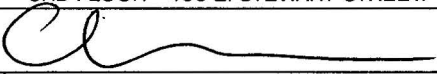


# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                               |                              |                                        |                                                 |                                  |
|-----------------------------------------------|------------------------------|----------------------------------------|-------------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/>           | PERMIT<br>NUMBER             | 92-168805                              | INSPECTION<br>NUMBER                            | 37                               |
| JOB ADDRESS<br><b>7132 TROPICAL ISLAND CI</b> |                              |                                        |                                                 |                                  |
| LOT NO<br><b>40</b>                           |                              | BLOCK NO<br><b>2</b>                   | SUBDIVISION NAME<br><b>UPTOWN ESTATES II 84</b> |                                  |
| FIRE DEPT MAP NO.<br><b>1918-26</b>           | JOB PHONE<br><b>645-8775</b> | CALL-IN DATE<br><b>12/04/92</b>        | CALL-IN TIME<br><b>13:53</b>                    | SCHEDULE DATE<br><b>12/07/92</b> |
| INSPECTOR NO.<br><b>73</b>                    |                              | INSPECTOR NAME<br><b>ELDEN SEVERIN</b> |                                                 |                                  |
| INSPECTION<br>REQUESTED                       |                              | <b>UNDERSLAB PLUMBING (407)</b>        |                                                 |                                  |

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

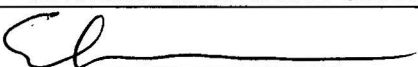
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                             |                          |                       |                              |                         |
|---------------------------------------------|--------------------------|-----------------------|------------------------------|-------------------------|
| <input checked="" type="checkbox"/>         | <b>PERMIT<br/>NUMBER</b> | <b>92-168278</b>      | <b>INSPECTION<br/>NUMBER</b> | <b>38</b>               |
| <b>JOB ADDRESS</b>                          |                          |                       |                              |                         |
| <b>7132 TROPICAL ISLAND CI</b>              |                          |                       |                              |                         |
| <b>LOT NO.</b>                              |                          | <b>BLOCK NO</b>       |                              | <b>SUBDIVISION NAME</b> |
| <b>40</b>                                   |                          | <b>2</b>              |                              | <b>CHARDONWAY</b>       |
| <b>FIRE DEPT MAP NO.</b>                    | <b>JOB PHONE</b>         | <b>CALL-IN DATE</b>   | <b>CALL-IN TIME</b>          | <b>SCHEDULE DATE</b>    |
| <b>1918-26</b>                              | <b>645-8775</b>          | <b>11/30/92</b>       | <b>14:49</b>                 | <b>12/01/92</b>         |
| <b>INSPECTOR NO.</b>                        |                          | <b>INSPECTOR NAME</b> |                              |                         |
| <b>73</b>                                   |                          | <b>ELDEN SEVERIN</b>  |                              |                         |
| <b>INSPECTION REQUESTED</b>                 |                          |                       |                              |                         |
| <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b> |                          |                       |                              |                         |

*Jeely Regan*

SETBACKS OK BY SUPER

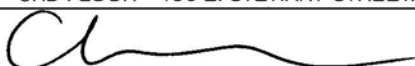
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | <b>PARTIAL DESCRIPTION</b>            |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                                                                     | <b>INSPECTION DATE</b>                |                                                         |                                          |
|                                              |                                                                                                                                     | <b>12/1/92</b>                        |                                                         |                                          |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |                                                         | <b>229-6769</b>                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                      |                       |                          |                         |
|-------------------------------------|----------------------|-----------------------|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | 92-168278             | <b>INSPECTION NUMBER</b> | 14                      |
| <b>JOB ADDRESS</b>                  |                      |                       |                          |                         |
| <b>7132 TROPICAL ISLAND CI</b>      |                      |                       |                          |                         |
| <b>LOT NO.</b>                      |                      | <b>BLOCK NO.</b>      |                          | <b>SUBDIVISION NAME</b> |
| 40                                  |                      | 2                     |                          | CHARDONNAY              |
| <b>FIRE DEPT. MAP NO</b>            | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>   | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b>    |
| 1918-26                             | 645-8775             | 12/09/92              | 10:05                    | 12/10/92                |
| <b>INSPECTOR NO.</b>                |                      | <b>INSPECTOR NAME</b> |                          |                         |
| 73                                  |                      | ELDEN SEVERIN         |                          |                         |
| <b>INSPECTION REQUESTED</b>         |                      | <b>PRE-SLAB (105)</b> |                          |                         |

DOWELS BETWEEN 1<sup>ST</sup> & 2<sup>ND</sup>  
FLOOR NEED TO BE 32" on  
CENTER MAX

|                                                                                                                                 |                                                                                 |                                                                                                                                    |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                   | <b>PARTIAL DESCRIPTION</b>                                                                                                         |                                                         |                                          |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)                                          | <input type="checkbox"/> COMMENTS (C)                                                                                              | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                | REINSPECTION REQUIRED - CALL *229-2071                                          |                                                                                                                                    |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                    |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                 | <b>INSPECTION DATE</b>                                                                                                             |                                                         |                                          |
|                                              |                                                                                 | 12/09/92                                                                                                                           |                                                         |                                          |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                |                                                                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O. ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                 |                                                                                                                                    |                                                         | 229-6769                                 |

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

|                                        |                       |                                 |                                |                           |
|----------------------------------------|-----------------------|---------------------------------|--------------------------------|---------------------------|
| <input checked="" type="checkbox"/>    | PERMIT<br>NUMBER      | 92-168278                       | INSPECTION<br>NUMBER           | 7                         |
| JOB ADDRESS<br>7132 TROPICAL ISLAND CI |                       |                                 |                                |                           |
| LOT NO.<br>40                          |                       | BLOCK NO.<br>2                  | SUBDIVISION NAME<br>CHARDONNAY |                           |
| FIRE DEPT. MAP NO.<br>1918-26          | JOB PHONE<br>645-8775 | CALL-IN DATE<br>12/23/92        | CALL-IN TIME<br>09:56          | SCHEDULE DATE<br>12/24/92 |
| INSPECTOR NO.<br>73                    |                       | INSPECTOR NAME<br>ELDEN SEVERIN |                                |                           |
| INSPECTION<br>REQUESTED                |                       | ROOF SHEATHING (107)            |                                |                           |

THIS HOUSE WAS CUT IN HALF  
BY A RUN AWAY LOADER.  
I STOPPED BY AND TALKED TO  
SUPER.

① - REMOVE LOADER FROM  
LIVING ROOM -

② - REMOVE ALL BROKEN DEBRIS  
FROM HOUSE.

