

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR



PERMIT NO. 92-141921

## BUILDING PERMIT

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

PLAN CHECK NO.

M-2378

DATE

4/9/92

CONST. VAL. \$

650

ADDRESS OF

CONSTRUCTION 6484 LOMBARD DR.

OWNER

Rev. J. C. SAVIAL

PHONE

646-2524

LOT(S)

15

BLOCK

1

SUBDIVISION

LAUREL WOOD DR. MANOR

ZONE

R-CV

PROPOSED CONSTRUCTION

OWNER patio covered by Bill Manor

USE

THIS PERMIT FOR

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

FLOOR AREA

BSMT

1ST

2ND

GARAGE

PORCH

TOTAL

130

CONTRACTOR

STATE  
LICENSE NO.CITY  
LICENSE NO.

ARCHITECT

ENGINEER

MASTER PLUMBER/  
CONTRACTORMASTER ELECTRICIAN/  
CONTRACTOR

## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT:

1. I agree to call the City Building Department for inspections before concrete is poured, before rough wiring, electrical, plumbing, framing is covered. Also for air conditioning, drywall and sheathing inspection.
2. I agree that when the job is completed that I will call for final inspection before occupancy.
3. I agree to perform all construction in accordance with City Ordinances and Building Codes.
4. The Contractor's signature below denotes authority from the owner to sign in his behalf and that the owner is aware of all requirements of this application and permit. Separate permits must be taken out for work outlined above this agreement.
5. I have read and understand the contents of this application and permit; I hereby state that the information I have supplied on this application is true and correct.
6. Approval for the work under this permit will be given only after refuse and debris have been removed from job site and public right of way.
7. 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS.

BY:

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

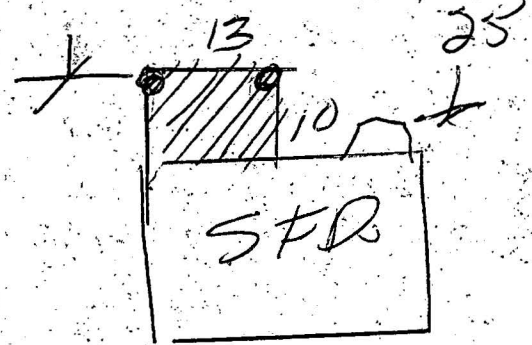
OWNER

BY:

AGENT

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

## SPECIAL CONDITIONS:

AS PER City Design  
NOT CONVERTIBLE

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

4/9/92

PLANNING DEPT.

BUILDING DEPT.

DATE

4-9-92

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

| PLUMBING                             | FEE  |
|--------------------------------------|------|
| 2310 - 2433 TOTAL                    |      |
| AIR CONDITIONING                     |      |
| NEW UNIT - 3 TON = 9.00 OVER = 16.50 |      |
| FURNACE TO 100,000/9.00 OVER/11.00   |      |
| VAPORATIVE COOLER                    | 6.95 |
| VENTILATION FAN                      | 2.55 |
| 2310 - 2435 TOTAL                    |      |

## ELECTRICAL

## FEE

|                                                   |        |          |
|---------------------------------------------------|--------|----------|
| RECEPTACLE                                        | SWITCH | .45      |
| EACH LIGHT FIXTURE OR SOCKET                      |        | .35      |
| SPECIAL OUTLET, APPLIANCE ETC.                    |        | .75      |
| SERVICE/PANEL - SUB/3.25 - 200A/6.45 - 400A/13.40 |        |          |
| A.C. UNIT OR MOTORS                               | 3.25   |          |
| 2310 - 2432 TOTAL                                 |        | 04/09/92 |
| MISC.                                             |        |          |

2310 - 2431 PLAN REVIEW

2310 - 2401 BLDG. PERMIT

7143 - 2973 SEWER CONNECTION

6122 - 3352 TORTOISE

2897 P.I.F.

88100-1232 TRANSPORT

TOTAL FEES

1900

RECEIVED  
MUST BE MACHINE VALIDATED  
CHEK 19.00  
3476A000 15:13

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work



gale insulation of nevada, inc.

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



## Installed Insulation Certificate

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

| R FACTOR | AREA           | TYPE             | INCHES/BAGS (BLOWN) |
|----------|----------------|------------------|---------------------|
| R-30     | Ceiling Area   | Cellulose blow   | 8.69"               |
| R-30     | Ceiling Area   | Fiberglass batts | 10"                 |
| R-11     | Exterior Walls | Fiberglass batts | 3½"                 |

Certified by

*Michael Allen*

Title

Office Manager

Address or Lot Number

6484 Lombard  
Laurelwood - Lot 15, Block 1

Date Installed

September 5, 1991

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |  |                                       |  |                                                              |  |                              |  |
|----------------------------------------------------------|--|---------------------------------------|--|--------------------------------------------------------------|--|------------------------------|--|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> |  | 92-141921                             |  | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> |  | 8                            |  |
| JOB ADDRESS<br><b>6484 LOMBARD DR</b>                    |  |                                       |  |                                                              |  |                              |  |
| LOT NO.<br><b>15</b>                                     |  | BLOCK NO.<br><b>1</b>                 |  | SUBDIVISION NAME<br><b>LAUREL WOOD DEV</b>                   |  |                              |  |
| FIRE DEPT. MAP NO.<br><b>2219-63</b>                     |  | JOB PHONE<br><b>646-2524</b>          |  | CALL-IN DATE<br><b>05/29/92</b>                              |  | CALL-IN TIME<br><b>09:52</b> |  |
| SCHEDULE DATE<br><b>06/01/92</b>                         |  |                                       |  |                                                              |  |                              |  |
| INSPECTOR NO.<br><b>67</b>                               |  | INSPECTOR NAME<br><b>JESSE SCHELL</b> |  |                                                              |  |                              |  |
| <b>INSPECTION REQUESTED</b>                              |  | <b>FRAMING (120)</b>                  |  |                                                              |  |                              |  |

