

## CITY OF LAS VEGAS, NEVADA

IT NO. 1-104779

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

F



37056

71

DEVELOPMENT PERMIT  
FOR: Swimming Pool or SpaLOG NO. & AREA 350-144-065 DATE 5-1-91 CONST. VAL. \$ 5920<sup>00</sup>ADDRESS OF CONSTRUCTION 3024 Gulls Perch Dr OWNER Jerry Hopkins PHONE 658-6694CONTRACTOR Blue Haven Pools STATE LICENSE NO. 31928 CITY LICENSE NO. 045385LOT(s) 65 BLOCK \_\_\_\_\_ SUBDIVISION Gulls Landing ZONE: (N-U) (R-105)PLUMBING CONTRACTOR \_\_\_\_\_ ELECTRICAL CONTRACTOR Loyd Mc Nair #170  
A+A ELECTRIC INC.CIRCLE TYPE OF POOL THAT APPLIES: PRIVATE SEMI-PUBLIC PUBLIC SPA

MATERIALS OF CONSTRUCTION: REINFORCED GUNITE REINFORCED CONCRETE OTHER \_\_\_\_\_

SQUARE FEET OF SURFACE POOL 454 SPA 38 VOLUME IN GALLONS \_\_\_\_\_

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 [Signature] CONTRACTORBY D.P. Fitzhugh AGENT/OWNERPLANNING DEPT. 5/01/91 DATEBUILDING DEPT. 5-1-91 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                |
| SEWER CONNECTION FEE (to 30,000 GALLONS) |                                   |                    | 63 <del>58.00</del> | 63                |
| BUILDING PERMIT - POOL & OR SPA:         |                                   |                    |                     | 70                |
| PLUMBING PERMIT                          | PRIVATE POOL OR SPA               | PREFORMED SPA      | 10.00               |                   |
|                                          |                                   | OTHERWISE          | 20.00               | 20                |
|                                          | PUBLIC OR SEMI-PUBLIC POOL OR SPA | PREFORMED SPA      | 20.00               |                   |
|                                          |                                   | OTHERWISE          | 30.00               | 05/1              |
|                                          | FUEL PIPING FOR POOL HEATER       |                    | 6.00                | 6                 |
| ELECTRICAL PERMIT                        | SPA                               |                    | 8.00                | 8                 |
|                                          | SWIMMING POOL                     | RESIDENTIAL        | 20.00               | 20                |
|                                          |                                   | PUBLIC-SEMI-PUBLIC | 30.00               |                   |
|                                          | ELECTRICAL SERVICE CHANGE         |                    | 6.00                |                   |
| MISC.                                    |                                   |                    |                     |                   |
| TOTAL FEES                               |                                   |                    |                     | 197 <sup>00</sup> |

RECEIPT

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## CITY OF LAS VEGAS, NEVADA

PERMIT NO. 1-104779

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS, CALL 799-2071

DEVELOPMENT PERMIT  
FOR: Swimming Pool or Spa

60

LOG NO. & AREA 350-144-065 DATE 5-1-91 CONST. VAL. \$ 5920<sup>00</sup>ADDRESS OF CONSTRUCTION 3024 Gulls Perch Dr OWNER Jerry Hopkins PHONE 658-6694CONTRACTOR Blue Haven Pools STATE LICENSE NO. 31928 CITY LICENSE NO. 045385LOT(s) 65 BLOCK \_\_\_\_\_ SUBDIVISION Gulls Landing ZONE: (N-U) (NOT R-105)PLUMBING CONTRACTOR \_\_\_\_\_ ELECTRICAL CONTRACTOR Floyd McNeil #170  
A + A ELECTRIC INC.CIRCLE TYPE OF POOL THAT APPLIES: PRIVATE SEMI-PUBLIC PUBLIC