③ - SHORE UP OR TEAR DOWN STRUCTURE

④ - BARRICADE AND MAKE HOUSE  
SAFE -

|                                                                                                                                    |                                                                                                                                      |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                     | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input type="checkbox"/> APPROVED<br>(A)                                                                                           | <input type="checkbox"/> STOP<br>WORK (S)                                                                                            | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                   | REINSPECTION REQUIRED - CALL *229-2071                                                                                               |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                   |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                      | INSPECTION DATE<br>12 24 92              |                                                            |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                      |                                          |                                                            | 229-6769                                    |



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

|                                               |                  |                                        |                                       |                              |
|-----------------------------------------------|------------------|----------------------------------------|---------------------------------------|------------------------------|
| <input checked="" type="checkbox"/>           | PERMIT<br>NUMBER | 92-168278                              | INSPECTION<br>NUMBER                  | 8                            |
| JOB ADDRESS<br><b>7132 TROPICAL ISLAND CI</b> |                  |                                        |                                       |                              |
| LOT NO.<br><b>40</b>                          |                  | BLOCK NO.<br><b>2</b>                  | SUBDIVISION NAME<br><b>CHARDONNAY</b> |                              |
| FIRE DEPT. MAP NO.<br><b>1918-26</b>          |                  | JOB PHONE<br><b>645-8775</b>           | CALL-IN DATE<br><b>12/23/92</b>       | CALL-IN TIME<br><b>09:57</b> |
| SCHEDULE DATE<br><b>12/24/92</b>              |                  |                                        |                                       |                              |
| INSPECTOR NO.<br><b>73</b>                    |                  | INSPECTOR NAME<br><b>ELDEN SEVERIN</b> |                                       |                              |
| INSPECTION<br>REQUESTED                       |                  | <b>SHEAR (109)</b>                     |                                       |                              |

Not Ready

|                                                                                                                                                    |                                                                                                                                      |                                          |                                                            |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                     | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input type="checkbox"/> APPROVED<br>(A)                                                                                                           | <input type="checkbox"/> STOP<br>WORK (S)                                                                                            | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                                   | REINSPECTION REQUIRED - CALL * 229-2071                                                                                              |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                   |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                                             |                                                                                                                                      | INSPECTION DATE<br><b>12/24/92</b>       |                                                            |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT <b>229-6769</b> |                                                                                                                                      |                                          |                                                            |                                             |

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

|                                               |                              |                                        |                                       |                                  |
|-----------------------------------------------|------------------------------|----------------------------------------|---------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/>           | PERMIT<br>NUMBER             | 92-168279                              | INSPECTION<br>NUMBER                  | 5                                |
| JOB ADDRESS<br><b>7133 TROPICAL ISLAND CI</b> |                              |                                        |                                       |                                  |
| LOT NO.<br><b>39</b>                          |                              | BLOCK NO.<br><b>2</b>                  | SUBDIVISION NAME<br><b>CHARDONNAY</b> |                                  |
| FIRE DEPT MAP NO.<br><b>1918-26</b>           | JOB PHONE<br><b>645-8775</b> | CALL-IN DATE<br><b>12/23/92</b>        | CALL-IN TIME<br><b>09:55</b>          | SCHEDULE DATE<br><b>12/24/92</b> |
| INSPECTOR NO.<br><b>73</b>                    |                              | INSPECTOR NAME<br><b>ELDEN SEVERIN</b> |                                       |                                  |
| INSPECTION<br>REQUESTED                       |                              | <b>ROOF SHEATHING (107)</b>            |                                       |                                  |

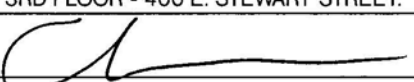
*Not Ready*

|                                                                                                                                    |                                                                                                                                      |                                          |                                                            |                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                     | PARTIAL DESCRIPTION                      |                                                            |                                                                                                     |
| <input type="checkbox"/> APPROVED<br>(A)                                                                                           | <input type="checkbox"/> STOP<br>WORK (S)                                                                                            | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)                                                                |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                   | REINSPECTION REQUIRED - CALL * 229-2071                                                                                              |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED                                                         |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                   |                                          |                                                            |                                                                                                     |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                      | INSPECTION DATE<br><b>122492</b>         |                                                            |                                                                                                     |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                          |                                                            |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                      |                                          |                                                            |  <b>229-6769</b> |

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

|                                               |                              |                                        |                                       |                                  |
|-----------------------------------------------|------------------------------|----------------------------------------|---------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/>           | PERMIT<br>NUMBER             | 92-169625                              | INSPECTION<br>NUMBER                  | 35                               |
| JOB ADDRESS<br><b>7132 TROPICAL ISLAND CI</b> |                              |                                        |                                       |                                  |
| LOT NO.<br><b>40</b>                          |                              | BLOCK NO.<br><b>2</b>                  | SUBDIVISION NAME<br><b>UPTOWN EST</b> |                                  |
| FIRE DEPT MAP NO.<br><b>1918-26</b>           | JOB PHONE<br><b>645-8775</b> | CALL-IN DATE<br><b>12/31/92</b>        | CALL-IN TIME<br><b>14:50</b>          | SCHEDULE DATE<br><b>01/04/93</b> |
| INSPECTOR NO.<br><b>73</b>                    |                              | INSPECTOR NAME<br><b>ELDEN SEVERIN</b> |                                       |                                  |
| INSPECTION<br>REQUESTED                       |                              | <b>ROUGH MECHANICAL (320)</b>          |                                       |                                  |

*NOT READY*

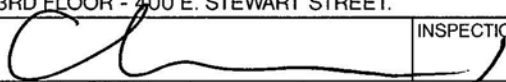
|                                                                                                                                    |                                                                                                                                      |                                          |                                                            |                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                     | PARTIAL DESCRIPTION                      |                                                            |                                                                                                     |
| <input type="checkbox"/> APPROVED<br>(A)                                                                                           | <input type="checkbox"/> STOP<br>WORK (S)                                                                                            | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)                                                                |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                   | REINSPECTION REQUIRED - CALL * 229-2071                                                                                              |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED                                                         |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                   |                                          |                                                            |                                                                                                     |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                      | INSPECTION DATE                          |                                                            |                                                                                                     |
|                                                 |                                                                                                                                      | 1/4/93                                   |                                                            |                                                                                                     |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                          |                                                            |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                      |                                          |                                                            |  <b>229-6769</b> |

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

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

|                                               |                              |                                        |                                                 |                                  |
|-----------------------------------------------|------------------------------|----------------------------------------|-------------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/>           | PERMIT<br>NUMBER             | 92-168805                              | INSPECTION<br>NUMBER                            | 36                               |
| JOB ADDRESS<br><b>7132 TROPICAL ISLAND CI</b> |                              |                                        |                                                 |                                  |
| LOT NO.<br><b>40</b>                          |                              | BLOCK NO.<br><b>2</b>                  | SUBDIVISION NAME<br><b>UPTOWN ESTATES II 84</b> |                                  |
| FIRE DEPT MAP NO<br><b>1918-26</b>            | JOB PHONE<br><b>645-8775</b> | CALL-IN DATE<br><b>12/31/92</b>        | CALL-IN TIME<br><b>14:50</b>                    | SCHEDULE DATE<br><b>01/04/93</b> |
| INSPECTOR NO<br><b>73</b>                     |                              | INSPECTOR NAME<br><b>ELDEN SEVERIN</b> |                                                 |                                  |
| INSPECTION<br>REQUESTED                       |                              | <b>TOP OUT-WATER, GAS, WASTE (420)</b> |                                                 |                                  |

