECTED (R)                                                                                           |                      | <input type="checkbox"/> HOLD (H)                                                                                                   |                                       |                                                         |
| <input type="checkbox"/> REFEE (F)                                                                                              |                      | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |
| <input type="checkbox"/> REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                        |                      |                                                                                                                                     |                                       |                                                         |
| INSPECTOR SIGNATURE                                                                                                             |                      | <i>Earl Russel</i>                                                                                                                  |                                       | INSPECTION DATE                                         |
|                                                                                                                                 |                      |                                                                                                                                     |                                       | <b>6.15.92</b>                                          |
| <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 |                      |                                                                                                                                     |                                       | <b>229-6765</b>                                         |

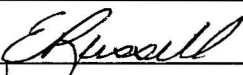
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                    | <b>PERMIT NUMBER</b>                                                                   | <b>92-137690</b>                                                                                                                                   | <b>INSPECTION NUMBER</b>                                       | <b>12</b>                                       |
| <b>JOB ADDRESS</b>                                                                                                                     |                                                                                        |                                                                                                                                                    |                                                                |                                                 |
| <b>8349 EMERALD ISLE AV</b>                                                                                                            |                                                                                        |                                                                                                                                                    |                                                                |                                                 |
| <b>LOT NO.</b>                                                                                                                         |                                                                                        | <b>BLOCK NO.</b>                                                                                                                                   |                                                                | <b>SUBDIVISION NAME</b>                         |
| <b>410</b>                                                                                                                             |                                                                                        | <b>11</b>                                                                                                                                          |                                                                | <b>CAPRI 8</b>                                  |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                              | <b>JOB PHONE</b>                                                                       | <b>CALL-IN DATE</b>                                                                                                                                | <b>CALL-IN TIME</b>                                            | <b>SCHEDULE DATE</b>                            |
| <b>2217-41</b>                                                                                                                         | <b>649-5770</b>                                                                        | <b>06/12/92</b>                                                                                                                                    | <b>13:04</b>                                                   | <b>06/15/92</b>                                 |
| <b>INSPECTOR NO.</b>                                                                                                                   |                                                                                        | <b>INSPECTOR NAME</b>                                                                                                                              |                                                                |                                                 |
| <b>55</b>                                                                                                                              |                                                                                        | <b>EARL RUSSEL</b>                                                                                                                                 |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                            |                                                                                        | <b>FINAL PLUMBING (440)</b>                                                                                                                        |                                                                |                                                 |
|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                                |                                                 |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     |                                                                                        | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               |                                                                | <b>PARTIAL DESCRIPTION</b>                      |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                          | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                                       | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                          |                                                                                                                                                    |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                    |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                                        |                                                                                                                                                    | <b>INSPECTION DATE</b>                                         |                                                 |
|                                                     |                                                                                        |                                                                                                                                                    | <b>6.15.92</b>                                                 |                                                 |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                            |                                                                                        | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                        |                                                                                                                                                    |                                                                | <b>229-6765</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<br/>NUMBER</b> | 92-139084                                                                                                                              | <b>INSPECTION<br/>NUMBER</b>          | 13                                                                                           |
| JOB ADDRESS                                                                                                                        |                          |                                                                                                                                        |                                       |                                                                                              |
| 8349 EMERALD ISLE AV                                                                                                               |                          |                                                                                                                                        |                                       |                                                                                              |
| LOT NO.                                                                                                                            |                          | BLOCK NO.                                                                                                                              | SUBDIVISION NAME                      |                                                                                              |
| 410                                                                                                                                |                          | 11                                                                                                                                     | CAPRI 8                               |                                                                                              |
| FIRE DEPT. MAP NO.                                                                                                                 | JOB PHONE                | CALL-IN DATE                                                                                                                           | CALL-IN TIME                          | SCHEDULE DATE                                                                                |
| 2217-41                                                                                                                            | 798-1055                 | 06/12/92                                                                                                                               | 13:05                                 | 06/15/92                                                                                     |
| INSPECTOR NO.                                                                                                                      |                          | INSPECTOR NAME                                                                                                                         |                                       |                                                                                              |
| 55                                                                                                                                 |                          | EARL RUSSEL                                                                                                                            |                                       |                                                                                              |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                          | FINAL MECHANICAL (340)                                                                                                                 |                                       |                                                                                              |
|                                                                                                                                    |                          |                                                                                                                                        |                                       |                                                                                              |
| <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<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                                                              |
| INSPECTOR SIGNATURE                                                                                                                |                          |                                                     |                                       | INSPECTION DATE                                                                              |
|                                                                                                                                    |                          |                                                                                                                                        |                                       | 6.15.92                                                                                      |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                               |                          | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                                                              |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                          |                                                                                                                                        |                                       |  229-6765 |

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



DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

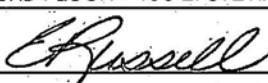
|                                                                                                                                    |           |                                                                                                                                        |                  |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------|------------------|
| PERMIT NUMBER<br>92-155709                                                                                                         |           | INSPECTION NUMBER                                                                                                                      |                  |
| JOB ADDRESS<br>8349 Emerald Isle                                                                                                   |           |                                                                                                                                        |                  |
| LOT NO.                                                                                                                            |           | BLOCK NO.                                                                                                                              | SUBDIVISION NAME |
| FIRE DEPT. MAP NO.                                                                                                                 | JOB PHONE | CALL-IN DATE                                                                                                                           | CALL-IN TIME     |
|                                                                                                                                    |           | SCHEDULE DATE                                                                                                                          |                  |
| INSPECTOR NO.<br>72                                                                                                                |           | INSPECTOR NAME<br>Bob Smith                                                                                                            |                  |
| INSPECTION REQUESTED                                                                                                               |           | 215                                                                                                                                    |                  |
| per Tom Gage                                                                                                                       |           |                                                                                                                                        |                  |
| <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<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                  |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                           |           |                                                                                                                                        |                  |
| INSPECTOR SIGNATURE<br>Robert Smith                                                                                                |           | INSPECTION DATE<br>8-17-92                                                                                                             |                  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                          |           | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |           |                                                                                                                                        |                  |

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

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

|                                                                                                                     |                                      |                                              |                              |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------|------------------------------|
|  <b>PERMIT NUMBER</b> <b>92-156933</b> |                                      | <b>INSPECTION NUMBER</b> <b>3</b>            |                              |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                          |                                      |                                              |                              |
| LOT NO.<br><b>410</b>                                                                                               | BLOCK NO.<br><b>11</b>               | SUBDIVISION NAME<br><b>SOUTH SHORE EST 7</b> |                              |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                | JOB PHONE<br><b>258-4765</b>         | CALL-IN DATE<br><b>09/29/92</b>              | CALL-IN TIME<br><b>13:08</b> |
| SCHEDULE DATE<br><b>09/30/92</b>                                                                                    |                                      |                                              |                              |
| INSPECTOR NO.<br><b>55</b>                                                                                          | INSPECTOR NAME<br><b>EARL RUSSEL</b> |                                              |                              |
| <b>INSPECTION REQUESTED</b>                                                                                         |                                      | <b>BUILDING FINAL (140)</b>                  |                              |

|                                                  |  |                                                                                 |  |                                               |  |                                                         |  |
|--------------------------------------------------|--|---------------------------------------------------------------------------------|--|-----------------------------------------------|--|---------------------------------------------------------|--|
| <input type="checkbox"/> PARTIAL INSPECTION      |  |                                                                                 |  | <input type="checkbox"/> PARTIAL APPROVAL (P) |  | PARTIAL DESCRIPTION                                     |  |
| <input checked="" type="checkbox"/> APPROVED (A) |  | <input type="checkbox"/> STOP WORK (S)                                          |  | <input type="checkbox"/> COMMENTS (C)         |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |  |
| <input type="checkbox"/> 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>9-30-92</b>                                                                                                   |  |
| <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

**229-6765**

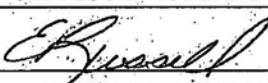
For Additional Assistance Call \*229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                   |                      |                |                          |               |
|-----------------------------------|----------------------|----------------|--------------------------|---------------|
| <input type="checkbox"/> <b>W</b> | <b>PERMIT NUMBER</b> | 92-156933      | <b>INSPECTION NUMBER</b> | 7             |
| JOB ADDRESS                       |                      |                |                          |               |
| 8349 EMERALD ISLE AV              |                      |                |                          |               |
| LOT NO.                           |                      | BLOCK NO.      | SUBDIVISION NAME         |               |
| 390                               |                      | 99             | SOUTH SHORE EST 7        |               |
| FIRE DEPT. MAP NO.                | JOB PHONE            | CALL-IN DATE   | CALL-IN TIME             | SCHEDULE DATE |
| 2297-49                           | 258-4765             | 08/27/92       | 10:39                    | 08/28/92      |
| INSPECTOR NO.                     |                      | INSPECTOR NAME |                          |               |
| 55                                |                      | EARL RUSSEL    |                          |               |

**INSPECTION REQUESTED** BLDG INVESTIGATION (115)

- ① Stucco to be removed & ledges attached wood to wood.
- ② Part can not be imbedded in concrete. Provide column base w/ 1" clearance to slab.

|                                                                                     |                                                                                                                                     |                                         |                                                         |                                   |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------|-----------------------------------|
| <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"/> 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>                  |                                                         |                                   |
|  |                                                                                                                                     | 8-28-92                                 |                                                         |                                   |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                         | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (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

**229-6765**

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> 92-156933                                                                            |  | <b>INSPECTION NUMBER</b> 28                                                                                                            |  |
| <b>JOB ADDRESS</b> 8349 EMERALD ISLE                                                                                               |  |                                                                                                                                        |  |
| <b>LOT NO.</b>                                                                                                                     |  | <b>BLOCK NO.</b>                                                                                                                       |  |
| <b>SUBDIVISION NAME</b>                                                                                                            |  |                                                                                                                                        |  |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                          |  | <b>JOB PHONE</b>                                                                                                                       |  |
| <b>CALL-IN DATE</b>                                                                                                                |  | <b>CALL-IN TIME</b>                                                                                                                    |  |
| <b>SCHEDULE DATE</b>                                                                                                               |  |                                                                                                                                        |  |
| <b>INSPECTOR NO.</b> 46                                                                                                            |  | <b>INSPECTOR NAME</b> T. GAGE                                                                                                          |  |
| <b>INSPECTION REQUESTED</b> 101 - FOOTINGS                                                                                         |  |                                                                                                                                        |  |
| 3 FOOTINGS FOR PATIO COVER<br>13" x 13" x 24" DEEP                                                                                 |  |                                                                                                                                        |  |
| <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>REJECTED (R)</b>                                                                                       |  | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                           |  |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                          |  | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b>                                                                         |  |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                    |  | <input type="checkbox"/> <b>HOLD (H)</b>                                                                                               |  |
| <b>INSPECTOR SIGNATURE</b> T. GAGE                                                                                                 |  | <b>INSPECTION DATE</b> 8-20-92                                                                                                         |  |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                        |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                        |  |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                            |                                      |                                              |                              |                                  |
|--------------------------------------------|--------------------------------------|----------------------------------------------|------------------------------|----------------------------------|
| <b>PERMIT NUMBER</b><br>92-156933          | <b>INSPECTION NUMBER</b><br>5        |                                              |                              |                                  |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV |                                      |                                              |                              |                                  |
| <b>LOT NO.</b><br>310                      | <b>BLOCK NO.</b><br>11               | <b>SUBDIVISION NAME</b><br>SOUTH SHORE EST 7 |                              |                                  |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41       | <b>JOB PHONE</b><br>258-4765         | <b>CALL-IN DATE</b><br>08/19/92              | <b>CALL-IN TIME</b><br>10:48 | <b>SCHEDULE DATE</b><br>08/20/92 |
| <b>INSPECTOR NO.</b><br>55                 | <b>INSPECTOR NAME</b><br>EARL RUSSEL |                                              |                              |                                  |

**INSPECTION REQUESTED** FOOTING, LAYOUT, REBAR, ZONING (101)

*Patio footings too close to pool wall - footings are caving in at pool side*

|                                                         |                                                                                                                                                     |                                              |                                                                |                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <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>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>               | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                              |                                              |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b><br><i>Earl Russel</i>        | <b>INSPECTION DATE</b><br>8-20-92                                                                                                                   |                                              |                                                                |                                                 |
| <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> |                                              |                                                                |                                                 |

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

229-6765

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

92-156933

**INSPECTION  
NUMBER**

3

JOB ADDRESS

8349 EMERALD ISLE AV

LOT NO.

410

BLOCK NO.

11

SUBDIVISION NAME

SOUTH SHORE EST 7

FIRE DEPT. MAP NO.

2217-41

JOB PHONE

258-4765

CALL-IN DATE

09/29/92

CALL-IN TIME

13:08

SCHEDULE DATE

09/30/92

INSPECTOR NO.

55

INSPECTOR NAME

EARL RUSSEL

**INSPECTION  
REQUESTED**

BUILDING FINAL (140)

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \*229-2071

☐ REFEE (F)

REINSPECTION FEE REQUIRED - PAY AT CITY HALL  
3RD FLOOR - 400 E. STEWART STREET.

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*Earl Russell*

INSPECTION DATE

9-30-92

☒ **PROJECT  
COMPLETE**

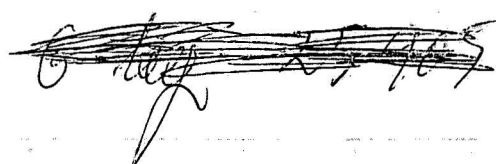
BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS  
SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only)

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CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT

229-6765

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

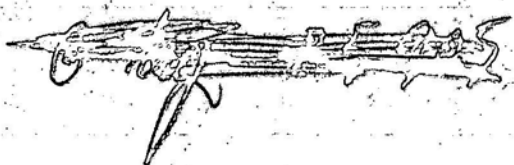
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                                        |                                                                                                                                        |                                   |                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>1</b>                                                                                                                           | <b>PERMIT NUMBER</b><br>92-155709      | <b>INSPECTION NUMBER</b><br>4                                                                                                          |                                   |                                                                                                     |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV                                                                                         |                                        |                                                                                                                                        |                                   |                                                                                                     |
| <b>LOT NO.</b><br>410                                                                                                              | <b>BLOCK NO.</b><br>11                 | <b>SUBDIVISION NAME</b><br>SOUTH SHORE EST. #7                                                                                         |                                   |                                                                                                     |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41                                                                                               | <b>JOB PHONE</b><br>258-4765           | <b>CALL-IN DATE</b><br>09/15/92                                                                                                        | <b>CALL-IN TIME</b><br>08:57      | <b>SCHEDULE DATE</b><br>09/16/92                                                                    |
| <b>INSPECTOR NO.</b><br>75                                                                                                         | <b>INSPECTOR NAME</b><br>RON PATTERSON |                                                                                                                                        |                                   |                                                                                                     |
| <b>INSPECTION REQUESTED</b>                                                                                                        | POOL PRE-PLASTER/FINAL (910)           |                                                                                                                                        |                                   |                                                                                                     |
|                                                    |                                        |                                                                                                                                        |                                   |                                                                                                     |
| <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 checked="" type="checkbox"/> REJECTED (R)                                                                                   |                                        | <input type="checkbox"/> COMMENTS (C)                                                                                                  |                                   | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL                                             |
| <input type="checkbox"/> REEVAL (F)                                                                                                |                                        | REINSPECTION REQUIRED - CALL * 229-2071<br>REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.          |                                   | <input type="checkbox"/> HOLD (H)                                                                   |
| <input checked="" type="checkbox"/> REEVAL (F)                                                                                     |                                        | <input type="checkbox"/> PERMIT REQUIRED                                                                                               |                                   |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b><br>                  |                                        |                                                                                                                                        | <b>INSPECTION DATE</b><br>9-16-92 |                                                                                                     |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                               |                                        | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                   |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                        |                                                                                                                                        |                                   |  <b>229-6769</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                   |                                               |                                                       |                                     |                                         |
|---------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|-------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/>               | <b>PERMIT NUMBER</b>                          | <b>92-155709</b>                                      | <b>INSPECTION NUMBER</b>            | <b>4</b>                                |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b> |                                               |                                                       |                                     |                                         |
| <b>LOT NO.</b><br><b>410</b>                      | <b>BLOCK NO.</b><br><b>11</b>                 | <b>SUBDIVISION NAME</b><br><b>SOUTH SHORE EST. #7</b> |                                     |                                         |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-01</b>       | <b>JOB PHONE</b><br><b>258-4765</b>           | <b>CALL-IN DATE</b><br><b>09/15/92</b>                | <b>CALL-IN TIME</b><br><b>08:57</b> | <b>SCHEDULE DATE</b><br><b>09/16/92</b> |
| <b>INSPECTOR NO.</b><br><b>75</b>                 | <b>INSPECTOR NAME</b><br><b>RON PATTERSON</b> |                                                       |                                     |                                         |
| <b>INSPECTION REQUESTED</b>                       | <b>POOL PRE-PLASTER/FINAL (910)</b>           |                                                       |                                     |                                         |



|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                                | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |                                              |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input checked="" type="checkbox"/> <b>REFEE (F)</b>                                                                                   | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b><br><i>R. Patterson</i>                                                                                      |                                                                                                                                                    | <b>INSPECTION DATE</b><br><i>9-16-92</i>     |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                            | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                              |                                                                | <b>229-6769</b>                                 |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



PERMIT  
NUMBER

92-15 5709

INSPECTION  
NUMBER

18

JOB ADDRESS

8349 EMERALD ISLE AV

LOT NO.

