

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

89-024858

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 M-849 DATE 02A-091-012 CONST. VAL. \$ 2,000ADDRESS OF CONSTRUCTION 5600 Emilia Ave OWNER Chris Miller PHONE 648-0201LOT(s) 21 BLOCK SUBDIVISION CASA LINDA #8A ZONE R-1PROPOSED CONSTRUCTION Patio Deck with Cover USETHIS PERMIT FOR BLDG. ☐ A/C ☐ ELEC. ☐ PLBG ☐ OTHER PERMITS REQD.: FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT. 1ST 205 DECK 2ND GARAGE COVER PORCH 195 TOTAL 400CONTRACTOR OWNER STATE LICENSE NO. CITY LICENSE NO.

ARCHITECT ENGINEER

MASTER PLUMBER/CONTRACTOR MASTER ELECTRICIAN/CONTRACTOR

## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT:

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

BY: Chris Miller  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY OWNERBY: \_\_\_\_\_  
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

Lee Combs5/8/89

PLANNING DEPT.

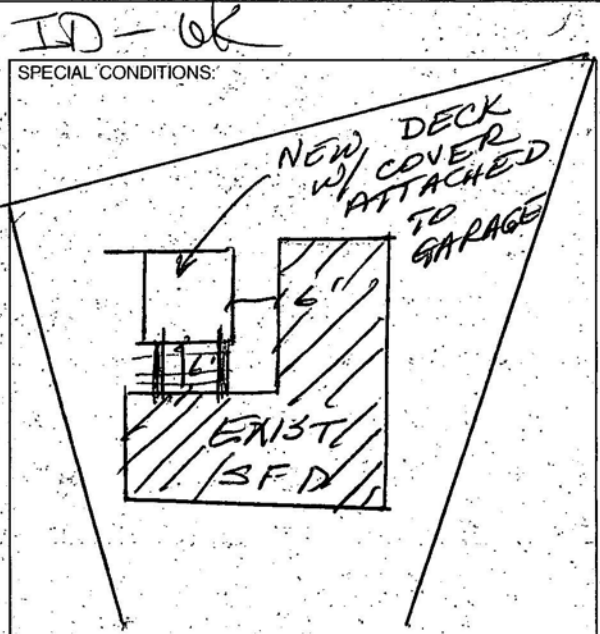
DATE

Crane Moore

BUILDING DEPT.

DATE

| PLUMBING                               |       | FEE | ELECTRICAL                                        |      | FEE      |
|----------------------------------------|-------|-----|---------------------------------------------------|------|----------|
| WATER DISTRIBUTION                     | 6.00  |     | RECEPTACLE _____ SWITCH _____                     | 40.  | 05/15/89 |
| SEWER SYSTEM - NEW OR MODIFICATION     | 10.00 |     | EACH LIGHT FIXTURE OR SOCKET _____                | .30  |          |
| FIXTURES - WATER SOFTENER, H.W. HEATER | 2.00  |     | SPECIAL OUTLET, APPLIANCE ETC.                    | .70  |          |
| GARBAGE DISPOSAL - WASHER              | 2.00  |     | SERVICE/PANEL - SUB/3.00 - 200A/6.00 - 400A/12.50 |      |          |
| FUEL PIPING                            | 6.00  |     | A.C. UNIT OR MOTORS                               | 3.00 |          |
| IRRIGATION SYSTEM                      | 8.00  |     | 2310 - 2402 TOTAL                                 |      |          |
| MISC.                                  |       |     | MISC.                                             |      |          |
| 2310 - 2403 TOTAL                      |       |     | 2310 - 2401 ISSUANCE FEE                          |      |          |
| AIR CONDITIONING                       |       | FEE | 7.14 - 3654 SEWER CONNECTION                      |      |          |
| NEW UNIT - 3 TON = 9.00 OVER = 18.50   |       |     | 2310 - 2401 PLAN REVIEW FEE                       |      | 25.00    |
| FURNACE TO 100,000/9.00 OVER/11.00     |       |     | 2310 - 2401 BLDG. PERMIT FEE                      |      | 39.00    |
| VAPORATIVE COOLER                      | 6.50  |     | TOTAL FEES                                        |      | 64.00    |
| VENTILATION FAN                        | 2.35  |     |                                                   |      |          |
| 2310 - 2405 TOTAL                      |       |     |                                                   |      |          |