*Not Ready*

|                                                                                                                                    |                                                                                                                                       |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                      | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input type="checkbox"/> APPROVED<br>(A)                                                                                           | <input type="checkbox"/> STOP<br>WORK (S)                                                                                             | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                   | REINSPECTION REQUIRED - CALL * 229-2071                                                                                               |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                    |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                    |                                          |                                                            | INSPECTION DATE<br><b>1/4/93</b>            |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS,<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                       |                                          |                                                            | <b>229-6769</b>                             |

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

|                                               |                              |                                        |                                       |                                  |
|-----------------------------------------------|------------------------------|----------------------------------------|---------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/>           | PERMIT<br>NUMBER             | 92-168278                              | INSPECTION<br>NUMBER                  | 3                                |
| JOB ADDRESS<br><b>7132 TROPICAL ISLAND CI</b> |                              |                                        |                                       |                                  |
| LOT NO<br><b>40</b>                           |                              | BLOCK NO.<br><b>2</b>                  | SUBDIVISION NAME<br><b>CHARDONNAY</b> |                                  |
| FIRE DEPT MAP NO.<br><b>1918-26</b>           | JOB PHONE<br><b>645-8775</b> | CALL-IN DATE<br><b>01/07/93</b>        | CALL-IN TIME<br><b>11:09</b>          | SCHEDULE DATE<br><b>01/08/93</b> |
| INSPECTOR NO.<br><b>73</b>                    |                              | INSPECTOR NAME<br><b>ELDEN SEVERIN</b> |                                       |                                  |
| INSPECTION<br>REQUESTED                       |                              | <b>DRYWALL NAILING (125)</b>           |                                       |                                  |

**92-169625**  
**106387-9**

*Not Ready*

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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                             |                         |                          |                      |
|-------------------------------------|-----------------------------|-------------------------|--------------------------|----------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b>        | 92-168273               | <b>INSPECTION NUMBER</b> | 13                   |
| <b>JOB ADDRESS</b>                  |                             |                         |                          |                      |
| 7132 TROPICAL ISLAND CI             |                             |                         | 107172                   |                      |
| <b>LOT NO.</b>                      | <b>BLOCK NO.</b>            | <b>SUBDIVISION NAME</b> |                          |                      |
| 40                                  | 2                           | CHARDONNAY              |                          |                      |
| <b>FIRE DEPT MAP NO.</b>            | <b>JOB PHONE</b>            | <b>CALL-IN DATE</b>     | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b> |
| 1918-26/                            | 645-8775                    | 01/26/93                | 10:07                    | 01/27/93             |
| <b>INSPECTOR NO</b>                 | <b>INSPECTOR NAME</b>       |                         |                          |                      |
| 73/65                               | ELDEN SEVERIN Lou Brunson   |                         |                          |                      |
| <b>INSPECTION REQUESTED</b>         | <b>BUILDING FINAL (140)</b> |                         |                          |                      |

— INSTALL AUX. LOCK, REAR SLIDER

— INSTALL INSUL. LID, ATTIC ACCESS

— GET F/ELECT INSP. SIGNED OFF

③ of ③ LISTS

|                                                  |                                                                                                                                     |                                       |                                                         |                                          |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION      | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | <b>PARTIAL DESCRIPTION</b>            |                                                         |                                          |
| <input type="checkbox"/> APPROVED (A)            | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input checked="" type="checkbox"/> REJECTED (R) | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)               | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                       |                                                                                                                                     | <b>INSPECTION DATE</b>                |                                                         |                                          |
| [Signature]                                      |                                                                                                                                     | 1-27-93                               |                                                         |                                          |
| <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.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                           |                  |                      |               |
|-------------------------------------|---------------------------|------------------|----------------------|---------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER          | 92-169625        | INSPECTION<br>NUMBER | 12            |
| JOB ADDRESS                         |                           |                  |                      |               |
| 7132 TROPICAL ISLAND CI             |                           |                  | 106387               |               |
| LOT NO.                             | BLOCK NO.                 | SUBDIVISION NAME |                      |               |
| 40                                  | 2                         | UPTOWN EST       |                      |               |
| FIRE DEPT. MAP NO.                  | JOB PHONE                 | CALL-IN DATE     | CALL-IN TIME         | SCHEDULE DATE |
| 1918-26                             | 645-8775                  | 01/26/93         | 10:06                | 01/27/93      |
| INSPECTOR NO.                       | INSPECTOR NAME            |                  |                      |               |
| 73/65                               | ELDEN SEVERIN Lou Brunson |                  |                      |               |
| INSPECTION<br>REQUESTED             | FINAL MECHANICAL (340)    |                  |                      |               |

OK

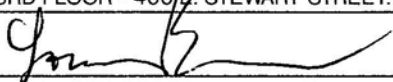
|                                                                                                                                    |                                                                                                                                       |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                      | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                             | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL * 229-2071                                                                                               |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                    |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                    |                                          | INSPECTION DATE<br>1-27-93                                 |                                             |
| <input checked="" type="checkbox"/> PROJECT<br>COMPLETE                                                                            | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                       |                                          |                                                            | 229-6769                                    |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                                   |                         |                          |                      |
|-------------------------------------|-----------------------------------|-------------------------|--------------------------|----------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b>              | 92-168805               | <b>INSPECTION NUMBER</b> | 11                   |
| <b>JOB ADDRESS</b>                  |                                   |                         |                          |                      |
| 7132 TROPICAL ISLAND CI             |                                   |                         | 106910                   |                      |
| <b>LOT NO.</b>                      | <b>BLOCK NO.</b>                  | <b>SUBDIVISION NAME</b> |                          |                      |
| 40                                  | 2                                 | UPTOWN ESTATES II 84    |                          |                      |
| <b>FIRE DEPT MAP NO</b>             | <b>JOB PHONE</b>                  | <b>CALL-IN DATE</b>     | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b> |
| 1918-26                             | 645-8775                          | 01/26/93                | 10:05                    | 01/27/93             |
| <b>INSPECTOR NO</b>                 | <b>INSPECTOR NAME</b>             |                         |                          |                      |
| 73 65                               | ELDEN SEVERIN Lou BRUNSON         |                         |                          |                      |
| <b>INSPECTION REQUESTED</b>         | FINAL PLUMBING (440) ① U ③ LIST 3 |                         |                          |                      |