410

BLOCK NO.

11

SUBDIVISION NAME

*Copri*  
SOUTH SHORE EST. 07

FIRE DEPT. MAP NO.

2217-41

JOB PHONE

258-4765

CALL-IN DATE

09/11/92

CALL-IN TIME

14:18

SCHEDULE DATE

09/16/92

INSPECTOR NO.

75

INSPECTOR NAME

RON PATTERSON

INSPECTION  
REQUESTED

POOL PRE-PLASTER/FINAL (910)

*Red line not pumped*  
*WJA*

|                                                  |                                                                                 |                                       |                                                         |                                          |
|--------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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

*R. Patterson*

INSPECTION DATE

9-14-92

☐ 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



PERMIT  
NUMBER

92-155709

INSPECTION  
NUMBER

12

JOB ADDRESS

8349 EMERALD ISLE AV

LOT NO.

410

BLOCK NO.

11

SUBDIVISION NAME

SOUTH SHORE EST. #7

FIRE DEPT. MAP NO.

2217-41

JOB PHONE

258-4765

CALL-IN DATE

09/10/92

CALL-IN TIME

12:36

SCHEDULE DATE

09/11/92

INSPECTOR NO.

75

INSPECTOR NAME

RON PATTERSON

INSPECTION  
REQUESTED

POOL PRE-PLASTER/FINAL (910)

1- Motors to be secured to pool  
2- No Power at pool equip

☐ PARTIAL INSPECTION ☐ PARTIAL APPROVAL (P) PARTIAL DESCRIPTION

☐ APPROVED (A) ☐ STOP WORK (S) ☐ COMMENTS (C) ☐ TEMPORARY APPROVAL (T) — UNTIL ☐ HOLD (H)

☒ REJECTED (R) REINSPECTION REQUIRED - CALL \*229-2071

☐ REFEE (F) REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.

☐ PERMIT REQUIRED

INSPECTOR  
SIGNATURE

*R. Patterson*

INSPECTION DATE

9-11-92

☐ 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 checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 92-455795 |                           | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> 3 |                           |
| <b>JOB ADDRESS</b> 8349 EMERALD ISLE AV.                           |                           |                                                                |                           |
| <b>LOT NO.</b> 410                                                 | <b>BLOCK NO.</b> 11       | <b>SUBDIVISION NAME</b> SOUTH SHORE EST. 07                    |                           |
| <b>FIRE DEPT. MAP NO.</b> 2217-41                                  | <b>JOB PHONE</b> 258-4765 | <b>CALL-IN DATE</b> 08/19/92                                   | <b>CALL-IN TIME</b> 09:15 |
| <b>INSPECTOR NO.</b> 72                                            |                           | <b>INSPECTOR NAME</b> BOB SMITH                                |                           |
| <b>INSPECTION REQUESTED</b>                                        |                           | POOL PRE-GUNITE (901)                                          |                           |

Hand holds Requisition  
South Side of Pool every  
4 foot

407-420

No Elect

|                                                                                                                                 |                                                                                                                                     |                                                                                        |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <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>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>                                                                                 |                                                                                                                                     | <input type="checkbox"/> <b>HOLD (H)</b>                                               |                                                                |
| <b>INSPECTOR SIGNATURE</b> Robert Smith                                                                                         |                                                                                                                                     | <b>INSPECTION DATE</b> 8-20-92                                                         |                                                                |
| <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 |                                                                                                                                     |                                                                                        | <b>229-6765</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                   |                                     |                                             |                                                     |                                         |
|---------------------------------------------------|-------------------------------------|---------------------------------------------|-----------------------------------------------------|-----------------------------------------|
| <b>1</b>                                          | <b>PERMIT<br/>NUMBER</b>            | <b>92-137522</b>                            | <b>INSPECTION<br/>NUMBER</b>                        | <b>10</b>                               |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b> |                                     |                                             |                                                     |                                         |
| <b>LOT NO.</b><br><b>410</b>                      |                                     | <b>BLOCK NO.</b><br><b>11</b>               | <b>SUBDIVISION NAME</b><br><b>SOUTH SHORE EST 7</b> |                                         |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-41</b>       | <b>JOB PHONE</b><br><b>736-6434</b> | <b>CALL-IN DATE</b><br><b>06/12/92</b>      | <b>CALL-IN TIME</b><br><b>13:03</b>                 | <b>SCHEDULE DATE</b><br><b>06/15/92</b> |
| <b>INSPECTOR NO.</b><br><b>55</b>                 |                                     | <b>INSPECTOR NAME</b><br><b>EARL RUSSEL</b> |                                                     |                                         |
| <b>INSPECTION<br/>REQUESTED</b>                   |                                     | <b>BUILDING FINAL (140)</b>                 |                                                     |                                         |

|                                                                                                                                            |                                                                                            |                                                                                                                                                        |                                                                    |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL<br/>INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL<br/>APPROVAL (P)</b>                                   | <b>PARTIAL DESCRIPTION</b>                                                                                                                             |                                                                    |                                                     |
| <input checked="" type="checkbox"/> <b>APPROVED<br/>(A)</b>                                                                                | <input type="checkbox"/> <b>STOP<br/>WORK (S)</b>                                          | <input type="checkbox"/> <b>COMMENTS<br/>(C)</b>                                                                                                       | <input type="checkbox"/> <b>TEMPORARY<br/>APPROVAL (T) — UNTIL</b> | <input type="checkbox"/> <b>HOLD<br/>(H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                               | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                              |                                                                                                                                                        |                                                                    | <input type="checkbox"/> <b>PERMIT<br/>REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                  | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br/>3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                        |                                                                    |                                                     |
| <b>INSPECTOR<br/>SIGNATURE</b><br><i>E. Russell</i>                                                                                        |                                                                                            | <b>INSPECTION DATE</b><br><i>6-15-92</i>                                                                                                               |                                                                    |                                                     |
| <input checked="" type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                            |                                                                                            | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS<br/>SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                                    |                                                     |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br/>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                            |                                                                                                                                                        |                                                                    | <b>229-6765</b>                                     |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                      |                  |                          |           |
|----------------------|------------------|--------------------------|-----------|
| <b>PERMIT NUMBER</b> | <b>92-140033</b> | <b>INSPECTION NUMBER</b> | <b>11</b> |
|----------------------|------------------|--------------------------|-----------|

JOB ADDRESS

**8349 EMERALD ISLE AV**

|         |           |                  |
|---------|-----------|------------------|
| LOT NO. | BLOCK NO. | SUBDIVISION NAME |
|---------|-----------|------------------|

|                    |                 |                 |              |                 |
|--------------------|-----------------|-----------------|--------------|-----------------|
| FIRE DEPT. MAP NO. | JOB PHONE       | CALL-IN DATE    | CALL-IN TIME | SCHEDULE DATE   |
| <b>2217-41</b>     | <b>739-7781</b> | <b>06/12/92</b> | <b>13:04</b> | <b>06/15/92</b> |

|               |                    |
|---------------|--------------------|
| INSPECTOR NO. | INSPECTOR NAME     |
| <b>55</b>     | <b>EARL RUSSEL</b> |

|                             |                               |
|-----------------------------|-------------------------------|
| <b>INSPECTION REQUESTED</b> | <b>FINAL ELECTRICAL (240)</b> |
|-----------------------------|-------------------------------|

|                                                  |                                                                                 |                                          |
|--------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION      | <input type="checkbox"/> PARTIAL APPROVAL (P)                                   | PARTIAL DESCRIPTION                      |
| <input checked="" type="checkbox"/> APPROVED (A) | <input type="checkbox"/> STOP WORK (S)                                          | <input type="checkbox"/> COMMENTS (C)    |
| <input type="checkbox"/> REJECTED (R)            | <input type="checkbox"/> TEMPORARY APPROVAL (T)                                 | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REFEED (F)              | 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>Earl Russel</i>                                                                                                                  | INSPECTION DATE | <b>6.15.92</b> |
| <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

**229-6765**

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

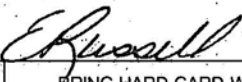
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                   |                                     |                                             |                                           |                                         |
|---------------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------------|
| <b>1</b>                                          | <b>PERMIT NUMBER</b>                | <b>92-137690</b>                            | <b>INSPECTION NUMBER</b>                  | <b>12</b>                               |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b> |                                     |                                             |                                           |                                         |
| <b>LOT NO.</b><br><b>410</b>                      |                                     | <b>BLOCK NO.</b><br><b>11</b>               | <b>SUBDIVISION NAME</b><br><b>CAPRI 8</b> |                                         |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-41</b>       | <b>JOB PHONE</b><br><b>649-5770</b> | <b>CALL-IN DATE</b><br><b>06/12/92</b>      | <b>CALL-IN TIME</b><br><b>13:04</b>       | <b>SCHEDULE DATE</b><br><b>06/15/92</b> |
| <b>INSPECTOR NO.</b><br><b>55</b>                 |                                     | <b>INSPECTOR NAME</b><br><b>EARL RUSSEL</b> |                                           |                                         |
| <b>INSPECTION REQUESTED</b>                       |                                     | <b>FINAL PLUMBING (440)</b>                 |                                           |                                         |

|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                   | <b>PARTIAL DESCRIPTION</b>                                                                                                                         |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                          | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                                       | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                          |                                                                                                                                                    |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                    |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b><br><i>Earl Russell</i>                                                                                      |                                                                                        | <b>INSPECTION DATE</b><br><b>6-15-92</b>                                                                                                           |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                            |                                                                                        | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                        |                                                                                                                                                    |                                                                | <b>229-6765</b>                                 |

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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                            |                                                                                            |                                                                                                                                                        |                                                                    |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|
| <b>1</b>                                                                                                                                   | <b>PERMIT<br/>NUMBER</b>                                                                   | <b>92-139084</b>                                                                                                                                       | <b>INSPECTION<br/>NUMBER</b>                                       | <b>13</b>                                    |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b>                                                                                          |                                                                                            |                                                                                                                                                        |                                                                    |                                              |
| <b>LOT NO.</b><br><b>410</b>                                                                                                               |                                                                                            | <b>BLOCK NO.</b><br><b>11</b>                                                                                                                          | <b>SUBDIVISION NAME</b><br><b>CAPRI 8</b>                          |                                              |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-41</b>                                                                                                | <b>JOB PHONE</b><br><b>798-1055</b>                                                        | <b>CALL-IN DATE</b><br><b>06/12/92</b>                                                                                                                 | <b>CALL-IN TIME</b><br><b>13:05</b>                                | <b>SCHEDULE DATE</b><br><b>06/15/92</b>      |
| <b>INSPECTOR NO.</b><br><b>55</b>                                                                                                          |                                                                                            | <b>INSPECTOR NAME</b><br><b>EARL RUSSEL</b>                                                                                                            |                                                                    |                                              |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                            |                                                                                            | <b>FINAL MECHANICAL (340)</b>                                                                                                                          |                                                                    |                                              |
|                                                                                                                                            |                                                                                            |                                                                                                                                                        |                                                                    |                                              |
| <input type="checkbox"/> <b>PARTIAL<br/>INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL<br/>APPROVAL (P)</b>                                   | <b>PARTIAL DESCRIPTION</b>                                                                                                                             |                                                                    |                                              |
| <input checked="" type="checkbox"/> <b>APPROVED<br/>(A)</b>                                                                                | <input type="checkbox"/> <b>STOP<br/>WORK (S)</b>                                          | <input type="checkbox"/> <b>COMMENTS<br/>(C)</b>                                                                                                       | <input type="checkbox"/> <b>TEMPORARY<br/>APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD<br/>(H)</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                               | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                              |                                                                                                                                                        | <input type="checkbox"/> <b>PERMIT<br/>REQUIRED</b>                |                                              |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                  | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br/>3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                        |                                                                    |                                              |
| <b>INSPECTOR<br/>SIGNATURE</b><br>                      |                                                                                            | <b>INSPECTION DATE</b><br><b>6-15-92</b>                                                                                                               |                                                                    |                                              |
| <input checked="" type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                            |                                                                                            | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS<br/>SIGNED OFF TO BLDG &amp; SAFETY FOR C. OF O. ISSUANCE (Commercial Only)</b> |                                                                    |                                              |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br/>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                            |                                                                                                                                                        |                                                                    | <b>229-6765</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>  |  | <b>92-140638</b>                            |  | <input type="checkbox"/> <b>INSPECTION NUMBER</b> |  | <b>1</b>            |  |
| <b>JOB ADDRESS</b> <b>8349 EMERALD ISLE AV</b> |  |                                             |  |                                                   |  |                     |  |
| <b>LOT NO.</b>                                 |  | <b>BLOCK NO.</b>                            |  | <b>SUBDIVISION NAME</b>                           |  |                     |  |
| <b>FIRE DEPT. MAP NO.</b>                      |  | <b>JOB PHONE</b>                            |  | <b>CALL-IN DATE</b>                               |  | <b>CALL-IN TIME</b> |  |
| <b>2217-41</b>                                 |  | <b>739-7781</b>                             |  | <b>06/04/92</b>                                   |  | <b>09:55</b>        |  |
| <b>INSPECTOR NO.</b>                           |  | <b>INSPECTOR NAME</b>                       |  |                                                   |  |                     |  |
| <b>55</b>                                      |  | <b>EARL RUSSEL</b>                          |  |                                                   |  |                     |  |
| <b>INSPECTION REQUESTED</b>                    |  | <b>TEMP POWER/TAG/TEMP BLDG FINAL (139)</b> |  |                                                   |  |                     |  |

*Log # 43719*

|                                                                                                                                        |  |                                                                                                                                                    |  |                                              |  |                                                                |                 |
|----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|----------------------------------------------------------------|-----------------|
| <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 FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |  |                                              |  | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |  | <i>Earl Russell</i>                                                                                                                                |  |                                              |  | <b>INSPECTION DATE</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>229-6765</b> |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                            |                                      |                                    |                              |
|--------------------------------------------|--------------------------------------|------------------------------------|------------------------------|
| <b>PERMIT NUMBER</b> → 92-137690           |                                      | <b>INSPECTION NUMBER</b> → 14      |                              |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV |                                      |                                    |                              |
| <b>LOT NO.</b><br>410                      | <b>BLOCK NO.</b><br>11               | <b>SUBDIVISION NAME</b><br>CAPRI 8 |                              |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41       | <b>JOB PHONE</b><br>649-5770         | <b>CALL-IN DATE</b><br>05/20/92    | <b>CALL-IN TIME</b><br>10:05 |
| <b>SCHEDULE DATE</b><br>05/21/92           |                                      |                                    |                              |
| <b>INSPECTOR NO.</b><br>55                 | <b>INSPECTOR NAME</b><br>EARL RUSSEL |                                    |                              |
| <b>INSPECTION REQUESTED</b> →              |                                      | FINAL GAS TEST (423)               |                              |