RECEIPT 4\*\*

PLCK 25.00  
SFD 39.00  
CHEK 64.00  
5765A000 08:10

PERMIT NO. \_\_\_\_\_  
MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

91-111012 53

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

45482

DEVELOPMENT PERMIT

FOR: Fence, Wall, Retaining Wall

LOG NO. &amp; AREA

M-4949

CONST VAL \$

825.00

ADDRESS OF  
CONSTRUCTION

5600 Emilia Ave

OWNER

Chris &amp; Anita Miller

PHONE

6480201

CONTRACTOR

OWNER

STATE  
LICENSE NO.CITY  
LICENSE NO.

LOT(s)

21

BLOCK

SUBDIVISION

Casa Linda 84

ZONE

R-1

☐ 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                    |                |               |
| MASONRY                 | 6              | 330           |
| RETAINING               | 55             |               |

## 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).

as per city design

ID OK

## CONDITIONS OF THE PERMIT:

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

FOR INSPECTIONS, CALL 799-2071

THIS FENCE OR WALL SHALL NOT BLOCK THE  
NATURAL FLOW OF SURFACE WATERS ACROSS  
THE PROPERTY NOR SHALL IT DIVERT  
THE FLOW OF SURFACE WATERS ONTO  
ANOTHER'S PROPERTY.

## RECEIPT

\*\*0006\*\*

WALL 20.00

CASH 20.00

7223A000 08:37

06/28/91

SIGNED

CONTRACTOR - AGENT - OWNER

PLANNING DEPT.

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

PLAN  
REVIEW  
FEEPERMIT  
FEE

2310-2401

TOTAL  
FEES

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

BUILDING DEPT.

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

MUST BE MACHINE VALIDATED

## CITY OF LAS VEGAS, NEVADA

PERMIT NO. 91-111812 67

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS, CALL 799-2071

DEVELOPMENT PERMIT

FOR: Fence, Wall, Retaining Wall

LOG NO. &amp; AREA

M-4949

DATE

02AC91012  
6/28/91

CONST. VAL. \$

825.00

ADDRESS OF  
CONSTRUCTION

5600 Emilia Ave

OWNER

Chris &amp; Anita Miller

PHONE

6480201

CONTRACTOR

owner

STATE  
LICENSE NO.CITY  
LICENSE NO.

LOT(s)

21

BLOCK

SUBDIVISION

Casa Linda 84

ZONE

R-1

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

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| WOOD                    |                |               |
| MASONRY                 | 6 55           | 330           |
| RETAINING               |                |               |

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as per city design

ID-OK

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PLAN  
REVIEW  
FEEPERMIT  
FEE  
2310-2401TOTAL  
FEES

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

BUILDING DEPT.

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

All Permits  
Expired

ANOTHER'S PROPERTY.  
THE FLOW OF SURFACE WATERS ON  
THE PROPERTY NOW SHALL IT BE  
NATURAL FLOW OF SURFACE WATERS ACROSS  
THIS FENCE OR WALL SHALL NOT BLOCK THE



## CITY OF LAS VEGAS, NEVADA

PERMIT NO. 91-111812

DEPARTMENT OF BUILDING AND SAFETY  
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LOG NO. &amp; AREA

M-4949



45482

CONST. VAL. \$

825.00

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Chris &amp; Anita Miller

PHONE

6480201

CONTRACTOR

owner

STATE  
LICENSE NO.