— SCREW H.W. HTR. FWE  
to H.W. "Cap"

|                                                                                                                                 |                                                                                                                                   |                                              |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                     | <b>PARTIAL DESCRIPTION</b><br>CHK AT B/FINAL |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                            | <input type="checkbox"/> COMMENTS (C)        | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL *229-2071                                                                                            |                                              | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                   |                                              |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                |                                              | <b>INSPECTION DATE</b><br>1-27-93                       |                                   |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                            | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                              |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                   |                                              | 229-6769                                                |                                   |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                                   |                      |                      |               |
|-------------------------------------|-----------------------------------|----------------------|----------------------|---------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER                  | 92-168805            | INSPECTION<br>NUMBER | 10            |
| JOB ADDRESS                         |                                   |                      |                      |               |
| 7132 TROPICAL ISLAND CI             |                                   |                      | 106910               |               |
| LOT NO.                             | BLOCK NO                          | SUBDIVISION NAME     |                      |               |
| 40                                  | 2                                 | UPTOWN ESTATES II 84 |                      |               |
| FIRE DEPT. MAP NO                   | JOB PHONE                         | CALL-IN DATE         | CALL-IN TIME         | SCHEDULE DATE |
| 1918-26                             | 645-8775                          | 01/26/93             | 10:05                | 01/27/93      |
| INSPECTOR NO                        | INSPECTOR NAME                    |                      |                      |               |
| 73/65                               | ELDEN SEVERIN <i>Law Brunsion</i> |                      |                      |               |
| INSPECTION<br>REQUESTED             | FINAL GAS TEST (423)              |                      |                      |               |

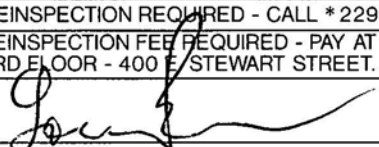
92-169625  
106387

*OK*

*ISSUED* **(9)** TAG # 27065  
#15

|                                                                                                                                    |                                                                                    |                                                                                                                                      |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                   | PARTIAL DESCRIPTION                                                                                                                  |                                                            |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                          | <input type="checkbox"/> COMMENTS<br>(C)                                                                                             | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL * 229-2071                                            |                                                                                                                                      |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                      |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                    | INSPECTION DATE                                                                                                                      |                                                            |                                             |
| <i>[Signature]</i>                                                                                                                 |                                                                                    | 1-27-93                                                                                                                              |                                                            |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       |                                                                                    | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                    |                                                                                                                                      |                                                            | <b>229-6769</b>                             |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      |                                       |                                                        |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                        | PERMIT NUMBER                                                                                                                        | 92-171409                             | INSPECTION NUMBER                                      | 9                                        |
| JOB ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                       |                                                        |                                          |
| 7132 TROPICAL ISLAND CI                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                      |                                       | 109839                                                 |                                          |
| LOT NO                                                                                                                                                                                                                                                                                                                                                                                                                     | BLOCK NO.                                                                                                                            | SUBDIVISION NAME                      |                                                        |                                          |
| 40                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                                                                                                                                    | UPTON UPTOWN 2 PHASE 2                |                                                        |                                          |
| FIRE DEPT MAP NO                                                                                                                                                                                                                                                                                                                                                                                                           | JOB PHONE                                                                                                                            | CALL-IN DATE                          | CALL-IN TIME                                           | SCHEDULE DATE                            |
| 1918-26                                                                                                                                                                                                                                                                                                                                                                                                                    | 645-8775                                                                                                                             | 01/26/93                              | 10:04                                                  | 01/27/93                                 |
| INSPECTOR NO.                                                                                                                                                                                                                                                                                                                                                                                                              | INSPECTOR NAME                                                                                                                       |                                       |                                                        |                                          |
| 7365                                                                                                                                                                                                                                                                                                                                                                                                                       | ELDEN SEVERIN Lou Branson                                                                                                            |                                       |                                                        |                                          |
| INSPECTION REQUESTED                                                                                                                                                                                                                                                                                                                                                                                                       | <del>FINAL ELECTRICAL (240)</del> LB                                                                                                 |                                       |                                                        |                                          |
| # 133 - E/TAG LINDA                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                      |                                       |                                                        |                                          |
| <p>— GET ELECT PWR TURNED ON, MUST CHECK GFI PLUGS, FANS, LTS, "SMOKIES"</p> <p>— COVER OPEN LID BOXS</p> <p>— INSTALL MISSING WALL SWITCHES, FRT LV RM</p> <p>— MISSING (3) OUTSIDE LTS, REAR DOOR</p> <p>— " REAR W/PROOF OUTSIDE PLUG</p> <p>— PLS CALL F/ELECT INSP. # 240</p> <p>— ISSUED <span style="border: 1px solid black; padding: 2px;">E</span> TAG # 50703</p> <p style="text-align: center;">② of ③ LTS</p> |                                                                                                                                      |                                       |                                                        |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                        | PARTIAL DESCRIPTION                   |                                                        |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      | CHK AT B/FINAL                        |                                                        |                                          |
| <input type="checkbox"/> APPROVED (A)                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> STOP WORK (S)                                                                                               | <input type="checkbox"/> COMMENTS (C) | <input checked="" type="checkbox"/> TEMPORARY APPROVAL | — UNTIL 2-27-93                          |
| <input type="checkbox"/> HOLD (H)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |                                       |                                                        |                                          |
| <input type="checkbox"/> REJECTED (R)                                                                                                                                                                                                                                                                                                                                                                                      | REINSPECTION REQUIRED - CALL * 229-2071                                                                                              |                                       |                                                        | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                                                                                                                                                                                                                                                                                                         | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET.                                                       |                                       |                                                        |                                          |
| INSPECTOR SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                       | INSPECTION DATE                                        |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      |                                       | 1-27-93                                                |                                          |
| <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

|                                     |                                                    |                                                   |                          |                           |
|-------------------------------------|----------------------------------------------------|---------------------------------------------------|--------------------------|---------------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b>                               | 92-171409                                         | <b>INSPECTION NUMBER</b> | 17                        |
| <b>JOB ADDRESS</b>                  |                                                    |                                                   |                          |                           |
| 7132 TROPICAL ISLAND CI             |                                                    |                                                   | 109839                   |                           |
| LOT NO.<br>40                       | BLOCK NO.<br>2                                     | SUBDIVISION NAME<br><u>UPTON UPTOWN 2 PHASE 2</u> |                          |                           |
| FIRE DEPT MAP NO.<br>1918-26        | JOB PHONE<br>645-8775                              | CALL-IN DATE<br>01/27/93                          | CALL-IN TIME<br>14:12    | SCHEDULE DATE<br>01/28/93 |
| INSPECTOR NO.<br>7365               | INSPECTOR NAME<br>ELDEN SEVERIN <i>Lou BRUNSON</i> |                                                   |                          |                           |
| <b>INSPECTION REQUESTED</b>         | FINAL ELECTRICAL (240)                             |                                                   |                          |                           |