*Jag \* 23144*

|                                                                                                                                 |                                                                                                                                                    |                                              |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                              | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                         | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |
| <input type="checkbox"/> <b>HOLD (H)</b>                                                                                        |                                                                                                                                                    |                                              |                                                                |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                    | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                       | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              |                                                                |
| <b>INSPECTOR SIGNATURE</b><br><i>ERussell</i>                                                                                   |                                                                                                                                                    | <b>INSPECTION DATE</b><br>5.21.92            |                                                                |
| <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> |                                              |                                                                |
| 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>229-6765</b>                                              |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |  |                                                                                                                                     |  |                                              |  |                                                         |                 |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                                            |  | 92-137522                                                                                                                           |  | <b>INSPECTION NUMBER</b>                     |  | 10                                                      |                 |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV                                                                                      |  |                                                                                                                                     |  |                                              |  |                                                         |                 |
| <b>LOT NO.</b><br>410                                                                                                           |  | <b>BLOCK NO.</b><br>11                                                                                                              |  | <b>SUBDIVISION NAME</b><br>SOUTH SHORE EST 7 |  |                                                         |                 |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41                                                                                            |  | <b>JOB PHONE</b><br>736-6434                                                                                                        |  | <b>CALL-IN DATE</b><br>05/12/92              |  | <b>CALL-IN TIME</b><br>14:12                            |                 |
| <b>SCHEDULE DATE</b><br>05/13/92                                                                                                |  |                                                                                                                                     |  |                                              |  |                                                         |                 |
| <b>INSPECTOR NO.</b><br>55                                                                                                      |  | <b>INSPECTOR NAME</b><br>EARL RUSSEL                                                                                                |  |                                              |  |                                                         |                 |
| <b>INSPECTION REQUESTED</b>                                                                                                     |  | DRYHALL NAILING (125)                                                                                                               |  |                                              |  |                                                         |                 |
|                                                                                                                                 |  |                                                                                                                                     |  |                                              |  |                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | <b>PARTIAL DESCRIPTION</b>                   |  |                                                         |                 |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C)        |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |                 |
| <input type="checkbox"/> HOLD (H)                                                                                               |  |                                                                                                                                     |  |                                              |  |                                                         |                 |
| <input type="checkbox"/> REJECTED (R)                                                                                           |  | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |  |                                              |  |                                                         |                 |
| <input type="checkbox"/> REFEE (F)                                                                                              |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400-E. STEWART STREET.                                                     |  |                                              |  |                                                         |                 |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                        |  |                                                                                                                                     |  |                                              |  |                                                         |                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |  | <i>Earl Russell</i>                                                                                                                 |  |                                              |  | <b>INSPECTION DATE</b><br>5.13.92                       |                 |
| <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>229-6765</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|
| <b>1</b>                                                                                                                               | <b>PERMIT NUMBER</b>                                                                                                                               | <b>92-1375 22</b>                            | <b>INSPECTION NUMBER</b>                                       | <b>4</b>                                            |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b>                                                                                      |                                                                                                                                                    |                                              |                                                                |                                                     |
| <b>LOT NO.</b><br><b>410</b>                                                                                                           |                                                                                                                                                    | <b>BLOCK NO.</b><br><b>11</b>                |                                                                | <b>SUBDIVISION NAME</b><br><b>SOUTH SHORE EST 7</b> |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-41</b>                                                                                            | <b>JOB PHONE</b><br><b>736-6434</b>                                                                                                                | <b>CALL-IN DATE</b><br><b>05/08/92</b>       | <b>CALL-IN TIME</b><br><b>10:47</b>                            | <b>SCHEDULE DATE</b><br><b>05/11/92</b>             |
| <b>INSPECTOR NO.</b><br><b>55</b>                                                                                                      |                                                                                                                                                    | <b>INSPECTOR NAME</b><br><b>EARL RUSSEL</b>  |                                                                |                                                     |
| <b>INSPECTION REQUESTED</b>                                                                                                            |                                                                                                                                                    | <b>EXTERIOR LATH/STUCCO (129)</b>            |                                                                |                                                     |
|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |                                                     |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                     |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>            |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |                                                     |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              |                                                                |                                                     |
| <b>INSPECTOR SIGNATURE</b><br><i>Earl Russell</i>                                                                                      |                                                                                                                                                    | <b>INSPECTION DATE</b><br><b>5.11.92</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>229-6765</b>                                     |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

92-137522

**INSPECTION  
NUMBER**

22

JOB ADDRESS

8369 EMERALD ISLE AV

LOT NO.

BLOCK NO.

SUBDIVISION NAME

410

11

SOUTH SHORE EST 7

FIRE DEPT. MAP NO.

JOB PHONE

CALL-IN DATE

CALL-IN TIME

SCHEDULE DATE

2217-41

736-6434

05/07/92

13:34

05/08/92

INSPECTOR NO.

INSPECTOR NAME

55

EARL RUSSEL

**INSPECTION  
REQUESTED**

INSULATION (123)

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \*799-2071

☐ REFEE (F)

REINSPECTION FEE REQUIRED - PAY AT CITY HALL  
3RD FLOOR - 400 E. STEWART STREET.

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*E. Russell*

INSPECTION DATE

5/8/92

☐ PROJECT  
COMPLETE

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

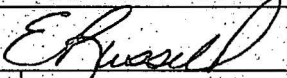
IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY  
CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT

229-6765

FOR ADDITIONAL ASSISTANCE CALL \*386-6251  
SEE REVERSE SIDE FOR INSPECTION TYPES

\* EFFECTIVE JULY 1, 1991  
PHONE PREFIX WILL BE 229

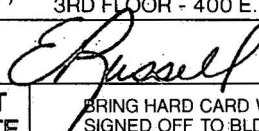
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                         |                                                                                                                                                        |                                                  |                                                            |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|
| <b>X</b>                                                                                                                                                                                                | <b>PERMIT<br/>NUMBER</b>                                                                                                                               | <b>92-137522</b>                                 | <b>INSPECTION<br/>NUMBER</b>                               | <b>13</b>                                           |
| <b>JOB ADDRESS</b>                                                                                                                                                                                      |                                                                                                                                                        |                                                  |                                                            |                                                     |
| <b>8349 EMERALD ISLE AV</b>                                                                                                                                                                             |                                                                                                                                                        |                                                  |                                                            |                                                     |
| <b>LOT NO.</b>                                                                                                                                                                                          | <b>BLOCK NO.</b>                                                                                                                                       | <b>SUBDIVISION NAME</b>                          |                                                            |                                                     |
| <b>410</b>                                                                                                                                                                                              | <b>11</b>                                                                                                                                              | <b>SOUTH SHORE EST 7</b>                         |                                                            |                                                     |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                                                                                               | <b>JOB PHONE</b>                                                                                                                                       | <b>CALL-IN DATE</b>                              | <b>CALL-IN TIME</b>                                        | <b>SCHEDULE DATE</b>                                |
| <b>2217-41</b>                                                                                                                                                                                          | <b>736-6434</b>                                                                                                                                        | <b>05/06/92</b>                                  | <b>12:39</b>                                               | <b>05/07/92</b>                                     |
| <b>INSPECTOR NO.</b>                                                                                                                                                                                    | <b>INSPECTOR NAME</b>                                                                                                                                  |                                                  |                                                            |                                                     |
| <b>55</b>                                                                                                                                                                                               | <b>EARL RUSSEL</b>                                                                                                                                     |                                                  |                                                            |                                                     |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                                                                                         | <b>INSULATION (123)</b>                                                                                                                                |                                                  |                                                            |                                                     |
| <div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 40px; font-weight: bold;">!</div> </div> |                                                                                                                                                        |                                                  |                                                            |                                                     |
| <input type="checkbox"/> <b>PARTIAL<br/>INSPECTION</b>                                                                                                                                                  | <input type="checkbox"/> <b>PARTIAL<br/>APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                       |                                                            |                                                     |
| <input checked="" type="checkbox"/> <b>APPROVED<br/>(A)</b>                                                                                                                                             | <input type="checkbox"/> <b>STOP<br/>WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS<br/>(C)</b> | <input type="checkbox"/> <b>TEMPORARY<br/>APPROVAL (T)</b> | <input type="checkbox"/> <b>HOLD<br/>(H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                                                                                            | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                         |                                                  |                                                            | <input type="checkbox"/> <b>PERMIT<br/>REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                                                                               | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br/>3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                                  |                                                            |                                                     |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                                                                                          |                                                                     |                                                  | <b>INSPECTION DATE</b>                                     |                                                     |
|                                                                                                                                                                                                         |                                                                                                                                                        |                                                  | <b>5.7.92</b>                                              |                                                     |
| <input type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                                                                                                    | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS<br/>SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                  |                                                            |                                                     |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br/>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b>                                                              |                                                                                                                                                        |                                                  |                                                            | <b>229-6765</b>                                     |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                            |                                      |                                    |                              |                                  |
|--------------------------------------------|--------------------------------------|------------------------------------|------------------------------|----------------------------------|
| <b>PERMIT NUMBER</b>                       | 92-139084                            |                                    | <b>INSPECTION NUMBER</b>     | 17                               |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV |                                      |                                    |                              |                                  |
| <b>LOT NO.</b><br>410                      | <b>BLOCK NO.</b><br>11               | <b>SUBDIVISION NAME</b><br>CAPRI 8 |                              |                                  |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41       | <b>JOB PHONE</b><br>798-1055         | <b>CALL-IN DATE</b><br>05/04/92    | <b>CALL-IN TIME</b><br>14:08 | <b>SCHEDULE DATE</b><br>05/05/92 |
| <b>INSPECTOR NO.</b><br>55                 | <b>INSPECTOR NAME</b><br>EARL RUSSEL |                                    |                              |                                  |
| <b>INSPECTION REQUESTED</b>                | ROUGH MECHANICAL (320)               |                                    |                              |                                  |

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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.                                                     |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                  |                                       | <b>INSPECTION DATE</b><br>5.5.92                        |                                          |
| <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>229-6765</b>                          |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <b>H</b>                                                                                                                        | <b>PERMIT<br/>NUMBER</b>                                                                                                            | 92-137690                             | <b>INSPECTION<br/>NUMBER</b>                            | 18                                |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                      |                                                                                                                                     |                                       |                                                         |                                   |
| LOT NO.<br><b>410</b>                                                                                                           |                                                                                                                                     | BLOCK NO.<br><b>11</b>                | SUBDIVISION NAME<br><b>CAPRI 8</b>                      |                                   |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                            | JOB PHONE<br><b>649-5770</b>                                                                                                        | CALL-IN DATE<br><b>05/04/92</b>       | CALL-IN TIME<br><b>14:09</b>                            | SCHEDULE DATE<br><b>05/05/92</b>  |
| INSPECTOR NO.<br><b>55</b>                                                                                                      |                                                                                                                                     | INSPECTOR NAME<br><b>EARL RUSSEL</b>  |                                                         |                                   |
| <b>INSPECTION REQUESTED</b> → <b>TOP OUT-WATER, GAS, WASTE (420)</b>                                                            |                                                                                                                                     |                                       |                                                         |                                   |
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> 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>5-5-92</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>229-6765</b>                   |

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

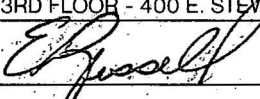
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**For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

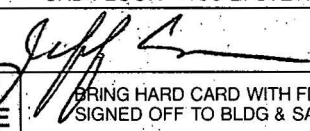
|                                                                 |  |                                      |  |                                                              |  |                              |  |
|-----------------------------------------------------------------|--|--------------------------------------|--|--------------------------------------------------------------|--|------------------------------|--|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>        |  | 92-1375 22                           |  | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> |  | 20                           |  |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                      |  |                                      |  |                                                              |  |                              |  |
| LOT NO.<br><b>410</b>                                           |  | BLOCK NO.<br><b>11</b>               |  | SUBDIVISION NAME<br><b>SOUTH SHORE EST 7</b>                 |  |                              |  |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                            |  | JOB PHONE<br><b>736-6434</b>         |  | CALL-IN DATE<br><b>05/04/92</b>                              |  | CALL-IN TIME<br><b>14:12</b> |  |
| SCHEDULE DATE<br><b>05/05/92</b>                                |  |                                      |  |                                                              |  |                              |  |
| INSPECTOR NO.<br><b>55</b>                                      |  | INSPECTOR NAME<br><b>EARL RUSSEL</b> |  |                                                              |  |                              |  |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b> |  | <b>FRAMING (120)</b>                 |  |                                                              |  |                              |  |

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|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|----------------------------------------------------------------|-----------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                              |  | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               |  | <b>PARTIAL DESCRIPTION</b>                   |  |                                                                |                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                         |  | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      |  | <input type="checkbox"/> <b>COMMENTS (C)</b> |  | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |                 |
| <input type="checkbox"/> <b>HOLD (H)</b>                                                                                        |  |                                                                                                                                                    |  |                                              |  |                                                                |                 |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                    |  | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                                                                                      |  |                                              |  |                                                                |                 |
| <input type="checkbox"/> <b>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><br>               |  |                                                                                                                                                    |  | <b>INSPECTION DATE</b><br><b>5-5-92</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> |  |                                              |  |                                                                |                 |
| 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>229-6765</b> |

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

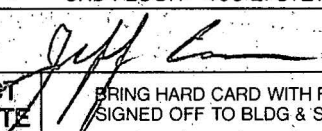
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                        |                                                                                        |                                                                                                                                                     |                                                                |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| <b>F</b>                                                                                                                               | <b>PERMIT NUMBER</b>                                                                   | <b>92-137522</b>                                                                                                                                    | <b>INSPECTION NUMBER</b>                                       | <b>58</b>                                |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b>                                                                                      |                                                                                        |                                                                                                                                                     |                                                                |                                          |
| <b>LOT NO.</b><br><b>410</b>                                                                                                           |                                                                                        | <b>BLOCK NO.</b><br><b>11</b>                                                                                                                       | <b>SUBDIVISION NAME</b><br><b>SOUTH SHORE EST 7</b>            |                                          |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-41</b>                                                                                            | <b>JOB PHONE</b><br><b>736-6434</b>                                                    | <b>CALL-IN DATE</b><br><b>04/20/92</b>                                                                                                              | <b>CALL-IN TIME</b><br><b>16:37</b>                            | <b>SCHEDULE DATE</b><br><b>04/21/92</b>  |
| <b>INSPECTOR NO.</b><br><b>55/61</b>                                                                                                   |                                                                                        | <b>INSPECTOR NAME</b><br><b>EARL RUSSEL</b>                                                                                                         |                                                                |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                            |                                                                                        | <b>SHEAR (109)</b>                                                                                                                                  |                                                                |                                          |
|                                                                                                                                        |                                                                                        |                                                                                                                                                     |                                                                |                                          |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                   | <b>PARTIAL DESCRIPTION.</b>                                                                                                                         |                                                                |                                          |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                          | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                                        | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                          |                                                                                                                                                     | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |                                          |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                     |                                                                |                                          |
| <b>INSPECTOR SIGNATURE</b><br>                      |                                                                                        | <b>INSPECTION DATE</b><br><b>4-21-92</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>229-6765</b>                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                     |                                                     |                                     |
|----------------------------------------------------------|-------------------------------------|-----------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>92-137522</b>                    | <b>INSPECTION NUMBER</b>                            | <b>57</b>                           |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b>        |                                     |                                                     |                                     |
| <b>LOT NO.</b><br><b>410</b>                             | <b>BLOCK NO.</b><br><b>11</b>       | <b>SUBDIVISION NAME</b><br><b>SOUTH SHORE EST 7</b> |                                     |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-41</b>              | <b>JOB PHONE</b><br><b>736-6434</b> | <b>CALL-IN DATE</b><br><b>04/20/92</b>              | <b>CALL-IN TIME</b><br><b>16:37</b> |
| <b>INSPECTOR NO.</b><br><b>55</b>                        |                                     | <b>INSPECTOR NAME</b><br><b>EARL RUSSEL</b>         |                                     |
| <b>INSPECTION REQUESTED</b>                              |                                     | <b>ROOF SHEATHING (107)</b>                         |                                     |

|                                                                                                                                        |                                                                                                                                                 |                                              |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) — UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                  |                                              |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400.E. STEWART STREET.</b>                                                          |                                              |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b><br>                      |                                                                                                                                                 |                                              | <b>INSPECTION DATE</b><br><b>4-21-92</b>                       |                                                 |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                            | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. OF 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>229-6765</b>                                 |

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

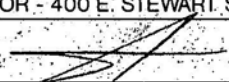
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | PERMIT<br>NUMBER                                                                                                                       | 92-137522                                | INSPECTION<br>NUMBER                                       | 28                                   |
| JOB ADDRESS<br>8349 EMERALD ISLE AV                                                                                                |                                                                                                                                        |                                          |                                                            |                                      |
| LOT NO.<br>410                                                                                                                     |                                                                                                                                        | BLOCK NO.<br>11                          | SUBDIVISION NAME<br>SOUTH SHORE EST 7                      |                                      |
| FIRE DEPT. MAP NO.<br>2217-41                                                                                                      | JOB PHONE<br>736-6434                                                                                                                  | CALL-IN DATE<br>02/28/92                 | CALL-IN TIME<br>15:27                                      | SCHEDULE DATE<br>03/02/92            |
| INSPECTOR NO.<br>60                                                                                                                |                                                                                                                                        | INSPECTOR NAME<br>STEVE VANPATTEN        |                                                            |                                      |
| INSPECTION<br>REQUESTED                                                                                                            |                                                                                                                                        | FOOTING, LAYOUT, REBAR, ZONING (101)     |                                                            |                                      |
|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
| <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>3-2-92                |                                                            |                                      |
| <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                             |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

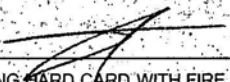
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|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                    | <b>PERMIT NUMBER</b>                                                                                                                               | <b>92-137690</b>                                | <b>INSPECTION NUMBER</b>                                       | <b>14</b>                                |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b>                                                                                      |                                                                                                                                                    |                                                 |                                                                |                                          |
| <b>LOT NO.</b><br><b>410</b>                                                                                                           |                                                                                                                                                    | <b>BLOCK NO.</b><br><b>11</b>                   | <b>SUBDIVISION NAME</b><br><b>CAPRI 8</b>                      |                                          |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-41</b>                                                                                            | <b>JOB PHONE</b><br><b>649-5770</b>                                                                                                                | <b>CALL-IN DATE</b><br><b>03/10/92</b>          | <b>CALL-IN TIME</b><br><b>14:32</b>                            | <b>SCHEDULE DATE</b><br><b>03/11/92</b>  |
| <b>INSPECTOR NO.</b><br><b>60</b>                                                                                                      |                                                                                                                                                    | <b>INSPECTOR NAME</b><br><b>STEVE VANPATTEN</b> |                                                                |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                            | <b>BUILDING SEWER (YARD LINES) (405)</b>                                                                                                           |                                                 |                                                                |                                          |
|                                                                                                                                        |                                                                                                                                                    |                                                 |                                                                |                                          |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                      |                                                                |                                          |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b>    | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |                                                 | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |                                          |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                                 |                                                                |                                          |
| <b>INSPECTOR SIGNATURE</b><br>                      |                                                                                                                                                    | <b>INSPECTION DATE</b><br><b>3-11-92</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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