MATERIALS OF CONSTRUCTION: REINFORCED GUNITE REINFORCED CONCRETE OTHER \_\_\_\_\_

SQUARE FEET OF SURFACE POOL 454 SPA 38 VOLUME IN GALLONS \_\_\_\_\_

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 \_\_\_\_\_ CONTRACTOR

BY C.P. Fitzhugh AGENT/OWNERPLANNING DEPT. \_\_\_\_\_ DATE 5/01/91BUILDING DEPT. \_\_\_\_\_ DATE 5-1-91

1. Inspections outside of normal business hours = \$30.00 per hour (minimum charge three hours).
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| DESCRIPTION                              |                                   |                    | FEE              | TOTAL             |
|------------------------------------------|-----------------------------------|--------------------|------------------|-------------------|
| ISSUANCE FEE                             |                                   |                    | 10.00            | 10                |
| SEWER CONNECTION FEE (to 30,000 GALLONS) |                                   |                    | <del>58.00</del> | <del>63</del>     |
| BUILDING PERMIT - POOL & OR SPA:         |                                   |                    |                  | 70                |
| PLUMBING PERMIT                          | PRIVATE POOL OR SPA               | PREFORMED SPA      | 10.00            |                   |
|                                          |                                   | OTHERWISE          | 20.00            | 20                |
|                                          | PUBLIC OR SEMI-PUBLIC POOL OR SPA | PREFORMED SPA      | 20.00            |                   |
|                                          |                                   | OTHERWISE          | 30.00            | 05/1              |
|                                          | FUEL PIPING FOR POOL HEATER       |                    | 6.00             | 6                 |
| ELECTRICAL PERMIT                        | SPA                               |                    | 8.00             | 8                 |
|                                          | SWIMMING POOL                     | RESIDENTIAL        | 20.00            | 20                |
|                                          |                                   | PUBLIC-SEMI-PUBLIC | 30.00            |                   |
|                                          | ELECTRICAL SERVICE CHANGE         |                    | 6.00             |                   |
| MISC.                                    |                                   |                    |                  |                   |
| TOTAL FEES                               |                                   |                    |                  | 197 <sup>00</sup> |

## RECEIPT

\*\*0002\*\*

POOL 80.00  
SEWR 63.00  
PLPG 26.00  
ELEC 28.00  
CHEK 197.00  
3478A000 12:01

05/01/91

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                              |                          |                            |                                  |
|----------------------------------------------|--------------------------|----------------------------|----------------------------------|
| JOB ADDRESS<br><b>302.4 Bulls Perch</b>      |                          | PERMIT NO.<br><b>24627</b> |                                  |
| LOT NO.                                      | MAP NO.<br><b>9-1472</b> | INSPECTOR<br><b>67</b>     | DATE<br><b>2-28</b>              |
| SUBDIVISION NAME                             |                          |                            | PHONE                            |
| INSPECTOR SIGNATURE<br><b>pm [Signature]</b> |                          |                            | INSPECTION DATE<br><b>3-1-90</b> |

Block wall Grout  
prop wall Both Sides

Note: Permit address is  
3013 Bulls Perch Dr

☐ PARTIAL INSPECTION - DESCRIPTION:

☒ **APPROVED**
☐ **PERMIT REQUIRED**
☐ **STOP WORK**

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

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

☐ **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: 386-6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                        |                           |                            |                                  |
|----------------------------------------|---------------------------|----------------------------|----------------------------------|
| JOB ADDRESS<br><b>5024 Gulls Perch</b> |                           | PERMIT NO.<br><b>24622</b> |                                  |
| LOT NO.                                | MAP NO.<br><b>S-1038A</b> | INSPECTOR<br><b>67</b>     | DATE<br><b>1-31</b>              |
| SUBDIVISION NAME                       |                           |                            | PHONE                            |
| INSPECTOR SIGNATURE<br>                |                           |                            | INSPECTION DATE<br><b>2-1-90</b> |

*Block Wall Permit*

*24" Retainer*

*South side prop line*

*Note:*

*Permit address is*

*3013 Gulls Perch*

☐ PARTIAL INSPECTION - DESCRIPTION:

☒ **APPROVED**

☐ **PERMIT REQUIRED**

☐ **STOP WORK**

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

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

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**FOR ASSISTANCE -CALL: 386-6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                        |                           |                        |                                   |
|----------------------------------------|---------------------------|------------------------|-----------------------------------|
| JOB ADDRESS<br><b>3024 Bulls Perch</b> |                           |                        | PERMIT NO.<br><b>24627</b>        |
| LOT NO.                                | MAP NO.<br><b>17-248p</b> | INSPECTOR<br><b>67</b> | DATE<br><b>2-16</b>               |
| SUBDIVISION NAME                       |                           |                        | PHONE                             |
| INSPECTOR SIGNATURE<br>                |                           |                        | INSPECTION DATE<br><b>2-20-90</b> |

*Block wall Grout*

*36" retainer along  
north side walk*

*Note: Permit address is  
3013 Bulls Perch Dr*

☐ PARTIAL INSPECTION - DESCRIPTION:

☒ **APPROVED**
☐ **PERMIT REQUIRED**
☐ **STOP WORK**

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

| INSPECT                                 | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-----------------------------------------|---------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input type="checkbox"/> B-1            | FOOTING, LAYOUT, REBAR, ZONING  | <input type="checkbox"/> P-1 | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2            | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P-2 | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B-3            | PRE-SLAB                        | <input type="checkbox"/> P-3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4            | ROOF SHEATHING                  | <input type="checkbox"/> P-4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input type="checkbox"/> B-5            | FRAMING                         | <input type="checkbox"/> P-5 | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER:                 |
| <input type="checkbox"/> B-6            | INSULATION                      | <input type="checkbox"/> P-6 | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7            | DRYWALL NAILING                 | <input type="checkbox"/> P-7 | FINAL PLUMBING              |                              |                        |
| <input type="checkbox"/> B-8            | EXTERIOR LATH/STUCCO            |                              |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELETRICAL  |
| <input checked="" 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             |

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

FOR ASSISTANCE -CALL: 386-6251

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                     |                                                                                                                                     |                                            |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PERMIT NUMBER <b>91-104779</b>                                                                                                                             |                                                                                                                                     | <input type="checkbox"/> INSPECTION NUMBER |                                                                                              |
| JOB ADDRESS <b>3024 Bulls Perch Dr</b>                                                                                                                                              |                                                                                                                                     |                                            |                                                                                              |
| LOT NO.                                                                                                                                                                             | BLOCK NO.                                                                                                                           | SUBDIVISION NAME <b>Bulls Landing</b>      |                                                                                              |
| FIRE DEPT. MAP NO.                                                                                                                                                                  | JOB PHONE                                                                                                                           | CALL-IN DATE <b>6-26-91</b>                | CALL-IN TIME <b>6-100P</b>                                                                   |
| INSPECTOR NO. <b>60</b>                                                                                                                                                             |                                                                                                                                     | INSPECTOR NAME                             |                                                                                              |
| INSPECTION REQUESTED: <b>f pool f elec f gas</b>                                                                                                                                    |                                                                                                                                     |                                            |                                                                                              |
| <b>"2ND NOTICE"</b>                                                                                                                                                                 |                                                                                                                                     |                                            |                                                                                              |
| <p><b>Temp. &amp; Pressure Relief Valves are now ready on all pool heaters in the City of L.V.</b></p> <p><b>Please install and I will TAG GAS</b></p> <p><b>All else is OK</b></p> |                                                                                                                                     |                                            |                                                                                              |
| <input 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<br><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.                                                     |                                            |                                                                                              |
| INSPECTOR SIGNATURE <b>[Signature]</b>                                                                                                                                              |                                                                                                                                     | INSPECTION DATE <b>6-27-91</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                                                     |                                                                                                                                     |                                            |                                                                                              |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                        |                          |                                            |                             |
|--------------------------------------------------------|--------------------------|--------------------------------------------|-----------------------------|
| <input type="checkbox"/> PERMIT NUMBER <b>91104779</b> |                          | <input type="checkbox"/> INSPECTION NUMBER |                             |
| JOB ADDRESS <b>3024 Gulls Beach Dr.</b>                |                          |                                            |                             |
| LOT NO.                                                | BLOCK NO.                | SUBDIVISION NAME <b>Gulls Landing</b>      |                             |
| FIRE DEPT. MAP NO.                                     | JOB PHONE <b>7959506</b> | CALL-IN DATE <b>6-20-91</b>                | CALL-IN TIME <b>6:213p.</b> |
| INSPECTOR NO. <b>60</b>                                |                          | INSPECTOR NAME                             |                             |

|                                          |
|------------------------------------------|
| INSPECTION REQUESTED <b>pre-plaster.</b> |
|------------------------------------------|

① NO Temp. & Press. VALVES  
now READ. on all hoses

all else OK  
I will TAG GAS when  
P&T. is installed

OK TO Plaster & Fill Pool

|                                                                                 |                                                                                                                                     |                                          |                                                         |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                     | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                                                                            | PARTIAL DESCRIPTION <b>SEES ABOVE</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"/> REJECTED (R)                                           | <input type="checkbox"/> REFEE (F)                                                                                                  | <input type="checkbox"/> HOLD (H)        |                                                         |
| REINSPECTION REQUIRED - CALL *799-2071                                          |                                                                                                                                     | <input type="checkbox"/> PERMIT REQUIRED |                                                         |
| REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                     |                                          |                                                         |
| INSPECTOR SIGNATURE <b>[Signature]</b>                                          |                                                                                                                                     | INSPECTION DATE <b>6-21-91</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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                        |                          |                                            |                                            |
|--------------------------------------------------------|--------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> PERMIT NUMBER <b>91104779</b> |                          | <input type="checkbox"/> INSPECTION NUMBER |                                            |
| JOB ADDRESS <b>3024 Gulls Purch Dr.</b>                |                          |                                            |                                            |
| LOT NO.                                                | BLOCK NO.                | SUBDIVISION NAME <b>Gulls Landing</b>      |                                            |
| FIRE DEPT. MAP NO.                                     | JOB PHONE <b>7959500</b> | CALL-IN DATE <b>5-14-91</b>                | CALL-IN TIME <b>1 10:02A</b> SCHEDULE DATE |
| INSPECTOR NO. <b>60</b>                                | INSPECTOR NAME           |                                            |                                            |
| INSPECTION REQUESTED <b>Pre-gumite</b>                 |                          |                                            |                                            |