— MISSING FRT HALL LT., OR PLATE  
 — BLANK PLATE OPEN CLG. BOX  
 FRT LV RM LID  
 — GET ELECT PWR TURNED ON, MUST CHECK GFI PLUGS, FANS, LTS, "SMOKIES", .....  
 — PUT GRILLE ON UTIL. RM, EXH. FAN

|                                                                                                                                 |                                               |                                                                                                                                     |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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 checked="" type="checkbox"/> REINSPECTED (R)                                                                             |                                               | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              |                                               | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                         |                                          |
| INSPECTOR SIGNATURE<br><i>[Signature]</i>                                                                                       |                                               | INSPECTION DATE<br>1-28-93                                                                                                          |                                                         |                                          |
| <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                                 |

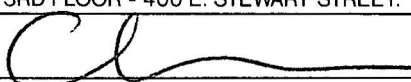
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

|                                                                                                                                       |  |                                                                                                                                                   |  |                                                              |  |                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|----------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>                                                                              |  | <b>92-168278</b>                                                                                                                                  |  | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> |  | <b>22</b>                                                      |  |
| <b>JOB ADDRESS</b>                                                                                                                    |  |                                                                                                                                                   |  |                                                              |  |                                                                |  |
| <b>7132 TROPICAL ISLAND CI</b>                                                                                                        |  |                                                                                                                                                   |  |                                                              |  | <b>107172</b>                                                  |  |
| <b>LOT NO</b>                                                                                                                         |  | <b>BLOCK NO.</b>                                                                                                                                  |  | <b>SUBDIVISION NAME</b>                                      |  |                                                                |  |
| <b>40</b>                                                                                                                             |  | <b>2</b>                                                                                                                                          |  | <b>CHARDONNAY</b>                                            |  |                                                                |  |
| <b>FIRE DEPT MAP NO</b>                                                                                                               |  | <b>JOB PHONE</b>                                                                                                                                  |  | <b>CALL-IN DATE</b>                                          |  | <b>CALL-IN TIME</b>                                            |  |
| <b>1918-26</b>                                                                                                                        |  | <b>645-8775</b>                                                                                                                                   |  | <b>01/28/93</b>                                              |  | <b>14:08</b>                                                   |  |
| <b>INSPECTOR NO</b>                                                                                                                   |  | <b>INSPECTOR NAME</b>                                                                                                                             |  |                                                              |  |                                                                |  |
| <b>73</b>                                                                                                                             |  | <b>ELDEN SEVERIN</b>                                                                                                                              |  |                                                              |  |                                                                |  |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b>                                                                       |  | <b>BUILDING FINAL (140)</b>                                                                                                                       |  |                                                              |  |                                                                |  |
|                                                                                                                                       |  |                                                                                                                                                   |  |                                                              |  |                                                                |  |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                    |  | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                              |  | <b>PARTIAL DESCRIPTION</b>                                   |  |                                                                |  |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                               |  | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                     |  | <input type="checkbox"/> <b>COMMENTS (C)</b>                 |  | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |  |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                          |  | <input type="checkbox"/> <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                                                            |  | <input type="checkbox"/> <b>PERMIT REQUIRED</b>              |  | <input type="checkbox"/> <b>HOLD (H)</b>                       |  |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                             |  | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                            |  |                                                              |  |                                                                |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                                            |  |                                                                                                                                                   |  | <b>INSPECTION DATE</b>                                       |  |                                                                |  |
|                                                    |  |                                                                                                                                                   |  | <b>1/29/93</b>                                               |  |                                                                |  |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                           |  | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O ISSUANCE (Commercial Only)</b> |  |                                                              |  |                                                                |  |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M OR 2:45 P.M. - 3:00 P.M. AT</b> |  |                                                                                                                                                   |  |                                                              |  | <b>229-6769</b>                                                |  |

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

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

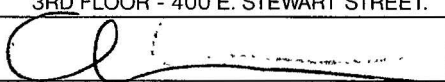
|                                     |                      |                  |                      |               |
|-------------------------------------|----------------------|------------------|----------------------|---------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER     | 92-168278        | INSPECTION<br>NUMBER | 22            |
| JOB ADDRESS                         |                      |                  |                      |               |
| 7132 TROPICAL ISLAND                |                      |                  | 107172               |               |
| LOT NO.                             | BLOCK NO.            | SUBDIVISION NAME |                      |               |
| 40                                  | 2                    | CHARDONWAY       |                      |               |
| FIRE DEPT MAP NO.                   | JOB PHONE            | CALL-IN DATE     | CALL-IN TIME         | SCHEDULE DATE |
| 1918-26                             | 645-8775             | 01/28/93         | 14:08                | 01/29/93      |
| INSPECTOR NO.                       | INSPECTOR NAME       |                  |                      |               |
| 73                                  | ELDEN SEVERIN        |                  |                      |               |
| INSPECTION<br>REQUESTED             | BUILDING FINAL (140) |                  |                      |               |

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

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

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                |                      |                                   |                          |                         |
|--------------------------------|----------------------|-----------------------------------|--------------------------|-------------------------|
| <b>H</b>                       | <b>PERMIT NUMBER</b> | <b>92-168273</b>                  | <b>INSPECTION NUMBER</b> | <b>2</b>                |
| <b>JOB ADDRESS</b>             |                      |                                   |                          |                         |
| <b>7132 TROPICAL ISLAND CI</b> |                      |                                   |                          |                         |
| <b>LOT NO</b>                  |                      | <b>BLOCK NO</b>                   |                          | <b>SUBDIVISION NAME</b> |
| <b>40</b>                      |                      | <b>2</b>                          |                          | <b>CHARDONNAY</b>       |
| <b>FIRE DEPT MAP NO</b>        | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>               | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b>    |
| <b>1918-26</b>                 | <b>645-8775</b>      | <b>01/08/93</b>                   | <b>12:49</b>             | <b>01/11/93</b>         |
| <b>INSPECTOR NO</b>            |                      | <b>INSPECTOR NAME</b>             |                          |                         |
| <b>73</b>                      |                      | <b>ELDEN SEVERIN</b>              |                          |                         |
| <b>INSPECTION REQUESTED</b>    |                      | <b>EXTERIOR LATH/STUCCO (129)</b> |                          |                         |

|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) — UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                                                                                      |                                              |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                                                                                                    | <b>INSPECTION DATE</b>                       |                                                                |                                                 |
|                                                     |                                                                                                                                                    | <b>1/11/93</b>                               |                                                                |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7 00 A.M. - 7 15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                              |                                                                | <b>229-6769</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                               |                              |                                        |                              |                                       |
|-----------------------------------------------|------------------------------|----------------------------------------|------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/>           | <b>PERMIT NUMBER</b>         | 92-169278                              | <b>INSPECTION NUMBER</b>     | 3                                     |
| <b>JOB ADDRESS</b><br>7132 TROPICAL ISLAND CI |                              |                                        |                              |                                       |
| <b>LOT NO</b><br>40                           |                              | <b>BLOCK NO</b><br>2                   |                              | <b>SUBDIVISION NAME</b><br>CHARDONWAY |
| <b>FIRE DEPT MAP NO.</b><br>1918-26           | <b>JOB PHONE</b><br>645-8775 | <b>CALL-IN DATE</b><br>01/08/93        | <b>CALL-IN TIME</b><br>12:50 | <b>SCHEDULE DATE</b><br>01/11/93      |
| <b>INSPECTOR NO.</b><br>73                    |                              | <b>INSPECTOR NAME</b><br>ELDEN SEVERIN |                              |                                       |
| <b>INSPECTION REQUESTED</b>                   |                              | DRYWALL NAILING (125)                  |                              |                                       |