CITY

LICENSE NO.

LOT(s)

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BLOCK

SUBDIVISION

Casa Linda 84

ZONE

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REVIEW  
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FEE  
2310-2401TOTAL  
FEES

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

BUILDING DEPT.

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

MUST BE MACHINE VALIDATED

|                                                             |                                                                                                                                                    |                                              |                                                                |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <b>PERMIT NUMBER</b> 111812                                 |                                                                                                                                                    | <b>INSPECTION NUMBER</b>                     |                                                                |
| <b>JOB ADDRESS</b> 5000 Emilia                              |                                                                                                                                                    |                                              |                                                                |
| <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> 7-20-91                  | <b>CALL-IN TIME</b> 13 11/11A                                  |
| <b>INSPECTOR NO.</b> 53                                     |                                                                                                                                                    | <b>INSPECTOR NAME</b>                        |                                                                |
| <b>INSPECTION REQUESTED</b> blk wall final                  |                                                                                                                                                    |                                              |                                                                |
| <p>B/K Wall</p> <p>140-OK</p>                               |                                                                                                                                                    |                                              |                                                                |
| <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 * 799-2071</b>                                                                                                     |                                              | <input type="checkbox"/> <b>HOLD (H)</b>                       |
| <input type="checkbox"/> <b>REFEE (F)</b>                   | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTOR SIGNATURE</b> [Signature]                      |                                                                                                                                                    | <b>INSPECTION DATE</b> 7-23-91               |                                                                |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b> | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |

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

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

|                                                      |                 |                          |                    |
|------------------------------------------------------|-----------------|--------------------------|--------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 111812 |                 | <b>INSPECTION NUMBER</b> |                    |
| JOB ADDRESS 5600 Emerald                             |                 |                          |                    |
| LOT NO.                                              | BLOCK NO.       | SUBDIVISION NAME         |                    |
| FIRE DEPT. MAP NO.                                   | JOB PHONE pm 53 | CALL-IN DATE 7-16-91     | CALL-IN TIME 1:55P |
| INSPECTOR NO. 53                                     | INSPECTOR NAME  |                          |                    |

|                                       |
|---------------------------------------|
| <b>INSPECTION REQUESTED</b> 131 steel |
|---------------------------------------|

B/K Wall

131-OK

|                                                  |                                                         |                                          |
|--------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REFEED (F)              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL            | <input type="checkbox"/> PERMIT REQUIRED |

|                                        |                         |
|----------------------------------------|-------------------------|
| INSPECTOR SIGNATURE <i>[Signature]</i> | INSPECTION DATE 7-17-91 |
|----------------------------------------|-------------------------|

|                                                  |                                                                                                                                     |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <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) |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|

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FOR ADDITIONAL ASSISTANCE CALL \*386-6251 \*EFFECTIVE JULY 1, 1991  
SEE REVERSE SIDE FOR INSPECTION TYPES PHONE PREFIX WILL BE 229