UNDERGROUND GAS OK  
 NO UNDERGROUND SLEET COMP RD SERVICED  
 AT THIS TIME, CALL FOR INSP OF  
 SAME PION TO BACKFILL  
 UNPOSS SLEET AND PHUB 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<br><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.                                                     |                                       |                                                                                              |
| INSPECTOR SIGNATURE <i>[Signature]</i>           |                                                                                                                                     | INSPECTION DATE <b>5-15-91</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) |                                       |                                                                                              |

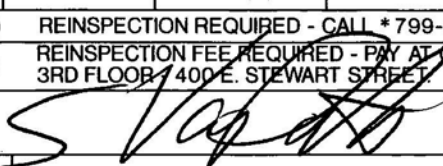
IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY  
 CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT

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

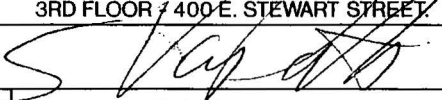
\*EFFECTIVE JULY 1, 1991  
 PHONE PREFIX WILL BE 229.



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                               |                                                                                                                                     |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PERMIT NUMBER <b>91104779</b>                                                                          |                                                                               | <input type="checkbox"/> INSPECTION NUMBER                                                                                          |                                                         |
| JOB ADDRESS <b>3024 Bulls Perch Dr.</b>                                                                                         |                                                                               |                                                                                                                                     |                                                         |
| LOT NO.                                                                                                                         | BLOCK NO.                                                                     | SUBDIVISION NAME <b>Bulls Landing</b>                                                                                               |                                                         |
| FIRE DEPT. MAP NO.                                                                                                              | JOB PHONE <b>7959500</b>                                                      | CALL-IN DATE <b>6-28-91</b>                                                                                                         | CALL-IN TIME <b>10 8:42A</b>                            |
| SCHEDULE DATE                                                                                                                   |                                                                               |                                                                                                                                     |                                                         |
| INSPECTOR NO. <b>60.</b>                                                                                                        | INSPECTOR NAME                                                                |                                                                                                                                     |                                                         |
| INSPECTION REQUESTED <b>Pool final</b>                                                                                          |                                                                               |                                                                                                                                     |                                                         |
| <b>Destog 17228</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 *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. |                                                                                                                                     |                                                         |
| INSPECTOR SIGNATURE                          |                                                                               | INSPECTION DATE <b>7-1-91</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 |                                                                               |                                                                                                                                     |                                                         |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PERMIT NUMBER <b>91104779</b>                                                                          |                                                                                 | INSPECTION NUMBER                                                                                                                   |                                                         |
| JOB ADDRESS <b>3024 SULLY PERCH DR.</b>                                                                                         |                                                                                 |                                                                                                                                     |                                                         |
| LOT NO.                                                                                                                         | BLOCK NO.                                                                       | SUBDIVISION NAME <b>Gulls Landing</b>                                                                                               |                                                         |
| FIRE DEPT. MAP NO.                                                                                                              | JOB PHONE <b>7959500</b>                                                        | CALL-IN DATE <b>6-28-91</b>                                                                                                         | CALL-IN TIME <b>10 8:42A.</b>                           |
| INSPECTOR NO. <b>60.</b>                                                                                                        |                                                                                 | INSPECTOR NAME                                                                                                                      |                                                         |
| INSPECTION REQUESTED <b>Pool final</b>                                                                                          |                                                                                 |                                                                                                                                     |                                                         |
| <b>Costing 17278</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 *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. |                                                                                                                                     |                                                         |
| INSPECTOR SIGNATURE                          |                                                                                 | INSPECTION DATE <b>7-1-91</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 |                                                                                 |                                                                                                                                     |                                                         |

|                                                        |                          |                                            |                              |
|--------------------------------------------------------|--------------------------|--------------------------------------------|------------------------------|
| <input type="checkbox"/> PERMIT NUMBER <b>91104779</b> |                          | <input type="checkbox"/> INSPECTION NUMBER |                              |
| JOB ADDRESS <b>3024 Gulls Perch Dr.</b>                |                          |                                            |                              |
| LOT NO.                                                | BLOCK NO.                | SUBDIVISION NAME <b>Gulls Landing</b>      |                              |
| FIRE DEPT. MAP NO.                                     | JOB PHONE <b>7959500</b> | CALL-IN DATE <b>5.14.91</b>                | CALL-IN TIME <b>1 10:02A</b> |
| INSPECTOR NO. <b>60</b>                                |                          | INSPECTOR NAME                             |                              |
| INSPECTION REQUESTED <b>Permit</b>                     |                          |                                            |                              |