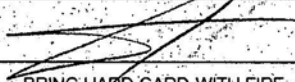
|                                     |                       |                                   |                             |                           |
|-------------------------------------|-----------------------|-----------------------------------|-----------------------------|---------------------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER      | 92-137690                         | INSPECTION<br>NUMBER        | 15                        |
| JOB ADDRESS<br>8349 EMERALD ISLE AV |                       |                                   |                             |                           |
| LOT NO.<br>410                      |                       | BLOCK NO.<br>11                   | SUBDIVISION NAME<br>CAPRI 8 |                           |
| FIRE DEPT. MAP NO.<br>2217-41       | JOB PHONE<br>649-5770 | CALL-IN DATE<br>03/10/92          | CALL-IN TIME<br>14:33       | SCHEDULE DATE<br>03/11/92 |
| INSPECTOR NO.<br>60                 |                       | INSPECTOR NAME<br>STEVE VANPATTEN |                             |                           |
| INSPECTION<br>REQUESTED             |                       | UNDERSLAB PLUMBING (407)          |                             |                           |

|                                                                          |  |  |  |  |
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|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
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| <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>3/11/92                                 |                                             |
| <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                                    |

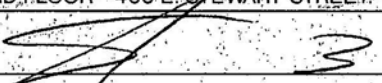
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                        |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                    | <b>PERMIT NUMBER</b>                                                                   | <b>92-137522</b>                                                                                                                                   | <b>INSPECTION NUMBER</b>                               | <b>22</b>                                |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b>                                                                                      |                                                                                        |                                                                                                                                                    |                                                        |                                          |
| <b>LOT NO.</b><br><b>410</b>                                                                                                           |                                                                                        | <b>BLOCK NO.</b><br><b>11</b>                                                                                                                      | <b>SUBDIVISION NAME</b><br><b>SOUTH SHORE EST 7</b>    |                                          |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-41</b>                                                                                            | <b>JOB PHONE</b><br><b>736-6434</b>                                                    | <b>CALL-IN DATE</b><br><b>03/13/92</b>                                                                                                             | <b>CALL-IN TIME</b><br><b>13:21</b>                    | <b>SCHEDULE DATE</b><br><b>03/16/92</b>  |
| <b>INSPECTOR NO.</b><br><b>60</b>                                                                                                      |                                                                                        | <b>INSPECTOR NAME</b><br><b>STEVE VANPATTEN</b>                                                                                                    |                                                        |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                            |                                                                                        | <b>UNDERGROUND ELECTRICAL (201)</b>                                                                                                                |                                                        |                                          |
|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                        |                                          |
| <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)</b> | <input type="checkbox"/> <b>HOLD (H)</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                          |                                                                                                                                                    | <input type="checkbox"/> <b>PERMIT REQUIRED</b>        |                                          |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                    |                                                        |                                          |
| <b>INSPECTOR SIGNATURE</b><br>                      |                                                                                        | <b>INSPECTION DATE</b><br><b>3-16-92</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.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | PERMIT<br>NUMBER                                                                                                                       | 92-137522                                | INSPECTION<br>NUMBER                                       | 18                                   |
| JOB ADDRESS<br>8349 EMERALD ISLE AV                                                                                                |                                                                                                                                        |                                          |                                                            |                                      |
| LOT NO.<br>410                                                                                                                     | BLOCK NO.<br>11                                                                                                                        | SUBDIVISION NAME<br>SOUTH SHORE EST 7    |                                                            |                                      |
| FIRE DEPT. MAP NO.<br>2217-41                                                                                                      | JOB PHONE<br>736-6434                                                                                                                  | CALL-IN DATE<br>03/13/92                 | CALL-IN TIME<br>13:20                                      | SCHEDULE DATE<br>03/16/92            |
| INSPECTOR NO.<br>60                                                                                                                | INSPECTOR NAME<br>STEVE VANPATTEN                                                                                                      |                                          |                                                            |                                      |
| INSPECTION<br>REQUESTED                                                                                                            | PRE-SLAB (105)                                                                                                                         |                                          |                                                            |                                      |
|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
| <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>3/16-92                                 |                                      |
| <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                             |

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<br/>NUMBER</b>                                                                                                               | 92-152330                                | <b>INSPECTION<br/>NUMBER</b>                                | 56                                   |
| JOB ADDRESS                                                                                                                        |                                                                                                                                        |                                          |                                                             |                                      |
| 8349 EMERALD ISLE AV                                                                                                               |                                                                                                                                        |                                          |                                                             |                                      |
| LOT NO.                                                                                                                            |                                                                                                                                        | BLOCK NO.                                | SUBDIVISION NAME                                            |                                      |
| FIRE DEPT. MAP NO.                                                                                                                 | JOB PHONE                                                                                                                              | CALL-IN DATE                             | CALL-IN TIME                                                | SCHEDULE DATE                        |
| 1-                                                                                                                                 |                                                                                                                                        | 07/10/92                                 | 15:17                                                       | 07/13/92                             |
| INSPECTOR NO.                                                                                                                      |                                                                                                                                        | INSPECTOR NAME                           |                                                             |                                      |
| 56                                                                                                                                 |                                                                                                                                        | EARL RUSSEL                              |                                                             |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                                                                        | FOOTING, LAYOUT, REBAR, ZONING (101)     |                                                             |                                      |
| <p>3 WALLS</p> <p style="font-size: 2em; text-align: center;">8313 + 8317</p>                                                      |                                                                                                                                        |                                          |                                                             |                                      |
| <input checked="" type="checkbox"/> PARTIAL<br>INSPECTION                                                                          | <input checked="" type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                            | PARTIAL DESCRIPTION                      |                                                             |                                      |
| <input 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]                                                                                                                        |                                                                                                                                        |                                          | 7-13-92                                                     |                                      |
| <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 |                                                                                                                                        |                                          |                                                             | 229-6765                             |

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



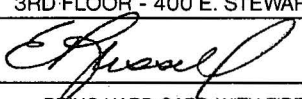
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                        |                                               |                                                                                                                                                    |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <b>K</b>                                                                                                                               | <b>PERMIT NUMBER</b>                          | <b>92-152330</b>                                                                                                                                   | <b>INSPECTION NUMBER</b>                                       | <b>36</b>                                       |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b>                                                                                      |                                               |                                                                                                                                                    |                                                                |                                                 |
| <b>LOT NO.</b>                                                                                                                         |                                               | <b>BLOCK NO.</b>                                                                                                                                   |                                                                | <b>SUBDIVISION NAME</b><br><b>CAPRI</b>         |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-41</b>                                                                                            | <b>JOB PHONE</b>                              | <b>CALL-IN DATE</b><br><b>10/19/92</b>                                                                                                             | <b>CALL-IN TIME</b><br><b>14:57</b>                            | <b>SCHEDULE DATE</b><br><b>10/20/92</b>         |
| <b>INSPECTOR NO.</b><br><b>55</b>                                                                                                      |                                               | <b>INSPECTOR NAME</b><br><b>EARL RUSSEL</b>                                                                                                        |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b> <b>WALL GROUT &amp; STEEL (131)</b>                                                                        |                                               |                                                                                                                                                    |                                                                |                                                 |
| <b>LQJS 374,375,376,405</b>                                                                                                            |                                               |                                                                                                                                                    |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                          |                                               | <input checked="" 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 type="checkbox"/> <b>REJECTED (R)</b>                                                                                           |                                               | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                                                                                      |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              |                                               | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b><br>                      |                                               |                                                                                                                                                    | <b>INSPECTION DATE</b><br><b>10-20-92</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>229-6765</b>                                 |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                    |                                                                                                                                        |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <b>H</b>                                                                                                                           | <b>PERMIT<br/>NUMBER</b>                                                           | <b>92-152330</b>                                                                                                                       | <b>INSPECTION<br/>NUMBER</b>                               | <b>15</b>                            |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                         |                                                                                    |                                                                                                                                        |                                                            |                                      |
| LOT NO.                                                                                                                            |                                                                                    | BLOCK NO.                                                                                                                              | SUBDIVISION NAME<br><b>CAPRI</b>                           |                                      |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                               | JOB PHONE                                                                          | CALL-IN DATE<br><b>10/14/92</b>                                                                                                        | CALL-IN TIME<br><b>15:11</b>                               | SCHEDULE DATE<br><b>10/15/92</b>     |
| INSPECTOR NO.<br><b>55</b>                                                                                                         |                                                                                    | INSPECTOR NAME<br><b>EARL RUSSEL</b>                                                                                                   |                                                            |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                    | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b>                                                                                            |                                                            |                                      |
|                                                                                                                                    |                                                                                    |                                                                                                                                        |                                                            |                                      |
| <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<br>                      |                                                                                    | INSPECTION DATE<br><b>10/15/92</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>229-6765</b>                      |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-152330**

**INSPECTION  
NUMBER**

**39**

**JOB ADDRESS**

**8349 EMERALD ISLE AV**

**LOT NO.**

**BLOCK NO.**

**SUBDIVISION NAME**

**CAPRI**

**FIRE DEPT. MAP NO.**

**JOB PHONE**

**CALL-IN DATE**

**CALL-IN TIME**

**SCHEDULE DATE**

**2217-41**

**10/09/92**

**14:55**

**10/13/92**

**INSPECTOR NO.**

**INSPECTOR NAME**

**55**

**EARL RUSSEL**

**INSPECTION  
REQUESTED**

**FOOTING, LAYOUT, REBAR, ZONING (101)**

*If you do not call lot #3,  
you will not get an  
inspection.*

☐ **PARTIAL  
INSPECTION**

☐ **PARTIAL  
APPROVAL (P)**

**PARTIAL DESCRIPTION**

☐ **APPROVED  
(A)**

☐ **STOP  
WORK (S)**

☐ **COMMENTS  
(C)**

☐ **TEMPORARY  
APPROVAL (T) - UNTIL**

☐ **HOLD  
(H)**

☒ **REJECTED (R)**

**REINSPECTION REQUIRED - CALL \*229-2071**

☐ **REPEE (F)**

**REINSPECTION FEE REQUIRED - PAY AT CITY HALL  
3RD FLOOR - 400 E. STEWART STREET.**

☐ **PERMIT  
REQUIRED**

**INSPECTOR  
SIGNATURE**

*Earl Russel*

**INSPECTION DATE**

*10.13.92*

☐ **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**

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                            |                              |                                      |                              |                                  |
|--------------------------------------------|------------------------------|--------------------------------------|------------------------------|----------------------------------|
| <b>H</b>                                   | <b>PERMIT NUMBER</b>         | 92-152330                            | <b>INSPECTION NUMBER</b>     | 22                               |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV |                              |                                      |                              |                                  |
| <b>LOT NO.</b>                             |                              | <b>BLOCK NO.</b>                     |                              | <b>SUBDIVISION NAME</b><br>CAPRI |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41       | <b>JOB PHONE</b><br>361-6550 | <b>CALL-IN DATE</b><br>03/10/92      | <b>CALL-IN TIME</b><br>14:12 | <b>SCHEDULE DATE</b><br>08/11/92 |
| <b>INSPECTOR NO.</b><br>55                 |                              | <b>INSPECTOR NAME</b><br>EARL RUSSEL |                              |                                  |
| <b>INSPECTION REQUESTED</b>                |                              | FOOTING, LAYOUT, REBAR, ZONING (101) |                              |                                  |

*Sidewalk - ~~East~~ East side of 8337*

|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                          | <input checked="" 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 type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                         |                                                                                                                                                    |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                    |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b><br><i>ERussell</i>                                                                                          |                                                                                        | <b>INSPECTION DATE</b><br>8-11-92                                                                                                                  |                                                                |                                                 |
| <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> |                                                                |                                                 |
| <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>229-6765</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



PERMIT  
NUMBER

92-152330

INSPECTION  
NUMBER

15

JOB ADDRESS

8349 EMERALD ISLE AV

LOT NO.

BLOCK NO.

SUBDIVISION NAME

CAPRI

FIRE DEPT. MAP NO.

JOB PHONE

CALL-IN DATE

CALL-IN TIME

SCHEDULE DATE

2217-41

08/07/92

15:13

08/10/92

INSPECTOR NO.

INSPECTOR NAME

55

EARL RUSSEL

INSPECTION  
REQUESTED

FOOTING, LAYOUT, REBAR, ZONING (101)

BLOCK WALLS

Steel not in place —  
Call Addresses

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☒ REJECTED (R)

REINSPECTION REQUIRED - CALL \* 229-2071

☐ REFEE (F)

REINSPECTION FEE REQUIRED - PAY AT CITY HALL  
3RD FLOOR - 400 E. STEWART STREET.

☐ PERMIT  
REQUIRED

INSPECTOR  
SIGNATURE

*Earl Russell*

INSPECTION DATE

8-10-92

☐ 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  
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229-6765

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

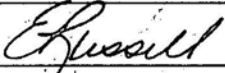
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                |                  |                               |                           |                           |
|--------------------------------------------------------------------------------|------------------|-------------------------------|---------------------------|---------------------------|
|  | PERMIT<br>NUMBER | 92-152330                     | INSPECTION<br>NUMBER      | 14                        |
| JOB ADDRESS<br>8349 EMERALD ISLE AV                                            |                  |                               |                           |                           |
| LOT NO.                                                                        |                  | BLOCK NO.                     | SUBDIVISION NAME<br>CAPRI |                           |
| FIRE DEPT. MAP NO.<br>2217-41                                                  | JOB PHONE        | CALL-IN DATE<br>07/28/92      | CALL-IN TIME<br>13:37     | SCHEDULE DATE<br>07/29/92 |
| INSPECTOR NO.<br>55                                                            |                  | INSPECTOR NAME<br>EARL RUSSEL |                           |                           |

|                         |                          |
|-------------------------|--------------------------|
| INSPECTION<br>REQUESTED | WALL GROUT & STEEL (131) |
|-------------------------|--------------------------|

8320

*Wall grouted without  
Steel inspection.*

|                                                                                     |                                                                                                                                        |                                          |                                                            |                                      |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                      | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                            |                                      |
| <input 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 checked="" type="checkbox"/> REJECTED (R)                                    |                                                                                                                                        | REINSPECTION REQUIRED - CALL *229-2071   |                                                            |                                      |
| <input type="checkbox"/> REFEE (F)                                                  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          | <input type="checkbox"/> PERMIT<br>REQUIRED                |                                      |
| INSPECTOR<br>SIGNATURE                                                              |                                                                                                                                        | INSPECTION DATE                          |                                                            |                                      |
|  |                                                                                                                                        | 7-29-92                                  |                                                            |                                      |
| <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  
CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                    |  |                                                                 |  |
|--------------------------------------------------------------------|--|-----------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 92-152330 |  | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> 26 |  |
| <b>JOB ADDRESS</b> 8349 EMEALD ISLE AV                             |  |                                                                 |  |
| <b>LOT NO.</b>                                                     |  | <b>BLOCK NO.</b>                                                |  |
| <b>SUBDIVISION NAME</b> CAPRI                                      |  |                                                                 |  |
| <b>FIRE DEPT. MAP NO.</b> 2217-41                                  |  | <b>JOB PHONE</b>                                                |  |
| <b>CALL-IN DATE</b> 07/24/92                                       |  | <b>CALL-IN TIME</b> 14:44                                       |  |
| <b>SCHEDULE DATE</b> 07/27/92                                      |  |                                                                 |  |
| <b>INSPECTOR NO.</b> 55                                            |  | <b>INSPECTOR NAME</b> EARL RUSSEL                               |  |
| <b>INSPECTION REQUESTED</b>                                        |  | WALL GROUT & STEEL (131)                                        |  |

P.A. ~~8328~~, ~~8332~~ & ~~8341~~

8328, 8332, 8336, 8346, 8345,  
8341 EAST WALL ONLY

|                                                               |  |                                                                                                                                     |  |                                                 |  |
|---------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b> |  | <input checked="" 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>REJECTED (R)</b>                  |  | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T)</b> - UNTIL                                                                      |  | <input type="checkbox"/> <b>HOLD (H)</b>        |  |
| <input type="checkbox"/> <b>REFEE (F)</b>                     |  | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |  | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |  |
| <b>INSPECTOR SIGNATURE</b> <i>Earl Russel</i>                 |  | <b>INSPECTION DATE</b> 7-27-92                                                                                                      |  |                                                 |  |
| <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

229-6765

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



PERMIT  
NUMBER

92-152330

INSPECTION  
NUMBER

8

JOB ADDRESS

8349 EMERALD ISLE AV

LOT NO.