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

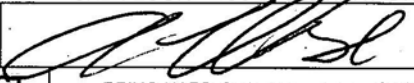
|                                                       |                                        |                                                                                                                                     |                                                          |
|-------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| PERMIT NUMBER<br>9111812                              |                                        | INSPECTION NUMBER                                                                                                                   |                                                          |
| JOB ADDRESS<br>5600 Emilia                            |                                        |                                                                                                                                     |                                                          |
| LOT NO.                                               | BLOCK NO.                              | SUBDIVISION NAME<br>Casa Linda SA                                                                                                   |                                                          |
| FIRE DEPT. MAP NO.                                    | JOB PHONE<br>6880201                   | CALL-IN DATE                                                                                                                        | SCHEDULE DATE                                            |
| INSPECTOR NO.<br>581                                  | INSPECTOR NAME                         |                                                                                                                                     |                                                          |
| INSPECTION REQUESTED<br>foundation wall side of house |                                        |                                                                                                                                     |                                                          |
|                                                       |                                        |                                                                                                                                     |                                                          |
| <input type="checkbox"/> PARTIAL APPROVAL (P)         |                                        | PARTIAL DESCRIPTION                                                                                                                 |                                                          |
| <input checked="" type="checkbox"/> APPROVED          | <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"/> REFEE (F)                    |                                        | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                          |
| INSPECTOR SIGNATURE<br>RSchmeck                       |                                        | INSPECTION DATE<br>7-2-91                                                                                                           |                                                          |
| <input type="checkbox"/> PROJECT COMPLETE             |                                        | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                          |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                     |                                                                                                                                     |                                                   |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 111812                                                                                                                                                                |                                                                                                                                     | <input type="checkbox"/> <b>INSPECTION NUMBER</b> |                                                         |
| JOB ADDRESS 5000 Emilia                                                                                                                                                                                             |                                                                                                                                     |                                                   |                                                         |
| LOT NO.                                                                                                                                                                                                             | BLOCK NO.                                                                                                                           | SUBDIVISION NAME                                  |                                                         |
| FIRE DEPT. MAP NO.                                                                                                                                                                                                  | JOB PHONE                                                                                                                           | CALL-IN DATE 7-20-91                              | CALL-IN TIME 13 11:11 A                                 |
| SCHEDULE DATE                                                                                                                                                                                                       |                                                                                                                                     |                                                   |                                                         |
| INSPECTOR NO. 53                                                                                                                                                                                                    | INSPECTOR NAME                                                                                                                      |                                                   |                                                         |
| <b>INSPECTION REQUESTED</b> blk wall final                                                                                                                                                                          |                                                                                                                                     |                                                   |                                                         |
| BIK Wall<br><br>140-OK                                                                                                                                                                                              |                                                                                                                                     |                                                   |                                                         |
| <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"/> REFEED (F)                                                                                                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                   | <input type="checkbox"/> PERMIT REQUIRED                |
| INSPECTOR SIGNATURE                                                                                                              |                                                                                                                                     | INSPECTION DATE 7-23-91                           |                                                         |
| <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) |                                                   |                                                         |
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|                                                                                                                                 |  |                                                                                                                                     |  |                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| PERMIT NUMBER                                                                                                                   |  | 91-111812                                                                                                                           |  | INSPECTION NUMBER                     |  |
| JOB ADDRESS                                                                                                                     |  |                                                                                                                                     |  |                                       |  |