92-169625  
106387

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | <b>PARTIAL DESCRIPTION</b>            |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                                                                     | <b>INSPECTION DATE</b><br>1/11/93     |                                                         |                                          |
| <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.**

|                                     |               |                           |           |                        |                   |                   |    |
|-------------------------------------|---------------|---------------------------|-----------|------------------------|-------------------|-------------------|----|
| DEPARTMENT OF BUILDING & SAFETY     |               |                           |           |                        |                   | CITY OF LAS VEGAS |    |
| <input checked="" type="checkbox"/> | PERMIT NUMBER |                           | 92-171409 |                        | INSPECTION NUMBER |                   | 17 |
| JOB ADDRESS                         |               |                           |           |                        |                   |                   |    |
| 7132 TROPICAL ISLAND CI 109839      |               |                           |           |                        |                   |                   |    |
| LOT NO.                             |               | BLOCK NO                  |           | SUBDIVISION NAME       |                   |                   |    |
| 40                                  |               | 2                         |           | UPTON UPTOWN 2 PHASE 2 |                   |                   |    |
| FIRE DEPT. MAP NO                   |               | JOB PHONE                 |           | CALL-IN DATE           |                   | CALL-IN TIME      |    |
| 1913-26                             |               | 645-8775                  |           | 01/27/93               |                   | 14:12             |    |
| SCHEDULE DATE                       |               | 01/28/93                  |           |                        |                   |                   |    |
| INSPECTOR NO.                       |               | INSPECTOR NAME            |           |                        |                   |                   |    |
| 7365                                |               | ELDEN SEVERIN LOW BRUNSON |           |                        |                   |                   |    |
| INSPECTION REQUESTED                |               | FINAL ELECTRICAL (240)    |           |                        |                   |                   |    |

— MISSING FRT. HALL LT., OR PLATE  
 — BLANK PLATE OPEN CLG. BOX  
 FRT LV RM LID  
 — GET ELECT PWR TURNED  
 ON, MUST CHECK GFI PLUGS,  
 FANS, LTB, "SMOKIES",  
 — PUT GRILLE ON UTIL. RM,  
 EXH. FAN

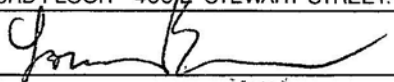
|                                                                                                                                |                                                                                                                                     |                                       |                                                 |         |  |                                   |          |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------|---------|--|-----------------------------------|----------|
| <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 checked="" type="checkbox"/> REINSPECTED (R)                                                                            | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       |                                                 |         |  |                                   |          |
| <input type="checkbox"/> REFEE (F)                                                                                             | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                 |         |  |                                   |          |
| INSPECTOR SIGNATURE                                                                                                            |                                                                                                                                     | INSPECTION DATE                       |                                                 |         |  |                                   |          |
| [Signature]                                                                                                                    |                                                                                                                                     | 1-28-93                               |                                                 |         |  |                                   |          |
| <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.



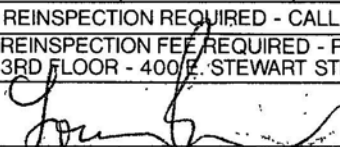
|                                                                                                                                 |  |                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 92-171409                                                              |  | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> 9                                                                      |  |
| <b>JOB ADDRESS</b> 7132 TROPICAL ISLAND CI 109839                                                                               |  |                                                                                                                                     |  |
| <b>LOT NO</b> 40                                                                                                                |  | <b>BLOCK NO</b> 2                                                                                                                   |  |
| <b>SUBDIVISION NAME</b> UPTON UPTOWN 2 PHASE 2                                                                                  |  |                                                                                                                                     |  |
| <b>FIRE DEPT. MAP NO.</b> 1918-26                                                                                               |  | <b>JOB PHONE</b> 645-8775                                                                                                           |  |
| <b>CALL-IN DATE</b> 01/26/93                                                                                                    |  | <b>CALL-IN TIME</b> 10:04                                                                                                           |  |
| <b>SCHEDULE DATE</b> 01/27/93                                                                                                   |  |                                                                                                                                     |  |
| <b>INSPECTOR NO</b> 7365                                                                                                        |  | <b>INSPECTOR NAME</b> ELDEN SEVERIN Lou BRANSON                                                                                     |  |
| <b>INSPECTION REQUESTED</b>                                                                                                     |  | <del>FINAL ELECTRICAL (240)</del> LB                                                                                                |  |
| # 133 - E/TAG LINDA                                                                                                             |  |                                                                                                                                     |  |
| — GET ELECT PWR TURNED ON, MUST CHECK GFI PLUGS, FANS, LTS, "SMOKIES"                                                           |  |                                                                                                                                     |  |
| — COVER OPEN LID BOXS                                                                                                           |  |                                                                                                                                     |  |
| — INSTALL MISSING WALL SWITCHES, FRT LV RM                                                                                      |  |                                                                                                                                     |  |
| — MISSING (3) OUTSIDE LTS, REAR DOOR                                                                                            |  |                                                                                                                                     |  |
| — " " REAR W/PROOF OUTSIDE PLUG                                                                                                 |  |                                                                                                                                     |  |
| — PLS CALL F/ELECT INSP. # 240                                                                                                  |  |                                                                                                                                     |  |
| — ISSUED <b>E</b> -TAG # 50703                                                                                                  |  |                                                                                                                                     |  |
| (2) (1) (3) LISTS                                                                                                               |  |                                                                                                                                     |  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  |
|                                                                                                                                 |  | PARTIAL DESCRIPTION CHK AT B/FINAL                                                                                                  |  |
| <input type="checkbox"/> APPROVED (A)                                                                                           |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  |
|                                                                                                                                 |  | <input type="checkbox"/> COMMENTS (C)                                                                                               |  |
|                                                                                                                                 |  | <input checked="" type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL 2-27-93                                                          |  |
|                                                                                                                                 |  | <input type="checkbox"/> HOLD (H)                                                                                                   |  |
| <input type="checkbox"/> REJECTED (R)                                                                                           |  | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |  |
| <input type="checkbox"/> REFEE (F)                                                                                              |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET.                                                      |  |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                        |  |                                                                                                                                     |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |  | <b>INSPECTION DATE</b> 1-27-93                                                                                                      |  |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                     |  |
| 229-6769                                                                                                                        |  |                                                                                                                                     |  |