BLOCK NO.

SUBDIVISION NAME

CAPRI

FIRE DEPT. MAP NO.

2217-41

JOB PHONE

CALL-IN DATE

07/23/92

CALL-IN TIME

13:52

SCHEDULE DATE

07/24/92

INSPECTOR NO.

55

INSPECTOR NAME

EARL RUSSEL

INSPECTION  
REQUESTED

FOOTING, LAYOUT, REBAR, ZONING (101)

A.M. 8332

☒ PARTIAL  
INSPECTION

☒ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \* 229-2071

☐ REFEE (F)

REINSPECTION FEE REQUIRED - PAY AT CITY HALL  
3RD FLOOR - 400 E. STEWART STREET.

☐ PERMIT  
REQUIRED

INSPECTOR  
SIGNATURE

*E. Russell*

INSPECTION DATE

7.24.92

☐ PROJECT  
COMPLETE

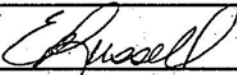
BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS  
SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only)

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |  |                                                                                                                                     |  |                                              |  |                                                                |                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>PERMIT NUMBER</b>                                                                                                               |  | 92-152330                                                                                                                           |  | <b>INSPECTION NUMBER</b>                     |  | 2                                                              |                                                                                                     |
| <b>JOB ADDRESS</b>                                                                                                                 |  |                                                                                                                                     |  |                                              |  |                                                                |                                                                                                     |
| 8340 EMERALD ISLE AV                                                                                                               |  |                                                                                                                                     |  |                                              |  |                                                                |                                                                                                     |
| <b>LOT NO.</b>                                                                                                                     |  | <b>BLOCK NO.</b>                                                                                                                    |  | <b>SUBDIVISION NAME</b>                      |  |                                                                |                                                                                                     |
|                                                                                                                                    |  |                                                                                                                                     |  | CAPRI                                        |  |                                                                |                                                                                                     |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                          |  | <b>JOB PHONE</b>                                                                                                                    |  | <b>CALL-IN DATE</b>                          |  | <b>CALL-IN TIME</b>                                            |                                                                                                     |
| 2217-41                                                                                                                            |  |                                                                                                                                     |  | 07/22/92                                     |  | 11:29                                                          |                                                                                                     |
| <b>INSPECTOR NO.</b>                                                                                                               |  | <b>INSPECTOR NAME</b>                                                                                                               |  |                                              |  |                                                                |                                                                                                     |
| 55                                                                                                                                 |  | EARL RUSSEL                                                                                                                         |  |                                              |  |                                                                |                                                                                                     |
| <b>INSPECTION REQUESTED</b>                                                                                                        |  | FOOTING, LAYOUT, REBAR, ZONING (101)                                                                                                |  |                                              |  |                                                                |                                                                                                     |
| <p>A.M. 8340-8328-8341</p>                                                                                                         |  |                                                                                                                                     |  |                                              |  |                                                                |                                                                                                     |
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                      |  | <input checked="" 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>REJECTED (R)</b>                                                                                       |  | <input type="checkbox"/> <b>REFEE (F)</b>                                                                                           |  | <input type="checkbox"/> <b>HOLD (H)</b>     |  |                                                                |                                                                                                     |
|                                                                                                                                    |  | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |  |                                              |  |                                                                |                                                                                                     |
|                                                                                                                                    |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                              |  | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b>                                                                                                         |  |                                                                                                                                     |  | <b>INSPECTION DATE</b>                       |  |                                                                |                                                                                                     |
|                                                 |  |                                                                                                                                     |  | 7.23.92                                      |  |                                                                |                                                                                                     |
| <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<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                     |  |                                              |  |                                                                |  <b>229-6765</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

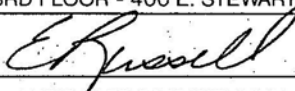
|                                                          |                                      |                                  |                              |                                  |
|----------------------------------------------------------|--------------------------------------|----------------------------------|------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | 92-152330                            |                                  | <b>INSPECTION NUMBER</b>     | 7                                |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV               |                                      |                                  |                              |                                  |
| <b>LOT NO.</b>                                           | <b>BLOCK NO.</b>                     | <b>SUBDIVISION NAME</b><br>CAPRI |                              |                                  |
| <b>FIRE DEPT. MAP NO.</b><br>2217-61                     | <b>JOB PHONE</b><br>592-4104         | <b>CALL-IN DATE</b><br>07/21/92  | <b>CALL-IN TIME</b><br>13:17 | <b>SCHEDULE DATE</b><br>07/22/92 |
| <b>INSPECTOR NO.</b><br>55                               | <b>INSPECTOR NAME</b><br>EARL RUSSEL |                                  |                              |                                  |
| <b>INSPECTION REQUESTED</b>                              | WALL GROUT & STEEL (131)             |                                  |                              |                                  |

Not Ready

|                                                                                                                                 |                                                                                                                                     |                                              |                                                                |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <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)</b> - UNTIL | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                         | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                              |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                       | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                              |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      | <i>Earl Russel</i>                                                                                                                  |                                              | <b>INSPECTION DATE</b><br>7.22.92                              |                                                 |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                     | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (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>229-6765</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |  |                                                                                                                                        |  |                                                 |  |                                                                |          |
|------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|----------------------------------------------------------------|----------|
| <b>PERMIT NUMBER</b>                                                                                                               |  | 92-152330                                                                                                                              |  | <b>INSPECTION NUMBER</b>                        |  | 30                                                             |          |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV                                                                                         |  |                                                                                                                                        |  |                                                 |  |                                                                |          |
| <b>LOT NO.</b>                                                                                                                     |  | <b>BLOCK NO.</b>                                                                                                                       |  | <b>SUBDIVISION NAME</b><br>CAPRI                |  |                                                                |          |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41                                                                                               |  | <b>JOB PHONE</b>                                                                                                                       |  | <b>CALL-IN DATE</b><br>07/21/92                 |  | <b>CALL-IN TIME</b><br>15:19                                   |          |
| <b>INSPECTOR NO.</b><br>55                                                                                                         |  | <b>INSPECTOR NAME</b><br>EARL RUSSEL                                                                                                   |  |                                                 |  |                                                                |          |
| <b>INSPECTION REQUESTED</b>                                                                                                        |  | BUILDING FINAL (140)                                                                                                                   |  |                                                 |  |                                                                |          |
| 8313, 8317 & 8320                                                                                                                  |  |                                                                                                                                        |  |                                                 |  |                                                                |          |
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                      |  | <input checked="" 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>REJECTED (R)</b>                                                                                       |  | <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              |  | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |  | <input type="checkbox"/> <b>HOLD (H)</b>                       |          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                         |  |                                                     |  |                                                 |  | <b>INSPECTION DATE</b><br>7-22-92                              |          |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                   |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |                                                 |  |                                                                |          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                        |  |                                                 |  |                                                                | 229-6765 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                         |                                                                                                                                                    |                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>1</b>                                                                                                                                                | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">92-152330</div>                                 | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">33</div>    |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">8349 EMERALD ISLE AV</div>                             |                                                                                                                                                    |                                                                                                                    |
| <b>LOT NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                                    | <b>BLOCK NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                             | <b>SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">CAPRI</div>  |
| <b>FIRE DEPT. MAP NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2217-41</div>                                   | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                             | <b>CALL-IN DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">07/16/92</div>   |
| <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15:37</div>                                           |                                                                                                                                                    | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">07/17/92</div>  |
| <b>INSPECTOR NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">55</div>                                             | <b>INSPECTOR NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">EARL RUSSEL</div>                              |                                                                                                                    |
| <b>INSPECTION REQUESTED</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">WALL GROUT &amp; STEEL (131)</div>            |                                                                                                                                                    |                                                                                                                    |
| <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin-bottom: 10px;"> A.M. 8313, 8317 &amp; 8320 </div> |                                                                                                                                                    |                                                                                                                    |
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                           | <input checked="" type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                    | <b>PARTIAL DESCRIPTION</b><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div>             |
| <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)</b> - UNTIL                                                                                          |                                                                                                                                                    | <input type="checkbox"/> <b>HOLD (H)</b>                                                                           |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                                            | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                                                                                      |                                                                                                                    |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                               | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                                                                                                    |
| <b>INSPECTOR SIGNATURE</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div>                                        |                                                                                                                                                    | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;">7/17/92</div> |
| <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>                  |                                                                                                                                                    | <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold;">229-6765</div>       |

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 NUMBER | 92-152330 | INSPECTION NUMBER                    | 4                     |
| JOB ADDRESS<br>8349 EMERALD ISLE AV               |           |                                      |                       |
| LOT NO.                                           | BLOCK NO. | SUBDIVISION NAME<br>CAPRI            |                       |
| FIRE DEPT. MAP NO.<br>2217-41                     | JOB PHONE | CALL-IN DATE<br>07/15/92             | CALL-IN TIME<br>11:47 |
| INSPECTOR NO.<br>55                               |           | INSPECTOR NAME<br>EARL RUSSEL        |                       |
| INSPECTION REQUESTED                              |           | FOOTING, LAYOUT, REBAR, ZONING (101) |                       |

AT 8313 & 8320

West Side of 8313



|                                                                                                                                 |                                                                                                                                     |                                          |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> PARTIAL INSPECTION                                                                          | <input checked="" 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"/> REJECTED (R)                                                                                           | <input type="checkbox"/> REFEED (F)                                                                                                 | <input type="checkbox"/> PERMIT REQUIRED |                                                         |
| INSPECTOR SIGNATURE<br><i>E. Russell</i>                                                                                        |                                                                                                                                     | INSPECTION DATE<br>7.16.92               |                                                         |
| <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 |                                                                                                                                     |                                          | 229-6765                                                |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                                |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <b>M</b>                                                                                                                        | <b>PERMIT NUMBER</b>                                                            | 92-152330                                                                                                                           | <b>INSPECTION NUMBER</b>                                       | 26                                              |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV                                                                                      |                                                                                 |                                                                                                                                     |                                                                |                                                 |
| <b>LOT NO.</b>                                                                                                                  |                                                                                 | <b>BLOCK NO.</b>                                                                                                                    |                                                                | <b>SUBDIVISION NAME</b><br>CAPRI                |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                       | <b>JOB PHONE</b><br>592-4104                                                    | <b>CALL-IN DATE</b><br>07/13/92                                                                                                     | <b>CALL-IN TIME</b><br>14:05                                   | <b>SCHEDULE DATE</b><br>07/14/92                |
| <b>INSPECTOR NO.</b><br>55                                                                                                      |                                                                                 | <b>INSPECTOR NAME</b><br>EARL RUSSEL                                                                                                |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                 | FOOTING, LAYOUT, REBAR, ZONING (101)                                                                                                |                                                                |                                                 |
| <p style="font-size: 1.5em; font-family: cursive;">8320 Emerald Isle</p>                                                        |                                                                                 |                                                                                                                                     |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                   |                                                                                 | <input checked="" 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 type="checkbox"/> <b>REJECTED (R)</b>                                                                                    | REINSPECTION REQUIRED - CALL * 229-2071.                                        |                                                                                                                                     |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEÉ (F)</b>                                                                                       | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                     |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b><br><i>Earl Russel</i>                                                                                |                                                                                 |                                                                                                                                     | <b>INSPECTION DATE</b><br>7.14.92                              |                                                 |
| <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 |                                                                                 |                                                                                                                                     |                                                                | 229-6765                                        |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                    |                                                                                                                                        |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | <b>PERMIT<br/>NUMBER</b>                                                           | 92-137522                                                                                                                              | <b>INSPECTION<br/>NUMBER</b>                               | 22                                   |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                         |                                                                                    |                                                                                                                                        |                                                            |                                      |
| LOT NO.<br><b>410</b>                                                                                                              |                                                                                    | BLOCK NO.<br><b>11</b>                                                                                                                 | SUBDIVISION NAME<br><b>SOUTH SHORE EST 7</b>               |                                      |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                               | JOB PHONE<br><b>736-6434</b>                                                       | CALL-IN DATE<br><b>03/13/92</b>                                                                                                        | CALL-IN TIME<br><b>13:21</b>                               | SCHEDULE DATE<br><b>03/16/92</b>     |
| INSPECTOR NO.<br><b>60</b>                                                                                                         |                                                                                    | INSPECTOR NAME<br><b>STEVE VANPATTEN</b>                                                                                               |                                                            |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                    | <b>UNDERGROUND ELECTRICAL (201)</b>                                                                                                    |                                                            |                                      |
|                                                                                                                                    |                                                                                    |                                                                                                                                        |                                                            |                                      |
| <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>3-16-92</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.

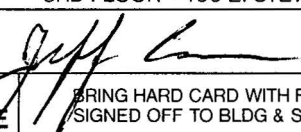
**DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS**

|                                                                               |                  |                   |                      |               |
|-------------------------------------------------------------------------------|------------------|-------------------|----------------------|---------------|
|  | PERMIT<br>NUMBER | 92-137522         | INSPECTION<br>NUMBER | 18            |
| JOB ADDRESS                                                                   |                  |                   |                      |               |
| 8349 EMERALD ISLE AV                                                          |                  |                   |                      |               |
| LOT NO.                                                                       | BLOCK NO.        | SUBDIVISION NAME  |                      |               |
| 410                                                                           | 11               | SOUTH SHORE EST 7 |                      |               |
| FIRE DEPT. MAP NO.                                                            | JOB PHONE        | CALL-IN DATE      | CALL-IN TIME         | SCHEDULE DATE |
| 2217-41                                                                       | 736-6434         | 03/13/92          | 13:20                | 03/16/92      |
| INSPECTOR NO.                                                                 | INSPECTOR NAME   |                   |                      |               |
| 60                                                                            | STEVE VANPATTEN  |                   |                      |               |
| INSPECTION<br>REQUESTED                                                       | PRE-SLAB (105)   |                   |                      |               |

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

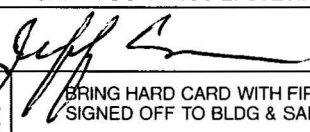
**For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                    |                                                                                                                                          |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | <b>PERMIT<br/>NUMBER</b>                                                           | 92-1375 22                                                                                                                               | <b>INSPECTION<br/>NUMBER</b>                               | 57                                   |
| JOB ADDRESS <b>8349 EMERALD ISLE AV</b>                                                                                            |                                                                                    |                                                                                                                                          |                                                            |                                      |
| LOT NO.<br><b>410</b>                                                                                                              |                                                                                    | BLOCK NO.<br><b>11</b>                                                                                                                   | SUBDIVISION NAME<br><b>SOUTH SHORE EST 7</b>               |                                      |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                               | JOB PHONE<br><b>736-6434</b>                                                       | CALL-IN DATE<br><b>04/20/92</b>                                                                                                          | CALL-IN TIME<br><b>16:37</b>                               | SCHEDULE DATE<br><b>04/21/92</b>     |
| INSPECTOR NO.<br><b>55</b>                                                                                                         |                                                                                    | INSPECTOR NAME<br><b>EARL RUSSEL</b>                                                                                                     |                                                            |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                    | <b>ROOF SHEATHING (107)</b>                                                                                                              |                                                            |                                      |
|                                                                                                                                    |                                                                                    |                                                                                                                                          |                                                            |                                      |
| <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>4-21-92</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>229-6765</b>                      |

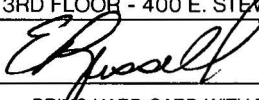
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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |  |                                                                                                                                     |  |                                              |  |                                                         |                 |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                                            |  | 92-137522                                                                                                                           |  | <b>INSPECTION NUMBER</b>                     |  | 58                                                      |                 |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                      |  |                                                                                                                                     |  |                                              |  |                                                         |                 |
| LOT NO.<br><b>410</b>                                                                                                           |  | BLOCK NO.<br><b>11</b>                                                                                                              |  | SUBDIVISION NAME<br><b>SOUTH SHORE EST 7</b> |  |                                                         |                 |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                            |  | JOB PHONE<br><b>736-6434</b>                                                                                                        |  | CALL-IN DATE<br><b>04/20/92</b>              |  | CALL-IN TIME<br><b>16:37</b>                            |                 |
| SCHEDULE DATE<br><b>04/21/92</b>                                                                                                |  |                                                                                                                                     |  |                                              |  |                                                         |                 |
| INSPECTOR NO.<br><b>55</b>                                                                                                      |  | INSPECTOR NAME<br><b>EARL RUSSEL</b>                                                                                                |  |                                              |  |                                                         |                 |
| <b>INSPECTION REQUESTED</b>                                                                                                     |  | <b>SHEAR (109)</b>                                                                                                                  |  |                                              |  |                                                         |                 |
|                                                                                                                                 |  |                                                                                                                                     |  |                                              |  |                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | PARTIAL DESCRIPTION                          |  |                                                         |                 |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C)        |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |                 |
| <input type="checkbox"/> 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><b>4-21-92</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>229-6765</b> |