| 5600 Emilia                                                                                                                     |  |                                                                                                                                     |  |                                       |  |
| LOT NO.                                                                                                                         |  | BLOCK NO.                                                                                                                           |  | SUBDIVISION NAME                      |  |
|                                                                                                                                 |  |                                                                                                                                     |  | Casa Linda SA                         |  |
| FIRE DEPT. MAP NO.                                                                                                              |  | JOB PHONE                                                                                                                           |  | CALL-IN DATE                          |  |
|                                                                                                                                 |  | 6880201                                                                                                                             |  |                                       |  |
| INSPECTOR NO.                                                                                                                   |  | INSPECTOR NAME                                                                                                                      |  |                                       |  |
| 587                                                                                                                             |  |                                                                                                                                     |  |                                       |  |
| INSPECTION REQUESTED                                                                                                            |  | foundation wall side of house                                                                                                       |  |                                       |  |
|                                                                                                                                 |  |                                                                                                                                     |  |                                       |  |
| <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                   |  | PARTIAL DESCRIPTION                                                                                                                 |  |                                       |  |
| <input checked="" type="checkbox"/> APPROVED                                                                                    |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C) |  |
|                                                                                                                                 |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL                                                                             |  | HOLD (H)                              |  |
| <input type="checkbox"/> REJECTED (R)                                                                                           |  | REINSPECTION REQUIRED - CALL 799-2071                                                                                               |  |                                       |  |
| <input type="checkbox"/> REFEE (F)                                                                                              |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                       |  |
| INSPECTOR SIGNATURE                                                                                                             |  |                                                                                                                                     |  | INSPECTION DATE                       |  |
| RSchmuck                                                                                                                        |  |                                                                                                                                     |  | 7-2-91                                |  |
| <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 |  |                                                                                                                                     |  |                                       |  |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                        |                                               |                                                                                                                                        |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>PERMIT NUMBER</b> > 91-111812                                                                                                                       |                                               | <b>INSPECTION NUMBER</b> > <del>140</del> 140                                                                                          |                                                                |
| <b>JOB ADDRESS</b><br>5600 Emilia Ave                                                                                                                  |                                               |                                                                                                                                        |                                                                |
| <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><br>7-2-91                                                                                                          | <b>SCHEDULE DATE</b>                                           |
| <b>INSPECTOR NO.</b><br>53 68                                                                                                                          | <b>INSPECTOR NAME</b><br>Carson               |                                                                                                                                        |                                                                |
| <b>INSPECTION REQUESTED</b> > <del>garage</del>                                                                                                        |                                               | 35-33-5L                                                                                                                               |                                                                |
| <p>Final - wall</p> <p>Subject to :</p> <p>Note : Masonry Fence walls<br/>not to exceed 9'-8" courses<br/>in Height from Top of<br/>Retaining wall</p> |                                               |                                                                                                                                        |                                                                |
| <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                                   |                                               | <b>PARTIAL DESCRIPTION</b>                                                                                                             |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED</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> |
| <b>HOLD (H)</b>                                                                                                                                        |                                               |                                                                                                                                        |                                                                |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                                           |                                               | REINSPECTION REQUIRED - CALL 799-2071                                                                                                  |                                                                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                              |                                               | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                                |
| <b>INSPECTOR SIGNATURE</b><br>John Carson                                                                                                              |                                               | <b>INSPECTION DATE</b><br>7-3-91                                                                                                       |                                                                |
| <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 386-6251  
SEE REVERSE SIDE FOR INSPECTION TYPES