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                          |          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|----------|
| <b>PERMIT NUMBER</b>                                                                                                            | 92-168805                                                                                                                           |                                       | <b>INSPECTION NUMBER</b>                                | 10                                       |          |
| <b>JOB ADDRESS</b>                                                                                                              |                                                                                                                                     |                                       |                                                         |                                          |          |
| 7132 TROPICAL ISLAND CI                                                                                                         |                                                                                                                                     |                                       |                                                         | 106910                                   |          |
| <b>LOT NO.</b>                                                                                                                  | <b>BLOCK NO.</b>                                                                                                                    | <b>SUBDIVISION NAME</b>               |                                                         |                                          |          |
| 40                                                                                                                              | 2                                                                                                                                   | UPTOWN ESTATES II 84                  |                                                         |                                          |          |
| <b>FIRE DEPT MAP NO</b>                                                                                                         | <b>JOB PHONE</b>                                                                                                                    | <b>CALL-IN DATE</b>                   | <b>CALL-IN TIME</b>                                     | <b>SCHEDULE DATE</b>                     |          |
| 1918-26                                                                                                                         | 645-8775                                                                                                                            | 01/26/93                              | 10:05                                                   | 01/27/93                                 |          |
| <b>INSPECTOR NO.</b>                                                                                                            | <b>INSPECTOR NAME</b>                                                                                                               |                                       |                                                         |                                          |          |
| 73/65                                                                                                                           | ELDEN SEVERIN <i>Lou Brunson</i>                                                                                                    |                                       |                                                         |                                          |          |
| <b>INSPECTION REQUESTED</b>                                                                                                     | FINAL GAS TEST (423)                                                                                                                |                                       |                                                         |                                          |          |
| <p>92-169625<br/>106387</p> <p>OK</p> <p>ISSUED <b>(9)</b> TAG # 27065<br/># 15</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"/> HOLD (H)        |          |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |          |
| <input type="checkbox"/> REFEE. (F)                                                                                             | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                          |          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      | <i>[Signature]</i>                                                                                                                  |                                       |                                                         | <b>INSPECTION DATE</b><br>1-27-93        |          |
| <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 |

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | PERMIT<br>NUMBER                                                                                                                       | 92-168805                                | INSPECTION<br>NUMBER                                       | 11                                   |
| JOB ADDRESS 7132 TROPICAL ISLAND CI - 106910                                                                                       |                                                                                                                                        |                                          |                                                            |                                      |
| LOT NO.<br>40                                                                                                                      | BLOCK NO.<br>2                                                                                                                         | SUBDIVISION NAME<br>UPTOWN ESTATES II 84 |                                                            |                                      |
| FIRE DEPT MAP NO<br>1918-26                                                                                                        | JOB PHONE<br>645-8775                                                                                                                  | CALL-IN DATE<br>01/26/93                 | CALL-IN TIME<br>10:05                                      | SCHEDULE DATE<br>01/27/93            |
| INSPECTOR NO<br>75 65                                                                                                              | INSPECTOR NAME<br>ELDEN SEVERIN Lou BRUNSON                                                                                            |                                          |                                                            |                                      |
| INSPECTION<br>REQUESTED                                                                                                            | FINAL PLUMBING (440) ① UJ ③ LIST3                                                                                                      |                                          |                                                            |                                      |
| <p>— SCREW H.W. HTR. FWE<br/>to H.W. "Cap"</p>                                                                                     |                                                                                                                                        |                                          |                                                            |                                      |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION<br>CALL AT B/FINAL   |                                                            |                                      |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H) |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL *229-2071                                                                                                 |                                          | <input type="checkbox"/> PERMIT<br>REQUIRED                |                                      |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E STEWART STREET.                                                      |                                          |                                                            |                                      |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                     |                                          | INSPECTION DATE<br>1-27-93                                 |                                      |
| <input checked="" type="checkbox"/> PROJECT<br>COMPLETE                                                                            | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                      |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                          |                                                            | 229-6769                             |

|                                       |                           |                  |                      |               |
|---------------------------------------|---------------------------|------------------|----------------------|---------------|
| <input checked="" type="checkbox"/> A | PERMIT<br>NUMBER          | 92-169625        | INSPECTION<br>NUMBER | 12            |
| JOB ADDRESS                           |                           |                  |                      |               |
| 7132 TROPICAL ISLAND CI               |                           |                  | 106387               |               |
| LOT NO.                               | BLOCK NO.                 | SUBDIVISION NAME |                      |               |
| 40                                    | 2                         | UPTOWN EST       |                      |               |
| FIRE DEPT. MAP NO.                    | JOB PHONE                 | CALL-IN DATE     | CALL-IN TIME         | SCHEDULE DATE |
| 1918-26                               | 645-8775                  | 01/26/93         | 10:06                | 01/27/93      |
| INSPECTOR NO.                         | INSPECTOR NAME            |                  |                      |               |
| 73/65                                 | ELDEN SEVERIN Lou Brunson |                  |                      |               |
| INSPECTION<br>REQUESTED               | FINAL MECHANICAL (340)    |                  |                      |               |

OK

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                     |                                          | INSPECTION DATE                                            |                                             |
| 1-27-93                                                                                                                            |                                                                                                                                        |                                          |                                                            |                                             |
| <input checked="" type="checkbox"/> PROJECT<br>COMPLETE                                                                            | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                          |                                                            | 229-6769                                    |

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

|                                                      |                                     |                                               |                                     |
|------------------------------------------------------|-------------------------------------|-----------------------------------------------|-------------------------------------|
| <b>PERMIT NUMBER</b>                                 | <b>92-169625</b>                    | <b>INSPECTION NUMBER</b>                      | <b>5</b>                            |
| <b>JOB ADDRESS</b><br><b>7132 TROPICAL ISLAND CI</b> |                                     |                                               |                                     |
| <b>LOT NO</b><br><b>40</b>                           | <b>BLOCK NO</b><br><b>2</b>         | <b>SUBDIVISION NAME</b><br><b>UPTOWN EST</b>  |                                     |
| <b>FIRE DEPT MAP NO</b><br><b>1918-26</b>            | <b>JOB PHONE</b><br><b>645-8775</b> | <b>CALL-IN DATE</b><br><b>01/04/93</b>        | <b>CALL-IN TIME</b><br><b>13:55</b> |
| <b>INSPECTOR NO</b><br><b>73</b>                     |                                     | <b>INSPECTOR NAME</b><br><b>ELDEN SEVERIN</b> |                                     |
| <b>INSPECTION REQUESTED</b>                          |                                     | <b>ROUGH MECHANICAL (320)</b>                 |                                     |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|                                                                                                                                       |                                                                                                                                                    |                                              |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                    | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                               | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                          | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |                                              | <input type="checkbox"/> <b>HOLD (H)</b>                       |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                             | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                            |                                                                 |                                              | <b>INSPECTION DATE</b><br><b>1/5/93</b>                        |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                      | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M OR 2 45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                              | <b>229-6769</b>                                                |