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

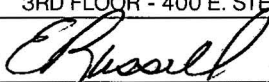
# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | <b>PERMIT<br/>NUMBER</b>                                                                                                               | 92-1375 22                               | <b>INSPECTION<br/>NUMBER</b>                               | 20                                   |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV.</b>                                                                                        |                                                                                                                                        |                                          |                                                            |                                      |
| LOT NO.<br><b>410</b>                                                                                                              |                                                                                                                                        | BLOCK NO.<br><b>11</b>                   | SUBDIVISION NAME<br><b>SOUTH SHORE EST 7</b>               |                                      |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                               | JOB PHONE<br><b>736-6434</b>                                                                                                           | CALL-IN DATE<br><b>05/04/92</b>          | CALL-IN TIME<br><b>14:12</b>                               | SCHEDULE DATE<br><b>05/05/92</b>     |
| INSPECTOR NO.<br><b>55</b>                                                                                                         |                                                                                                                                        | INSPECTOR NAME<br><b>EARL RUSSEL</b>     |                                                            |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                                                                        | <b>FRAMING (120)</b>                     |                                                            |                                      |
|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
| <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<br>                      |                                                                                                                                        | INSPECTION DATE<br><b>5.5.92</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>229-6765</b>                      |

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

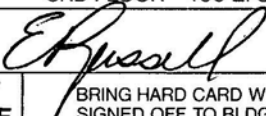


# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
|                                                    | <b>PERMIT NUMBER</b>                                                                                                                | 92-140038                             | <b>INSPECTION NUMBER</b>                                | 19                                |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV                                                                                      |                                                                                                                                     |                                       |                                                         |                                   |
| <b>LOT NO.</b>                                                                                                                  |                                                                                                                                     | <b>BLOCK NO.</b>                      | <b>SUBDIVISION NAME</b>                                 |                                   |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                       | <b>JOB PHONE</b>                                                                                                                    | <b>CALL-IN DATE</b>                   | <b>CALL-IN TIME</b>                                     | <b>SCHEDULE DATE</b>              |
| 2217-41                                                                                                                         | 739-7781                                                                                                                            | 05/04/92                              | 14:11                                                   | 05/05/92                          |
| <b>INSPECTOR NO.</b>                                                                                                            |                                                                                                                                     | <b>INSPECTOR NAME</b>                 |                                                         |                                   |
| 55                                                                                                                              |                                                                                                                                     | EARL RUSSEL                           |                                                         |                                   |
| <b>INSPECTION REQUESTED</b> ROUGH ELECTRICAL (220)                                                                              |                                                                                                                                     |                                       |                                                         |                                   |
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
| <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.                                                     |                                       |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                  |                                       | <b>INSPECTION DATE</b><br>5.5.92                        |                                   |
| <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 |                                                                                                                                     |                                       |                                                         | 229-6765                          |

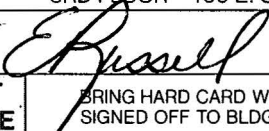
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | <b>PERMIT<br/>NUMBER</b>                                                                                                               | 92-137690                                | <b>INSPECTION<br/>NUMBER</b>                               | 18                                   |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                         |                                                                                                                                        |                                          |                                                            |                                      |
| LOT NO.<br><b>410</b>                                                                                                              |                                                                                                                                        | BLOCK NO.<br><b>11</b>                   | SUBDIVISION NAME<br><b>CAPRI 8</b>                         |                                      |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                               | JOB PHONE<br><b>649-5770</b>                                                                                                           | CALL-IN DATE<br><b>05/04/92</b>          | CALL-IN TIME<br><b>14:09</b>                               | SCHEDULE DATE<br><b>05/05/92</b>     |
| INSPECTOR NO.<br><b>55</b>                                                                                                         |                                                                                                                                        | INSPECTOR NAME<br><b>EARL RUSSEL</b>     |                                                            |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                                                                        | <b>TOP OUT-WATER, GAS, WASTE (420)</b>   |                                                            |                                      |
|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
| <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<br>                      |                                                                                                                                        | INSPECTION DATE<br><b>5-5-92</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>229-6765</b>                      |

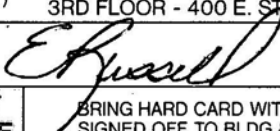
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
|                                                    | <b>PERMIT NUMBER</b>                                                                                                                | 92-139084                             | <b>INSPECTION NUMBER</b>                                | 17                                       |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV                                                                                      |                                                                                                                                     |                                       |                                                         |                                          |
| <b>LOT NO.</b><br>410                                                                                                           |                                                                                                                                     | <b>BLOCK NO.</b><br>11                |                                                         | <b>SUBDIVISION NAME</b><br>CAPRI 8       |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41                                                                                            | <b>JOB PHONE</b><br>798-1055                                                                                                        | <b>CALL-IN DATE</b><br>05/04/92       | <b>CALL-IN TIME</b><br>14:08                            | <b>SCHEDULE DATE</b><br>05/05/92         |
| <b>INSPECTOR NO.</b><br>55                                                                                                      |                                                                                                                                     | <b>INSPECTOR NAME</b><br>EARL RUSSEL  |                                                         |                                          |
| <b>INSPECTION REQUESTED</b> → ROUGH MECHANICAL (320)                                                                            |                                                                                                                                     |                                       |                                                         |                                          |
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                          |
| <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>5.5.92                        |                                          |
| <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 |                                                                                                                                     |                                       |                                                         | ➔ 229-6765                               |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                              |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|----------------------------------------------|
| <b>N</b>                                                                                                                        | <b>PERMIT NUMBER</b>                                                                                                                | 92-437522                             | <b>INSPECTION NUMBER</b>                                | 13                                           |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV                                                                                      |                                                                                                                                     |                                       |                                                         |                                              |
| <b>LOT NO.</b><br>410                                                                                                           |                                                                                                                                     | <b>BLOCK NO.</b><br>11                |                                                         | <b>SUBDIVISION NAME</b><br>SOUTH SHORE EST 7 |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41                                                                                            | <b>JOB PHONE</b><br>736-6434                                                                                                        | <b>CALL-IN DATE</b><br>05/06/92       | <b>CALL-IN TIME</b><br>12:39                            | <b>SCHEDULE DATE</b><br>05/07/92             |
| <b>INSPECTOR NO.</b><br>55                                                                                                      |                                                                                                                                     | <b>INSPECTOR NAME</b><br>EARL RUSSEL  |                                                         |                                              |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                                                                     | INSULATION (123)                      |                                                         |                                              |
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                              |
| <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>5.7.92                        |                                              |
| <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 |                                                                                                                                     |                                       |                                                         | 229-6765                                     |

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

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

|                                                                                                                                 |  |                                                                                                                                     |  |                                                                                                          |  |                                                         |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|  <b>PERMIT NUMBER</b>                              |  | 92-137522                                                                                                                           |  |  <b>INSPECTION NUMBER</b> |  | 4                                                       |                                                                                                     |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                      |  |                                                                                                                                     |  |                                                                                                          |  |                                                         |                                                                                                     |
| LOT NO.<br><b>410</b>                                                                                                           |  | BLOCK NO.<br><b>11</b>                                                                                                              |  | SUBDIVISION NAME<br><b>SOUTH SHORE EST 7</b>                                                             |  |                                                         |                                                                                                     |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                            |  | JOB PHONE<br><b>736-6434</b>                                                                                                        |  | CALL-IN DATE<br><b>05/08/92</b>                                                                          |  | CALL-IN TIME<br><b>10:47</b>                            |                                                                                                     |
| SCHEDULE DATE<br><b>05/11/92</b>                                                                                                |  |                                                                                                                                     |  |                                                                                                          |  |                                                         |                                                                                                     |
| INSPECTOR NO.<br><b>55</b>                                                                                                      |  | INSPECTOR NAME<br><b>EARL RUSSEL</b>                                                                                                |  |                                                                                                          |  |                                                         |                                                                                                     |
|  <b>INSPECTION REQUESTED</b>                     |  | <b>EXTERIOR LATH/STUCCO (129)</b>                                                                                                   |  |                                                                                                          |  |                                                         |                                                                                                     |
|                                                                                                                                 |  |                                                                                                                                     |  |                                                                                                          |  |                                                         |                                                                                                     |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | PARTIAL DESCRIPTION                                                                                      |  |                                                         |                                                                                                     |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C)                                                                    |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |                                                                                                     |
| <input type="checkbox"/> REJECTED (R)                                                                                           |  | <input type="checkbox"/> REFEED (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.                                                     |  |                                                                                                          |  |                                                         |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |  |                                                  |  |                                                                                                          |  | <b>INSPECTION DATE</b><br>5.11.92                       |                                                                                                     |
| <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>229-6765</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<br/>NUMBER</b><br>92-137522 | <b>INSPECTION<br/>NUMBER</b><br>22           |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV |                                       |                                              |
| <b>LOT NO.</b><br>410                      | <b>BLOCK NO.</b><br>11                | <b>SUBDIVISION NAME</b><br>SOUTH SHORE EST 7 |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41       | <b>JOB PHONE</b><br>736-6434          | <b>CALL-IN DATE</b><br>05/07/92              |
| <b>INSPECTOR NO.</b><br>55                 |                                       | <b>INSPECTOR NAME</b><br>EARL RUSSEL         |

INSULATION (123)

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|--------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|------------------------------------------|
| <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 *799-2071                                          |                                       |                                                         |                                   | <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<br/>SIGNATURE</b>                       |                                                     | <b>INSPECTION DATE</b><br><div style="font-size: 1.5em; text-align: center;">5.8.92</div> |
| <input type="checkbox"/> <b>PROJECT<br/>COMPLETE</b> | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                                                           |

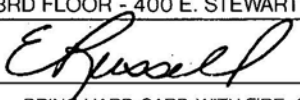
229-6765

\* EFFECTIVE JULY 1, 1991  
PHONE PREFIX WILL BE 229.

\* EFFECTIVE JULY 1, 1991  
PHONE PREFIX WILL BE 229.

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                            |                              |                                      |                                              |                                  |
|--------------------------------------------|------------------------------|--------------------------------------|----------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/>        | <b>PERMIT<br/>NUMBER</b>     | 92-137522                            | <b>INSPECTION<br/>NUMBER</b>                 | 10                               |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b> |                              |                                      |                                              |                                  |
| LOT NO.<br><b>410</b>                      |                              | BLOCK NO.<br><b>11</b>               | SUBDIVISION NAME<br><b>SOUTH SHORE EST 7</b> |                                  |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>       | JOB PHONE<br><b>736-6434</b> | CALL-IN DATE<br><b>05/12/92</b>      | CALL-IN TIME<br><b>14:12</b>                 | SCHEDULE DATE<br><b>05/13/92</b> |
| INSPECTOR NO.<br><b>55</b>                 |                              | INSPECTOR NAME<br><b>EARL RUSSEL</b> |                                              |                                  |
| <b>INSPECTION<br/>REQUESTED</b>            |                              | <b>DRYWALL NAILING (125)</b>         |                                              |                                  |

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                   | PARTIAL DESCRIPTION                                                                                                                 |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                          | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> 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>5.13.92</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>229-6765</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"/> | PERMIT<br>NUMBER              | 92-137522                             | INSPECTION<br>NUMBER  | 22                        |
| JOB ADDRESS<br>8349 EMERALD ISLE AV |                               |                                       |                       |                           |
| LOT NO.<br>410                      | BLOCK NO.<br>11               | SUBDIVISION NAME<br>SOUTH SHORE EST 7 |                       |                           |
| FIRE DEPT. MAP NO.<br>2217-41       | JOB PHONE<br>736-6434         | CALL-IN DATE<br>05/12/92              | CALL-IN TIME<br>15:59 | SCHEDULE DATE<br>05/13/92 |
| INSPECTOR NO.<br>55                 | INSPECTOR NAME<br>EARL RUSSEL |                                       |                       |                           |
| INSPECTION<br>REQUESTED             |                               | DRYWALL NAILING (125)                 |                       |                           |

*Void  
Duplicate*

|                                                                                                                                    |                                                                                                                                        |                                          |                                                             |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                             |                                      |
| <input 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                          |                                                             |                                      |
| <i>ERussell</i>                                                                                                                    |                                                                                                                                        | 5.13.92                                  |                                                             |                                      |
| <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 |                                                                                                                                        |                                          |                                                             | 229-6765                             |

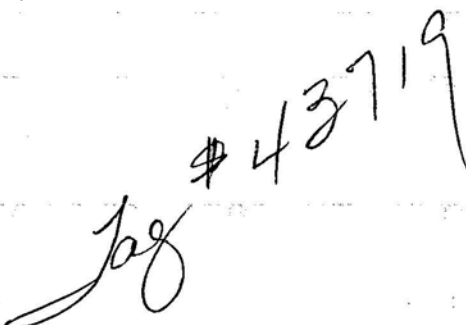
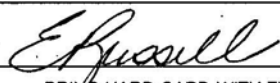
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                      |  |                                                                                                                                     |  |                                       |  |                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|--|
| <b>PERMIT NUMBER</b>                                                                                                                                                 |  | 92-137690                                                                                                                           |  | <b>INSPECTION NUMBER</b>              |  | 14                                                      |  |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                                                           |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| LOT NO.<br><b>410</b>                                                                                                                                                |  | BLOCK NO.<br><b>11</b>                                                                                                              |  | SUBDIVISION NAME<br><b>CAPRI 8</b>    |  |                                                         |  |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                                                                 |  | JOB PHONE<br><b>649-5770</b>                                                                                                        |  | CALL-IN DATE<br><b>05/20/92</b>       |  | CALL-IN TIME<br><b>10:05</b>                            |  |
| SCHEDULE DATE<br><b>05/21/92</b>                                                                                                                                     |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| INSPECTOR NO.<br><b>55</b>                                                                                                                                           |  | INSPECTOR NAME<br><b>EARL RUSSEL</b>                                                                                                |  |                                       |  |                                                         |  |
| <b>INSPECTION REQUESTED</b>                                                                                                                                          |  | <b>FINAL GAS TEST (423)</b>                                                                                                         |  |                                       |  |                                                         |  |
| <div style="font-size: 48px; transform: rotate(-15deg); opacity: 0.5;">23144</div> <div style="font-size: 36px; transform: rotate(-15deg); opacity: 0.5;">Jas*</div> |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| <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)     |  |                                                         |  |
|                                                                                                                                                                      |  | 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>ERussell</i>                                                                                                                     |  |                                       |  | INSPECTION DATE<br><b>5-21-92</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>229-6765</b>                                         |  |

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

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

|                                                                                                                                 |  |                                                                                                                                     |  |                                       |  |                                                         |  |                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|--|-----------------------------------|--|
| <b>PERMIT NUMBER</b> 92-140038                                                                                                  |  | <b>INSPECTION NUMBER</b> 1                                                                                                          |  |                                       |  |                                                         |  |                                   |  |
| JOB ADDRESS 8349 EMERALD ISLE AV.                                                                                               |  |                                                                                                                                     |  |                                       |  |                                                         |  |                                   |  |
| LOT NO.                                                                                                                         |  | BLOCK NO.                                                                                                                           |  | SUBDIVISION NAME                      |  |                                                         |  |                                   |  |
| FIRE DEPT. MAP NO. 2217-41                                                                                                      |  | JOB PHONE 739-7781                                                                                                                  |  | CALL-IN DATE 06/04/92                 |  | CALL-IN TIME 09:55                                      |  | SCHEDULE DATE 06/05/92            |  |
| INSPECTOR NO. 55                                                                                                                |  | INSPECTOR NAME EARL RUSSEL                                                                                                          |  |                                       |  |                                                         |  |                                   |  |
| <b>INSPECTION REQUESTED</b>                                                                                                     |  | TEMP. POWER/TAG/TEMP. BLDG. FINAL (139)                                                                                             |  |                                       |  |                                                         |  |                                   |  |
|                                                |  |                                                                                                                                     |  |                                       |  |                                                         |  |                                   |  |
| <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.                                                     |  |                                       |  |                                                         |  |                                   |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |  |                                                  |  |                                       |  | <b>INSPECTION DATE</b> 6.5.92                           |  |                                   |  |
| <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 |  |                                                                                                                                     |  |                                       |  |                                                         |  | 229-6765                          |  |

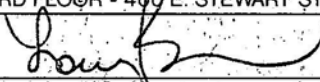
For Additional Assistance Call \*229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                             |                         |                         |                          |                      |
|-----------------------------|-------------------------|-------------------------|--------------------------|----------------------|
| <b>1</b>                    | <b>PERMIT NUMBER</b>    | 92-167760               | <b>INSPECTION NUMBER</b> | 5                    |
| <b>JOB ADDRESS</b>          |                         |                         |                          |                      |
| 8349 EMERALD ISLE           |                         |                         | 105927                   |                      |
| <b>LOT NO.</b>              | <b>BLOCK NO.</b>        | <b>SUBDIVISION NAME</b> |                          |                      |
| 41.0                        | 11                      | CAPRI                   |                          |                      |
| <b>FIRE DEPT. MAP NO.</b>   | <b>JOB PHONE</b>        | <b>CALL-IN DATE</b>     | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b> |
| -                           | 458-3955                | 01/22/93                | 09:08                    | 01/25/93             |
| <b>INSPECTOR NO.</b>        | <b>INSPECTOR NAME</b>   |                         |                          |                      |
| 55 65                       | EARL RUSSEL Lou Brunson |                         |                          |                      |
| <b>INSPECTION REQUESTED</b> |                         | OTHER (450)             |                          |                      |