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                             |  |                                                                                                                                     |  |                                       |  |                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|--|
| PERMIT NUMBER                                                                                                                                               |  | 91-111812                                                                                                                           |  | INSPECTION NUMBER                     |  | 1140                                                    |  |
| JOB ADDRESS                                                                                                                                                 |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| 5600 Emilia Ave                                                                                                                                             |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| LOT NO.                                                                                                                                                     |  | BLOCK NO.                                                                                                                           |  | SUBDIVISION NAME                      |  |                                                         |  |
| FIRE DEPT. MAP NO.                                                                                                                                          |  | JOB PHONE                                                                                                                           |  | CALL-IN DATE                          |  | SCHEDULE DATE                                           |  |
| 53                                                                                                                                                          |  |                                                                                                                                     |  | 7-2-91                                |  |                                                         |  |
| INSPECTOR NO.                                                                                                                                               |  | INSPECTOR NAME                                                                                                                      |  |                                       |  |                                                         |  |
| 53                                                                                                                                                          |  | Carson                                                                                                                              |  |                                       |  |                                                         |  |
| INSPECTION REQUESTED                                                                                                                                        |  | 35-33-5L                                                                                                                            |  |                                       |  |                                                         |  |
| <p>Final - wall</p> <p>Subject to:</p> <p>Note: Masonry Fence walls not to exceed 9'-8" courses in Height from Top of Retaining wall</p> <p>Give to #53</p> |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                                               |  | PARTIAL DESCRIPTION                                                                                                                 |  |                                       |  |                                                         |  |
| <input checked="" type="checkbox"/> APPROVED                                                                                                                |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |  |
|                                                                                                                                                             |  |                                                                                                                                     |  |                                       |  | HOLD (H)                                                |  |
| <input type="checkbox"/> REJECTED (R)                                                                                                                       |  | REINSPECTION REQUIRED - CALL 799-2071                                                                                               |  |                                       |  |                                                         |  |
| <input type="checkbox"/> REFEE (F)                                                                                                                          |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET                                                      |  |                                       |  |                                                         |  |
| INSPECTOR SIGNATURE                                                                                                                                         |  |                                                                                                                                     |  | INSPECTION DATE                       |  |                                                         |  |
| John E Carson                                                                                                                                               |  |                                                                                                                                     |  | 7-3-91                                |  |                                                         |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                   |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |                                       |  |                                                         |  |
| <p>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</p>                      |  |                                                                                                                                     |  |                                       |  |                                                         |  |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                      |                                                                                                                                                    |  |                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| <input type="checkbox"/>                                                                                                           | <b>PERMIT NUMBER</b> | 111812                                                                                                                                             |  | <b>INSPECTION NUMBER</b>                     |  |
| <b>JOB ADDRESS</b> 5600 Emilia                                                                                                     |                      |                                                                                                                                                    |  |                                              |  |
| <b>LOT NO.</b>                                                                                                                     |                      | <b>BLOCK NO.</b>                                                                                                                                   |  | <b>SUBDIVISION NAME</b>                      |  |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                          |                      | <b>JOB PHONE</b> pm 53                                                                                                                             |  | <b>CALL-IN DATE</b> 7-16-91                  |  |
|                                                                                                                                    |                      |                                                                                                                                                    |  | <b>CALL-IN TIME</b> 1:55P                    |  |
| <b>INSPECTOR NO.</b> 53                                                                                                            |                      | <b>INSPECTOR NAME</b>                                                                                                                              |  |                                              |  |
| <b>INSPECTION REQUESTED</b> 131 steel                                                                                              |                      |                                                                                                                                                    |  |                                              |  |
| <div style="font-size: 2em; font-family: cursive;">B/K Wall</div> <div style="font-size: 2em; font-family: cursive;">131-OK</div>  |                      |                                                                                                                                                    |  |                                              |  |
| <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>                                                                                             |  | <b>- UNTIL</b>                               |  |
|                                                                                                                                    |                      |                                                                                                                                                    |  | <input type="checkbox"/> <b>HOLD (H)</b>     |  |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                       |                      | <b>REINSPECTION REQUIRED - CALL *799-2071</b>                                                                                                      |  |                                              |  |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                          |                      | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |  |                                              |  |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                    |                      |                                                                                                                                                    |  |                                              |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                                         |                      |                                                                                                                                                    |  | <b>INSPECTION DATE</b> 7-17-91               |  |
| <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 |                      |                                                                                                                                                    |  |                                              |  |

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

|                                        |         |                     |                                |
|----------------------------------------|---------|---------------------|--------------------------------|
| JOB ADDRESS: <b>5600 Emilia</b>        |         |                     | PERMIT NO. <b>29858</b>        |
| LOT NO.                                | MAP NO. | INSPECTOR <b>53</b> | DATE                           |
| SUBDIVISION NAME                       |         |                     | PHONE                          |
| INSPECTOR SIGNATURE <b>P. M. H. 20</b> |         |                     | INSPECTION DATE <b>5-16-89</b> |

*Ratio Deck w/ Cover*

11 - "A"  
 7 - "B"  
 4 - Large

}

*Flg OK*

☐ PARTIAL INSPECTION - DESCRIPTION:

|                                                                                                    |  |                                                 |  |                                           |  |
|----------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|-------------------------------------------|--|
| <input checked="" type="checkbox"/> <b>APPROVED</b>                                                |  | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |  | <input type="checkbox"/> <b>STOP WORK</b> |  |
| <input type="checkbox"/> <b>REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071</b> |  |                                                 |  |                                           |  |

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

☐ **FINAL INSPECTION**

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

FOR ASSISTANCE -CALL: 388-6251