*Patio Cover*  
*Corrections made AS*  
*per "revised plans*  
*"As Built"*

|                                                                                                                                 |  |                                                                                                                                        |  |                                       |  |                                                         |                 |
|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|-----------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                          |  | PARTIAL DESCRIPTION                   |  |                                                         |                 |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                |  | <input type="checkbox"/> STOP WORK (S)                                                                                                 |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |                 |
| <input type="checkbox"/> REJECTED (R)                                                                                           |  | <input type="checkbox"/> REFEED (F)                                                                                                    |  | <input type="checkbox"/> HOLD (H)     |  |                                                         |                 |
| REINSPECTION REQUIRED - CALL * 229-2071                                                                                         |  | <input type="checkbox"/> PERMIT REQUIRED                                                                                               |  |                                       |  |                                                         |                 |
| REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                 |  |                                                                                                                                        |  |                                       |  |                                                         |                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |  | <i>Jesse Schell</i>                                                                                                                    |  |                                       |  | <b>INSPECTION DATE</b><br><b>6-1-92</b>                 |                 |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of Q. ISSUANCE (Commercial Only) |  |                                       |  |                                                         |                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                        |  |                                       |  |                                                         | <b>229-6769</b> |

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

|                                                   |                                |                                     |                       |
|---------------------------------------------------|--------------------------------|-------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> PERMIT NUMBER | 92-141921                      | INSPECTION NUMBER                   | 2                     |
| JOB ADDRESS<br>6484 LOMBARD DR                    |                                |                                     |                       |
| LOT NO.<br>15                                     | BLOCK NO.<br>1                 | SUBDIVISION NAME<br>LAUREL WOOD DEV |                       |
| FIRE DEPT. MAP NO.<br>2219-63                     | JOB PHONE<br>646-2524          | CALL-IN DATE<br>05/11/92            | CALL-IN TIME<br>12:06 |
| SCHEDULE DATE<br>05/12/92                         |                                |                                     |                       |
| INSPECTOR NO.<br>67                               | INSPECTOR NAME<br>JESSE SCHELL |                                     |                       |
| INSPECTION REQUESTED                              | OTHER (150)                    |                                     |                       |

*(Patio Cover)*

*not to city design - submit plan for approval by Plan CK*

*(Note)*

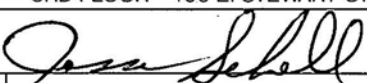
*suggest adding 1 post to center under 4x4 Beam -*

*Add 4x4's to exist roof for 24" o.c. rafters*

*(Recall)*

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
| <input type="checkbox"/> HOLD (H)                                                                                               |                                                                                                                                     |                                       |                                                         |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       | <input type="checkbox"/> PERMIT REQUIRED                |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |
| INSPECTOR SIGNATURE                                                                                                             | <i>Jesse Schell</i>                                                                                                                 |                                       | INSPECTION DATE<br>5-12-92                              |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       | 229-6769                                                |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |  |                                                                                                                                     |  |                                       |  |                                                         |            |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|------------|
| <b>PERMIT NUMBER</b>                                                                                                            |  | 92-141921                                                                                                                           |  | <b>INSPECTION NUMBER</b>              |  | 7                                                       |            |
| <b>JOB ADDRESS</b>                                                                                                              |  |                                                                                                                                     |  |                                       |  |                                                         |            |
| 6484 LOMBARD DR                                                                                                                 |  |                                                                                                                                     |  |                                       |  |                                                         |            |
| <b>LOT NO.</b>                                                                                                                  |  | <b>BLOCK NO.</b>                                                                                                                    |  | <b>SUBDIVISION NAME</b>               |  |                                                         |            |
| 15                                                                                                                              |  | 1                                                                                                                                   |  | LAUREL WOOD DEV                       |  |                                                         |            |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                       |  | <b>JOB PHONE</b>                                                                                                                    |  | <b>CALL-IN DATE</b>                   |  | <b>CALL-IN TIME</b>                                     |            |
| 2219-63                                                                                                                         |  | 646-2524                                                                                                                            |  | 05/29/92                              |  | 09:51                                                   |            |
| <b>INSPECTOR NO.</b>                                                                                                            |  | <b>INSPECTOR NAME</b>                                                                                                               |  |                                       |  |                                                         |            |
| 67                                                                                                                              |  | JESSE SCHELL                                                                                                                        |  |                                       |  |                                                         |            |
| <b>INSPECTION REQUESTED</b>                                                                                                     |  | ROOF SHEATHING (107)                                                                                                                |  |                                       |  |                                                         |            |
| <p style="font-size: 2em; font-family: cursive;">(PATIO COVER)</p>                                                              |  |                                                                                                                                     |  |                                       |  |                                                         |            |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | <b>PARTIAL DESCRIPTION</b>            |  |                                                         |            |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |            |
| <input type="checkbox"/> REJECTED (R)                                                                                           |  | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |  |                                       |  | <input type="checkbox"/> HOLD (H)                       |            |
| <input type="checkbox"/> REFEE (F)                                                                                              |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                       |  | <input type="checkbox"/> PERMIT REQUIRED                |            |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |  |                                                  |  |                                       |  | <b>INSPECTION DATE</b>                                  |            |
|                                                                                                                                 |  |                                                                                                                                     |  |                                       |  | 6-1-92                                                  |            |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |                                       |  |                                                         |            |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                     |  |                                       |  |                                                         | ▶ 229-6769 |

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