— SPRINKLER SYSTEM

— USING AIR BREAK TYPE VALVE

|                                                                                                                                 |                                                                                 |                                                                                                                                      |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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>                                                                                                               |                                                         |                                          |
|                                              |                                                                                 | 1-25-93                                                                                                                              |                                                         |                                          |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                            |                                                                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only). |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                 |                                                                                                                                      |                                                         | 229-6765                                 |

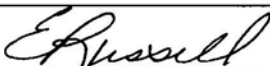
For Additional Assistance Call \*229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                             | <b>PERMIT NUMBER</b>                                                            | <b>92-152330</b>                                                                                                                    | <b>INSPECTION NUMBER</b>                                | <b>26</b>                                |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                      |                                                                                 |                                                                                                                                     |                                                         |                                          |
| LOT NO.                                                                                                                         |                                                                                 | BLOCK NO.                                                                                                                           | SUBDIVISION NAME<br><b>CAPRI</b>                        |                                          |
| FIRE DEPT. MAP NO.<br><b>-</b>                                                                                                  | JOB PHONE<br><b>592-4104</b>                                                    | CALL-IN DATE<br><b>07/13/92</b>                                                                                                     | CALL-IN TIME<br><b>14:05</b>                            | SCHEDULE DATE<br><b>07/14/92</b>         |
| INSPECTOR NO.<br><b>55</b>                                                                                                      |                                                                                 | INSPECTOR NAME<br><b>EARL RUSSEL</b>                                                                                                |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                 | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b>                                                                                         |                                                         |                                          |
| <p style="font-size: 2em; font-family: cursive;">8320 Emerald Isle</p>                                                          |                                                                                 |                                                                                                                                     |                                                         |                                          |
| <input checked="" type="checkbox"/> PARTIAL INSPECTION                                                                          |                                                                                 | <input checked="" 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 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><i>Earl Russel</i>                                                                                       |                                                                                 |                                                                                                                                     | INSPECTION DATE<br><i>7.14.92</i>                       |                                          |
| <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>229-6765</b>                          |

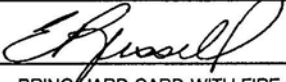
For Additional Assistance Call \*229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                         |                                                                                 |                                                                                                                                     |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                     | <b>PERMIT NUMBER</b>                                                            | 92-152330                                                                                                                           | <b>INSPECTION NUMBER</b>                                | 4                                        |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                                                                                              |                                                                                 |                                                                                                                                     |                                                         |                                          |
| LOT NO.                                                                                                                                                                                                 |                                                                                 | BLOCK NO.                                                                                                                           | SUBDIVISION NAME<br><b>CAPRI</b>                        |                                          |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                                                                                                    |                                                                                 | JOB PHONE                                                                                                                           | CALL-IN DATE<br><b>07/15/92</b>                         | CALL-IN TIME<br><b>11:47</b>             |
| INSPECTOR NO.<br><b>55</b>                                                                                                                                                                              |                                                                                 | INSPECTOR NAME<br><b>EARL RUSSEL</b>                                                                                                |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                             |                                                                                 | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b>                                                                                         |                                                         |                                          |
| <p><b>AT 8313 &amp; 8320</b></p> <p style="font-size: 1.5em; transform: rotate(-10deg);"><i>West Side of 8313</i></p>  |                                                                                 |                                                                                                                                     |                                                         |                                          |
| <input checked="" type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                  |                                                                                 | <input checked="" 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 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>7.16.92</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>229-6765</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<br/>NUMBER</b>                                                           | <b>92-152330</b>                                                                                                                       | <b>INSPECTION<br/>NUMBER</b>                               | <b>33</b>                                   |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                         |                                                                                    |                                                                                                                                        |                                                            |                                             |
| LOT NO.                                                                                                                            |                                                                                    | BLOCK NO.                                                                                                                              | SUBDIVISION NAME<br><b>CAPRI</b>                           |                                             |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                               | JOB PHONE                                                                          | CALL-IN DATE<br><b>07/16/92</b>                                                                                                        | CALL-IN TIME<br><b>15:37</b>                               | SCHEDULE DATE<br><b>07/17/92</b>            |
| INSPECTOR NO.<br><b>55</b>                                                                                                         |                                                                                    | INSPECTOR NAME<br><b>EARL RUSSEL</b>                                                                                                   |                                                            |                                             |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                    | <b>WALL GROUT &amp; STEEL (131)</b>                                                                                                    |                                                            |                                             |
| <b>A.M. 8313, 8317 &amp; 8320</b>                                                                                                  |                                                                                    |                                                                                                                                        |                                                            |                                             |
| <input checked="" type="checkbox"/> PARTIAL<br>INSPECTION                                                                          |                                                                                    | <input checked="" type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                            |                                                            | PARTIAL DESCRIPTION                         |
| <input 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>7/17/92</b>                                                                                                      |                                                            |                                             |
| <input type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                               |                                                                                    | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                    |                                                                                                                                        |                                                            | <b>229-6765</b>                             |

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



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

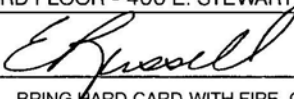
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>                                                                        | 92-152330                                                                                                                           | <b>INSPECTION NUMBER</b>              | 7                                                       |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                      |                                                                                                                                     |                                       |                                                         |
| LOT NO.                                                                                                                         | BLOCK NO.                                                                                                                           | SUBDIVISION NAME<br><b>CAPRI</b>      |                                                         |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                            | JOB PHONE<br><b>592-4104</b>                                                                                                        | CALL-IN DATE<br><b>07/21/92</b>       | CALL-IN TIME<br><b>13:17</b>                            |
| SCHEDULE DATE<br><b>07/22/92</b>                                                                                                |                                                                                                                                     |                                       |                                                         |
| INSPECTOR NO.<br><b>55</b>                                                                                                      | INSPECTOR NAME<br><b>EARL RUSSEL</b>                                                                                                |                                       |                                                         |
| <b>INSPECTION REQUESTED</b>                                                                                                     | <b>WALL GROUT &amp; STEEL (131)</b>                                                                                                 |                                       |                                                         |
| <i>Not Ready</i>                                                                                                                |                                                                                                                                     |                                       |                                                         |
| <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"/> REJECTED (R)                                                                                | <input type="checkbox"/> HOLD (H)                                                                                                   |                                       |                                                         |
| <input type="checkbox"/> REFEE (F)                                                                                              | 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<br><i>ERussell</i>                                                                                          | INSPECTION DATE<br><b>7.22.92</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>229-6765</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> | 92-152330                            | <b>INSPECTION NUMBER</b>         | 30                               |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV |                      |                                      |                                  |                                  |
| <b>LOT NO.</b>                             |                      | <b>BLOCK NO.</b>                     | <b>SUBDIVISION NAME</b><br>CAPRI |                                  |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41       | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b><br>07/21/92      | <b>CALL-IN TIME</b><br>15:19     | <b>SCHEDULE DATE</b><br>07/22/92 |
| <b>INSPECTOR NO.</b><br>55                 |                      | <b>INSPECTOR NAME</b><br>EARL RUSSEL |                                  |                                  |
| <b>INSPECTION REQUESTED</b>                |                      | <b>BUILDING FINAL (140)</b>          |                                  |                                  |

8313, 8317 & 8320

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> PARTIAL INSPECTION                                                                          | <input checked="" 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 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>7-22-92                                                                                                   |                                                         |                                   |
| <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 |                                                                                 |                                                                                                                                     |                                                         | ➤ 229-6765                        |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

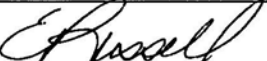
|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <b>1</b>                                                                                                                               | <b>PERMIT NUMBER</b>                                                                   | 92-152330                                                                                                                                          | <b>INSPECTION NUMBER</b>                                       | 2                                               |
| <b>JOB ADDRESS</b>                                                                                                                     |                                                                                        |                                                                                                                                                    |                                                                |                                                 |
| 8349 EMERALD ISLE AV                                                                                                                   |                                                                                        |                                                                                                                                                    |                                                                |                                                 |
| <b>LOT NO.</b>                                                                                                                         |                                                                                        | <b>BLOCK NO.</b>                                                                                                                                   |                                                                | <b>SUBDIVISION NAME</b>                         |
|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                                | CAPRI                                           |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                              | <b>JOB PHONE</b>                                                                       | <b>CALL-IN DATE</b>                                                                                                                                | <b>CALL-IN TIME</b>                                            | <b>SCHEDULE DATE</b>                            |
| 2217-41                                                                                                                                |                                                                                        | 07/22/92                                                                                                                                           | 11:29                                                          | 07/23/92                                        |
| <b>INSPECTOR NO.</b>                                                                                                                   |                                                                                        | <b>INSPECTOR NAME</b>                                                                                                                              |                                                                |                                                 |
| 55                                                                                                                                     |                                                                                        | EARL RUSSEL                                                                                                                                        |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                            |                                                                                        | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b>                                                                                                        |                                                                |                                                 |
| <p>A.M. 8340-8328-8341</p>                                                                                                             |                                                                                        |                                                                                                                                                    |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                          |                                                                                        | <input checked="" 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 type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                          |                                                                                                                                                    |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                    |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                                        |                                                                 |                                                                | <b>INSPECTION DATE</b>                          |
|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                                | 7.23.92                                         |
| <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>229-6765</b>                                 |

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

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

|                                                                               |                                      |                           |                      |               |
|-------------------------------------------------------------------------------|--------------------------------------|---------------------------|----------------------|---------------|
|  | PERMIT<br>NUMBER                     | 92-152330                 | INSPECTION<br>NUMBER | 8             |
|                                                                               | JOB ADDRESS<br>8349 EMERALD ISLE AV  |                           |                      |               |
| LOT NO.                                                                       | BLOCK NO.                            | SUBDIVISION NAME<br>CAPRI |                      |               |
| FIRE DEPT. MAP NO.                                                            | JOB PHONE                            | CALL-IN DATE              | CALL-IN TIME         | SCHEDULE DATE |
| 2217-41                                                                       |                                      | 07/23/92                  | 13:52                | 07/24/92      |
| INSPECTOR NO.<br>55                                                           | INSPECTOR NAME<br>EARL RUSSEL        |                           |                      |               |
| INSPECTION<br>REQUESTED                                                       | FOOTING, LAYOUT, REBAR, ZONING (101) |                           |                      |               |

A. M. 8332

|                                                                                                                                 |                                                                                                                                     |                                                          |                                                         |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> PARTIAL INSPECTION                                                                          |                                                                                                                                     | <input checked="" 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 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>7-24-92                              |                                                                                                     |  |
| <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>229-6765</b> |  |

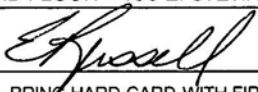
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                             |  |                          |  |                                                                                                           |  |              |  |
|-------------------------------------------------------------------------------------------------------------|--|--------------------------|--|-----------------------------------------------------------------------------------------------------------|--|--------------|--|
|  <b>PERMIT NUMBER</b>         |  | 92-152330                |  |  <b>INSPECTION NUMBER</b> |  | 25           |  |
| JOB ADDRESS                                                                                                 |  |                          |  |                                                                                                           |  |              |  |
| 8349 EMERALD ISLE AV                                                                                        |  |                          |  |                                                                                                           |  |              |  |
| LOT NO.                                                                                                     |  | BLOCK NO.                |  | SUBDIVISION NAME                                                                                          |  |              |  |
|                                                                                                             |  |                          |  | CAPRI                                                                                                     |  |              |  |
| FIRE DEPT. MAP NO.                                                                                          |  | JOB PHONE                |  | CALL-IN DATE                                                                                              |  | CALL-IN TIME |  |
| 2217-41                                                                                                     |  |                          |  | 07/24/92                                                                                                  |  | 14:43        |  |
| SCHEDULE DATE                                                                                               |  | 07/27/92                 |  |                                                                                                           |  |              |  |
| INSPECTOR NO.                                                                                               |  | INSPECTOR NAME           |  |                                                                                                           |  |              |  |
| 55                                                                                                          |  | EARL RUSSEL              |  |                                                                                                           |  |              |  |
|  <b>INSPECTION REQUESTED</b> |  | WALL GROUT & STEEL (131) |  |                                                                                                           |  |              |  |

P.M. ~~REMOVED~~

*VOID*  
*Supervisor*

|                                                  |  |                                                                                                                                     |  |                                       |  |                                                         |  |
|--------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|--|
| <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 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>7-27-92                       |  |
| <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

 229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                             |                      |                |                          |                  |
|-----------------------------|----------------------|----------------|--------------------------|------------------|
| <b>X</b>                    | <b>PERMIT NUMBER</b> | 92-152330      | <b>INSPECTION NUMBER</b> | 26               |
| JOB ADDRESS                 |                      |                |                          |                  |
| 8349 EMERALD ISLE AV        |                      |                |                          |                  |
| LOT NO.                     |                      | BLOCK NO.      |                          | SUBDIVISION NAME |
|                             |                      |                |                          | CAPRI            |
| FIRE DEPT. MAP NO.          | JOB PHONE            | CALL-IN DATE   | CALL-IN TIME             | SCHEDULE DATE    |
| 2217-41                     |                      | 07/24/92       | 14:44                    | 07/27/92         |
| INSPECTOR NO.               |                      | INSPECTOR NAME |                          |                  |
| 55                          |                      | EARL RUSSEL    |                          |                  |
| <b>INSPECTION REQUESTED</b> |                      |                |                          |                  |
| WALL GROUT & STEEL (131)    |                      |                |                          |                  |

P.M. ~~8:00~~, ~~8:00~~ & ~~8:00~~

8328, 8332, 8336, 8346, 8345,  
8341 EAST WALL ONLY

|                                                                                                                                 |                                        |                                                                                                                                     |                                                         |                                   |          |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|----------|
| <input checked="" type="checkbox"/> PARTIAL INSPECTION                                                                          |                                        | <input checked="" 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 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                                         |                                   |          |
| <i>Earl Russel</i>                                                                                                              |                                        |                                                                                                                                     | 7.27.92                                                 |                                   |          |
| <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 |                                        |                                                                                                                                     |                                                         |                                   | 229-6765 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                             |                                         |                                     |
|----------------------------------------------------------|---------------------------------------------|-----------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>92-152330</b>                            | <b>INSPECTION NUMBER</b>                | <b>14</b>                           |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b>        |                                             |                                         |                                     |
| <b>LOT NO.</b>                                           | <b>BLOCK NO.</b>                            | <b>SUBDIVISION NAME</b><br><b>CAPRI</b> |                                     |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-41</b>              | <b>JOB PHONE</b>                            | <b>CALL-IN DATE</b><br><b>07/28/92</b>  | <b>CALL-IN TIME</b><br><b>13:37</b> |
| <b>SCHEDULE DATE</b><br><b>07/29/92</b>                  |                                             |                                         |                                     |
| <b>INSPECTOR NO.</b><br><b>55</b>                        | <b>INSPECTOR NAME</b><br><b>EARL RUSSEL</b> |                                         |                                     |
| <b>INSPECTION REQUESTED</b>                              | <b>WALL GROUT &amp; STEEL (131)</b>         |                                         |                                     |

**8320**

*Wall grouted without  
Steel inspection.*

|                                                                                                                                    |                                                                                                                                                    |                                              |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <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>PERMIT REQUIRED</b>                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                          | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              |                                                                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                         | <i>Earl Russell</i>                                                                                                                                |                                              | <b>INSPECTION DATE</b><br><i>7/29/92</i>                       |
| <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> |                                              |                                                                |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                                    |                                              | <b>229-6765</b>                                                |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                            |                  |                                      |                              |
|--------------------------------------------|------------------|--------------------------------------|------------------------------|
| <b>PERMIT NUMBER</b>                       | <b>92-152330</b> | <b>INSPECTION NUMBER</b>             | <b>15</b>                    |
| <b>JOB ADDRESS</b><br>8349 EMERALD ISLE AV |                  |                                      |                              |
| <b>LOT NO.</b>                             | <b>BLOCK NO.</b> | <b>SUBDIVISION NAME</b><br>CAPRI     |                              |
| <b>FIRE DEPT. MAP NO.</b><br>2217-41       | <b>JOB PHONE</b> | <b>CALL-IN DATE</b><br>08/07/92      | <b>CALL-IN TIME</b><br>15:13 |
| <b>INSPECTOR NO.</b><br>55                 |                  | <b>INSPECTOR NAME</b><br>EARL RUSSEL |                              |