UNDERGROUND GAS OK  
 NO UNDERGROUND ELECT COMP TO SERVICE  
 AT THIS TIME, CALL FOR INSPECTION OF  
 SAME PRIOR TO BACK FILL  
 IN POOL. ELECT AND PLUMB 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<br><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.                                                     |                                       |                                                                                              |
| INSPECTOR SIGNATURE <b>[Signature]</b>                                                                                          |                                                                                                                                     | INSPECTION DATE <b>5-15-91</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 |                                                                                                                                     |                                       |                                                                                              |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                               |  |                                                                                                                                     |  |                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|
| <input type="checkbox"/> PERMIT NUMBER                                                                                                                                        |  | 91104779                                                                                                                            |  | <input type="checkbox"/> INSPECTION NUMBER              |  |
| JOB ADDRESS 3024 Gulls Beach Dr.                                                                                                                                              |  |                                                                                                                                     |  |                                                         |  |
| LOT NO.                                                                                                                                                                       |  | BLOCK NO.                                                                                                                           |  | SUBDIVISION NAME Gulls Landing                          |  |
| FIRE DEPT. MAP NO.                                                                                                                                                            |  | JOB PHONE 7954506                                                                                                                   |  | CALL-IN DATE 6-20-91                                    |  |
|                                                                                                                                                                               |  |                                                                                                                                     |  | CALL-IN TIME 6:21P.                                     |  |
| SCHEDULE DATE                                                                                                                                                                 |  |                                                                                                                                     |  |                                                         |  |
| INSPECTOR NO. 60                                                                                                                                                              |  | INSPECTOR NAME                                                                                                                      |  |                                                         |  |
| INSPECTION REQUESTED pre-plaster.                                                                                                                                             |  |                                                                                                                                     |  |                                                         |  |
| <p>① NO. Temp. &amp; Press. VALVES<br/>Now READ. on all heaters</p> <p>all else OK<br/>I will TAG Gas when<br/>P&amp;T. is installed</p> <p>OK To Plaster &amp; Fill Pool</p> |  |                                                                                                                                     |  |                                                         |  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                   |  | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                                                                            |  | PARTIAL DESCRIPTION S & B ABOVE                         |  |
| <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 *799-2071                                                                                              |  |                                                         |  |
| <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 6-21-91                                 |  |
| <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                                               |  |                                                                                                                                     |  |                                                         |  |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                |                                                                                                                                     |                                            |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PERMIT NUMBER <b>91-104779</b>                                                                                                                                                        |                                                                                                                                     | <input type="checkbox"/> INSPECTION NUMBER |                                                         |
| JOB ADDRESS <b>3024 Bulls Perch Dr</b>                                                                                                                                                                         |                                                                                                                                     |                                            |                                                         |
| LOT NO.                                                                                                                                                                                                        | BLOCK NO.                                                                                                                           | SUBDIVISION NAME <b>Bulls Landing</b>      |                                                         |
| FIRE DEPT. MAP NO.                                                                                                                                                                                             | JOB PHONE                                                                                                                           | CALL-IN DATE <b>6-26-91</b>                | CALL-IN TIME <b>6:100P</b>                              |
| INSPECTOR NO. <b>60</b>                                                                                                                                                                                        |                                                                                                                                     | INSPECTOR NAME                             |                                                         |
| INSPECTION REQUESTED <b>f pool elec f gas</b>                                                                                                                                                                  |                                                                                                                                     |                                            |                                                         |
| <p><b>"2ND NOTICE"</b></p> <p><b>Temp. &amp; Pressure Relief Valves are now Regd. on all pool heaters in the City of L.V.</b></p> <p><b>Please install and I will TAG GAS</b></p> <p><b>All else is OK</b></p> |                                                                                                                                     |                                            |                                                         |
| <input 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"/> REFEE (F)                                                                                                  | <input type="checkbox"/> HOLD (H)          | <input type="checkbox"/> PERMIT REQUIRED                |
| INSPECTOR SIGNATURE <b>[Signature]</b>                                                                                                                                                                         |                                                                                                                                     | INSPECTION DATE <b>6-27-91</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