**INSPECTION REQUESTED** FOOTING, LAYOUT, REBAR, ZONING (101)

BLOCK WALLS

*Steel not in place —*  
*Call Addresses*

|                                                  |                                                                                 |                                       |                                                         |                                          |
|--------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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. |                                       |                                                         |                                          |

|                                               |                                                                                                                                     |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>INSPECTOR SIGNATURE</b><br><i>ERussell</i> | <b>INSPECTION DATE</b><br>8.10.92                                                                                                   |
| <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

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                                    |                                                                 |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 92-152330                                                              |                                                                                                                                                    | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> 22 |                                                                |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                                                                                      |                                                                                                                                                    |                                                                 |                                                                |
| LOT NO.                                                                                                                         | BLOCK NO.                                                                                                                                          | SUBDIVISION NAME<br><b>CAPRI</b>                                |                                                                |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                                                                                            | JOB PHONE<br><b>361-6550</b>                                                                                                                       | CALL-IN DATE<br><b>08/10/92</b>                                 | CALL-IN TIME<br><b>14:12</b>                                   |
| SCHEDULE DATE<br><b>08/11/92</b>                                                                                                |                                                                                                                                                    |                                                                 |                                                                |
| INSPECTOR NO.<br><b>55</b>                                                                                                      | INSPECTOR NAME<br><b>EARL RUSSEL</b>                                                                                                               |                                                                 |                                                                |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b>                                                                 |                                                                                                                                                    | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b>                     |                                                                |
| <p><i>Sidewalk - <del>East</del> East side of 8337</i></p>                                                                      |                                                                                                                                                    |                                                                 |                                                                |
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                   | <input checked="" 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 type="checkbox"/> <b>REJECTED (R)</b>                                                                                    | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                                                                                      |                                                                 | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                       | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                                                 |                                                                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      | <i>ERussell</i>                                                                                                                                    |                                                                 | <b>INSPECTION DATE</b><br><i>8-11-92</i>                       |
| <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> |                                                                 |                                                                |
| 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>229-6765</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><br><div style="font-size: 1.5em; font-family: cursive;">92-156933</div> | <input type="checkbox"/>                                                                                                               | <b>INSPECTION NUMBER</b><br><div style="font-size: 1.5em; font-family: cursive;">28</div> |
| <b>JOB ADDRESS</b><br><div style="font-size: 1.5em; font-family: cursive;">8349 EMERALD ISLE</div>                                                                     |                                                                                              |                                                                                                                                        |                                                                                           |
| <b>LOT NO.</b>                                                                                                                                                         |                                                                                              | <b>BLOCK NO.</b>                                                                                                                       |                                                                                           |
| <b>SUBDIVISION NAME</b>                                                                                                                                                |                                                                                              |                                                                                                                                        |                                                                                           |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                                                              | <b>JOB PHONE</b>                                                                             | <b>CALL-IN DATE</b>                                                                                                                    | <b>CALL-IN TIME</b>                                                                       |
| <b>SCHEDULE DATE</b>                                                                                                                                                   |                                                                                              |                                                                                                                                        |                                                                                           |
| <b>INSPECTOR NO.</b><br><div style="font-size: 1.5em; font-family: cursive;">46</div>                                                                                  |                                                                                              | <b>INSPECTOR NAME</b><br><div style="font-size: 1.5em; font-family: cursive;">T. GAGE</div>                                            |                                                                                           |
| <b>INSPECTION REQUESTED</b><br><div style="font-size: 1.5em; font-family: cursive;">101 - FOOTINGS</div>                                                               |                                                                                              |                                                                                                                                        |                                                                                           |
| <div style="font-size: 1.5em; font-family: cursive;">3 FOOTINGS FOR PATIO COVER</div> <div style="font-size: 1.5em; font-family: cursive;">13" x 13" x 24" DEEP.</div> |                                                                                              |                                                                                                                                        |                                                                                           |
| <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<br>3RD FLOOR - 400 E. STEWART STREET.           |                                                                                                                                        |                                                                                           |
| <b>INSPECTOR SIGNATURE</b><br><div style="font-size: 2em; font-family: cursive;">T. GAGE</div>                                                                         |                                                                                              | <b>INSPECTION DATE</b><br><div style="font-size: 1.5em; font-family: cursive;">8-20-92</div>                                           |                                                                                           |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                                                       |                                                                                              | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                                                                                           |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                     |                                                                                              |                                                                                                                                        |                                                                                           |

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>92-155709</b>                          | <b>INSPECTION NUMBER</b>                              | <b>3</b>                            |
| <b>JOB ADDRESS</b><br><b>8349 EMERALD ISLE AV</b>        |                                           |                                                       |                                     |
| <b>LOT NO.</b><br><b>410</b>                             | <b>BLOCK NO.</b><br><b>11</b>             | <b>SUBDIVISION NAME</b><br><b>SOUTH SHORE EST. #7</b> |                                     |
| <b>FIRE DEPT. MAP NO.</b><br><b>2217-41</b>              | <b>JOB PHONE</b><br><b>258-4765</b>       | <b>CALL-IN DATE</b><br><b>08/19/92</b>                | <b>CALL-IN TIME</b><br><b>09:15</b> |
| <b>SCHEDULE DATE</b><br><b>08/20/92</b>                  |                                           |                                                       |                                     |
| <b>INSPECTOR NO.</b><br><b>72</b>                        | <b>INSPECTOR NAME</b><br><b>BOB SMITH</b> |                                                       |                                     |

**INSPECTION REQUESTED** **POOL PRE-GUNITE (901)**

*Hand holds Requirement  
South Side of Pool every  
4 foot*

*407-420*

*No Elect*

|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) — UNTIL</b> |
|                                                                                                                                        |                                                                                                                                                    | <input type="checkbox"/> <b>HOLD (H)</b>     |                                                                |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              |                                                                |
| <b>INSPECTOR SIGNATURE</b> <i>Robert Smith</i>                                                                                         |                                                                                                                                                    | <b>INSPECTION DATE</b> <i>8-20-92</i>        |                                                                |
| <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>229-6765</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> 92-156933 |                                      | <b>INSPECTION NUMBER</b> 5                   |                              |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b>                         |                                      |                                              |                              |
| LOT NO.<br><b>410</b>                                              | BLOCK NO.<br><b>11</b>               | SUBDIVISION NAME<br><b>SOUTH SHORE EST 7</b> |                              |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>                               | JOB PHONE<br><b>258-4765</b>         | CALL-IN DATE<br><b>08/19/92</b>              | CALL-IN TIME<br><b>10:48</b> |
| SCHEDULE DATE<br><b>08/20/92</b>                                   |                                      |                                              |                              |
| INSPECTOR NO.<br><b>55</b>                                         | INSPECTOR NAME<br><b>EARL RUSSEL</b> |                                              |                              |
| <b>INSPECTION REQUESTED</b> FOOTING, LAYOUT, REBAR, ZONING (101)   |                                      |                                              |                              |

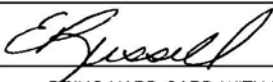
*Patio footings too close to pool wall - footings are caving in at pool side.*

|                                                                                                                                 |                                                                                                                                     |                                          |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| <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"/> REJECTED (R)                                                                                | <input type="checkbox"/> REFEE (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.                                                 |                                                                                                                                     |                                          |                                                         |
| <b>INSPECTOR SIGNATURE</b> <i>Earl Russell</i>                                                                                  |                                                                                                                                     | <b>INSPECTION DATE</b> 8-20-92           |                                                         |
| <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 |                                                                                                                                     |                                          | <b>229-6765</b>                                         |

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

|                                                                                                                                                                                                                                                      |                                                                                                                    |                                                                                                                        |                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                        | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">92-156933</div> | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div>         |                                                                                                        |
| JOB ADDRESS<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">8349 EMERALD ISLE AV</div>                                                                                                                                 |                                                                                                                    |                                                                                                                        |                                                                                                        |
| LOT NO.<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">410</div>                                                                                                                                                      | BLOCK NO.<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">11</div>                   | SUBDIVISION NAME<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">SOUTH SHORE EST 7</div> |                                                                                                        |
| FIRE DEPT. MAP NO.<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2217-41</div>                                                                                                                                       | JOB PHONE<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">258-4765</div>             | CALL-IN DATE<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">08/27/92</div>              | CALL-IN TIME<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10:39</div> |
| SCHEDULE DATE<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">08/28/92</div>                                                                                                                                           |                                                                                                                    |                                                                                                                        |                                                                                                        |
| INSPECTOR NO.<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">55</div>                                                                                                                                                 |                                                                                                                    | INSPECTOR NAME<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">EARL RUSSEL</div>         |                                                                                                        |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>INSPECTION REQUESTED</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> <b>BLDG INVESTIGATION (115)</b> </div> |                                                                                                                    |                                                                                                                        |                                                                                                        |

- ① Stucco to be removed & ledges attached wood to wood.
- ② Part can not be imbedded in concrete. Provide column base w/ 1" clearance to slab.

|                                                                                                                                                                                                      |                                               |                                                                                                                                     |                                                         |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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"/> REFEE (F)                                                                                                                                                                   |                                               | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <b>INSPECTOR SIGNATURE</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;">  </div> |                                               | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> 8-28-92 </div>                |                                                         |                                          |
| <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 **229-6765**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                              |                           |                          |               |  |
|----------------------------------------------------------|------------------------------|---------------------------|--------------------------|---------------|--|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | 92-15 57 09                  |                           | <b>INSPECTION NUMBER</b> | 18            |  |
| JOB ADDRESS                                              |                              |                           |                          |               |  |
| 8349 EMERALD ISLE AV                                     |                              |                           |                          |               |  |
| LOT NO.                                                  | BLOCK NO.                    | SUBDIVISION NAME          |                          |               |  |
| 410                                                      | 11                           | Capri SOUTH SHORE EST. #7 |                          |               |  |
| FIRE DEPT. MAP NO.                                       | JOB PHONE                    | CALL-IN DATE              | CALL-IN TIME             | SCHEDULE DATE |  |
| 2217-41                                                  | 258-4765                     | 09/11/92                  | 14:18                    | 09/14/92      |  |
| INSPECTOR NO.                                            | INSPECTOR NAME               |                           |                          |               |  |
| 75                                                       | RON PATTERSON                |                           |                          |               |  |
| <b>INSPECTION REQUESTED</b>                              | POOL PRE-PLASTER/FINAL (910) |                           |                          |               |  |

*Had line not pumped  
up*

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|------------------------------------------|
| <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.                                                     |                                       |                                                         |                                   |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                                                                     | <b>INSPECTION DATE</b>                |                                                         |                                   |                                          |
| <i>R. Patterson</i>                                                                                                             |                                                                                                                                     | 09-14-92                              |                                                         |                                   |                                          |
| <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 |                                                                                                                                     |                                       |                                                         |                                   | <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>                                                                   | 92-153330                                                                                                                           | <b>INSPECTION NUMBER</b>                                       | 56                                              |
| <b>JOB ADDRESS</b><br>3340 EMERALD TRAIL AV                                                                                     |                                                                                        |                                                                                                                                     |                                                                |                                                 |
| <b>LOT NO.</b>                                                                                                                  |                                                                                        | <b>BLOCK NO.</b>                                                                                                                    | <b>SUBDIVISION NAME</b>                                        |                                                 |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                       | <b>JOB PHONE</b>                                                                       | <b>CALL-IN DATE</b>                                                                                                                 | <b>CALL-IN TIME</b>                                            | <b>SCHEDULE DATE</b>                            |
|                                                                                                                                 |                                                                                        | 07/10/92                                                                                                                            | 15:17                                                          | 07/13/92                                        |
| <b>INSPECTOR NO.</b>                                                                                                            |                                                                                        | <b>INSPECTOR NAME</b>                                                                                                               |                                                                |                                                 |
| 564                                                                                                                             |                                                                                        | EARL RUSSEL                                                                                                                         |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                        | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b>                                                                                         |                                                                |                                                 |
| <p>3 WALLS</p> <p style="font-size: 2em; text-align: center;">0313 + 0317</p>                                                   |                                                                                        |                                                                                                                                     |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                   |                                                                                        | <input checked="" 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 type="checkbox"/> <b>REJECTED (R)</b>                                                                                    | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                          |                                                                                                                                     |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                       | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                     |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b><br><i>RSchmuck</i>                                                                                   |                                                                                        |                                                                                                                                     | <b>INSPECTION DATE</b><br>7-13-92                              |                                                 |
| <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 |                                                                                        |                                                                                                                                     |                                                                | 229-6765                                        |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                            |                                        |                                                |                              |
|--------------------------------------------|----------------------------------------|------------------------------------------------|------------------------------|
| <b>PERMIT NUMBER</b> 92-155709             |                                        | <b>INSPECTION NUMBER</b> 4                     |                              |
| JOB ADDRESS<br><b>8349 EMERALD ISLE AV</b> |                                        |                                                |                              |
| LOT NO.<br><b>410</b>                      | BLOCK NO.<br><b>11</b>                 | SUBDIVISION NAME<br><b>SOUTH SHORE EST. #7</b> |                              |
| FIRE DEPT. MAP NO.<br><b>2217-41</b>       | JOB PHONE<br><b>258-4765</b>           | CALL-IN DATE<br><b>09/18/92</b>                | CALL-IN TIME<br><b>09:37</b> |
| SCHEDULE DATE<br><b>09/21/92</b>           |                                        |                                                |                              |
| INSPECTOR NO.<br><b>75</b>                 | INSPECTOR NAME<br><b>RON PATTERSON</b> |                                                |                              |

**INSPECTION REQUESTED**

**POOL PRE-PLASTER/FINAL (910)**

*G-tag 25908*

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <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"/> HOLD (H)                                                                                                   |                                       |                                                         |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       | <input type="checkbox"/> PERMIT REQUIRED                |
| REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                 |                                                                                                                                     |                                       |                                                         |
| <b>INSPECTOR SIGNATURE</b> <i>R. Patterson</i>                                                                                  |                                                                                                                                     | <b>INSPECTION DATE</b> <i>9-21-92</i> |                                                         |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                     | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (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



**PERMIT  
NUMBER**

**92-152330**

**INSPECTION  
NUMBER**

**39**

JOB ADDRESS

**8349 EMERALD ISLE AV**

LOT NO.

BLOCK NO.

SUBDIVISION NAME

**CAPRI**

FIRE DEPT. MAP NO.

JOB PHONE

CALL-IN DATE

CALL-IN TIME

SCHEDULE DATE

**2217-41**

**10/09/92**

**14:55**

**10/13/92**

INSPECTOR NO.

INSPECTOR NAME

**55**

**EARL RUSSEL**

**INSPECTION  
REQUESTED**

**FOOTING, LAYOUT, REBAR, ZONING (101)**

*If you do not call lot #5,  
you will not get an  
inspection.*

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☒ REJECTED (R)

REINSPECTION REQUIRED - CALL \* 229-2071

☐ REFEE (F)

REINSPECTION FEE REQUIRED - PAY AT CITY HALL  
3RD FLOOR - 400 E. STEWART STREET.

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*Earl Russel*

INSPECTION DATE

*10.13.92*

☐ **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

**229-6765**

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

[illegible]

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                             |  |                         |  |                          |  |                   |  |
|-----------------------------|--|-------------------------|--|--------------------------|--|-------------------|--|
| <b>PERMIT NUMBER</b>        |  | 92-167760               |  | <b>INSPECTION NUMBER</b> |  | 5                 |  |
| <b>JOB ADDRESS</b>          |  |                         |  |                          |  | 8349 EMERALD ISLE |  |
| LOT NO.                     |  | BLOCK NO.               |  | SUBDIVISION NAME         |  |                   |  |
| 410                         |  | 11                      |  | CAPRI                    |  |                   |  |
| FIRE DEPT. MAP NO.          |  | JOB PHONE               |  | CALL-IN DATE             |  | CALL-IN TIME      |  |
| -                           |  | 458-3955                |  | 01/22/93                 |  | 09:08             |  |
| SCHEDULE DATE               |  | 01/25/93                |  |                          |  |                   |  |
| <b>INSPECTOR NO.</b>        |  | <b>INSPECTOR NAME</b>   |  |                          |  |                   |  |
| 5565                        |  | EARL RUSSEL Lou Brunson |  |                          |  |                   |  |
| <b>INSPECTION REQUESTED</b> |  | OTHER (450)             |  |                          |  |                   |  |

— SPRINKLER SYSTEM

— USING FIRE BREAK TYPE VALVE

|                                                                                                                                 |                                               |                                                                                                                                     |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <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"/> REFEE (F)            | <input type="checkbox"/> HOLD (H)                                                                                                   | <input type="checkbox"/> PERMIT REQUIRED                |
| REINSPECTION REQUIRED - CALL *229-2071                                                                                          |                                               | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                         |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                               | <b>INSPECTION DATE</b>                                                                                                              |                                                         |
| [Signature]                                                                                                                     |                                               | 1-25-93                                                                                                                             |                                                         |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                            |                                               | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                               |                                                                                                                                     |                                                         |
| 229-6765                                                                                                                        |                                               |                                                                                                                                     |                                                         |

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