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

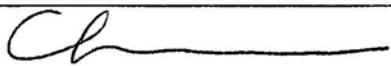
|                                                                                                                                    |                  |                                                                                                                                        |                                         |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | PERMIT<br>NUMBER | 92-168805                                                                                                                              | INSPECTION<br>NUMBER                    | 6                                           |
| JOB ADDRESS<br>7132 TROPICAL ISLAND CI                                                                                             |                  |                                                                                                                                        |                                         |                                             |
| LOT NO.<br>40                                                                                                                      |                  | BLOCK NO.<br>2                                                                                                                         | SUBDIVISION NAME<br>URTOH ESTATES II 84 |                                             |
| FIRE DEPT. MAP NO<br>1918-26                                                                                                       |                  | JOB PHONE<br>645-8775                                                                                                                  | CALL-IN DATE<br>01/04/93                | CALL-IN TIME<br>13:56                       |
| SCHEDULE DATE<br>01/05/93                                                                                                          |                  |                                                                                                                                        |                                         |                                             |
| INSPECTOR NO.<br>73                                                                                                                |                  | INSPECTOR NAME<br>ELDEN SEVERIN                                                                                                        |                                         |                                             |
| INSPECTION<br>REQUESTED                                                                                                            |                  | TOP OUT-WATER, GAS, WASTE (420)                                                                                                        |                                         |                                             |
|                                                                                                                                    |                  |                                                                                                                                        |                                         |                                             |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     |                  | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       |                                         |                                             |
| PARTIAL DESCRIPTION                                                                                                                |                  |                                                                                                                                        |                                         |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                |                  | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              |                                         | <input type="checkbox"/> COMMENTS<br>(C)    |
| <input type="checkbox"/> REJECTED (R)                                                                                              |                  | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL                                                                             |                                         | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REFEED (F)                                                                                                |                  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                         | <input type="checkbox"/> PERMIT<br>REQUIRED |
| INSPECTOR<br>SIGNATURE                                                                                                             |                  |                                                     |                                         | INSPECTION DATE<br>1-5-93                   |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       |                  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                         |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                  |                                                                                                                                        |                                         | 229-6769                                    |

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

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

|                                        |                                 |                                             |                       |                           |
|----------------------------------------|---------------------------------|---------------------------------------------|-----------------------|---------------------------|
| <input checked="" type="checkbox"/>    | PERMIT<br>NUMBER                | 92-171409                                   | INSPECTION<br>NUMBER  | 8                         |
| JOB ADDRESS<br>7132 TROPICAL ISLAND CI |                                 |                                             |                       |                           |
| LOT NO.<br>40                          | BLOCK NO.<br>2                  | SUBDIVISION NAME<br>UPTON- UPTOWN 2 PHASE 2 |                       |                           |
| FIRE DEPT. MAP NO.<br>1918-26          | JOB PHONE<br>645-8775           | CALL-IN DATE<br>01/04/93                    | CALL-IN TIME<br>13:58 | SCHEDULE DATE<br>01/05/93 |
| INSPECTOR NO.<br>73                    | INSPECTOR NAME<br>ELDEN SEVERIN |                                             |                       |                           |
| INSPECTION<br>REQUESTED                | ROUGH ELECTRICAL (220)          |                                             |                       |                           |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL *229-2071                                                                                                 |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                     |                                          | INSPECTION DATE<br>1/5/93                                  |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                          |                                                            | 229-6769                                    |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                  |                                                                                                                                      |                                                  |                                                                    |                                              |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                              | <b>PERMIT<br/>NUMBER</b>                                                                                                             | 92-168273                                        | <b>INSPECTION<br/>NUMBER</b>                                       | 9                                            |
| <b>JOB ADDRESS</b><br>7132 TROPICAL ISLAND CX                                                                                    |                                                                                                                                      |                                                  |                                                                    |                                              |
| <b>LOT NO</b><br>40                                                                                                              |                                                                                                                                      | <b>BLOCK NO</b><br>2                             | <b>SUBDIVISION NAME</b><br>CHARDONNAY                              |                                              |
| <b>FIRE DEPT MAP NO.</b><br>1918-26                                                                                              | <b>JOB PHONE</b><br>645-8775                                                                                                         | <b>CALL-IN DATE</b><br>01/04/93                  | <b>CALL-IN TIME</b><br>13:59                                       | <b>SCHEDULE DATE</b><br>01/05/93             |
| <b>INSPECTOR NO.</b><br>73                                                                                                       |                                                                                                                                      | <b>INSPECTOR NAME</b><br>ELDEN SEVERIN           |                                                                    |                                              |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                  |                                                                                                                                      | FRAMING (120)                                    |                                                                    |                                              |
|                                                                                                                                  |                                                                                                                                      |                                                  |                                                                    |                                              |
| <input type="checkbox"/> <b>PARTIAL<br/>INSPECTION</b>                                                                           | <input type="checkbox"/> <b>PARTIAL<br/>APPROVAL (P)</b>                                                                             | <b>PARTIAL DESCRIPTION</b>                       |                                                                    |                                              |
| <input checked="" type="checkbox"/> <b>APPROVED<br/>(A)</b>                                                                      | <input type="checkbox"/> <b>STOP<br/>WORK (S)</b>                                                                                    | <input type="checkbox"/> <b>COMMENTS<br/>(C)</b> | <input type="checkbox"/> <b>TEMPORARY<br/>APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD<br/>(H)</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                     | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                       |                                                  | <input type="checkbox"/> <b>PERMIT<br/>REQUIRED</b>                |                                              |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                        | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br/>3RD FLOOR - 400 E. STEWART STREET.</b>                                           |                                                  |                                                                    |                                              |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                   |                                                                                                                                      | <b>INSPECTION DATE</b><br>1 5 93                 |                                                                    |                                              |
| <input type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                             | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                                  |                                                                    |                                              |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7 00 A M - 7:15 A M OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                      |                                                  |                                                                    | ➤ 229-6769                                   |

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



|                                        |                                 |                                |                       |                           |
|----------------------------------------|---------------------------------|--------------------------------|-----------------------|---------------------------|
| <input type="checkbox"/>               | PERMIT<br>NUMBER                | 92-168278                      | INSPECTION<br>NUMBER  | 3                         |
| JOB ADDRESS<br>7132 TROPICAL ISLAND CI |                                 |                                |                       |                           |
| LOT NO.<br>40                          | BLOCK NO.<br>2                  | SUBDIVISION NAME<br>CHARDONNAY |                       |                           |
| FIRE DEPT MAP NO.<br>1918-26           | JOB PHONE<br>645-8775           | CALL-IN DATE<br>01/05/93       | CALL-IN TIME<br>13:54 | SCHEDULE DATE<br>01/06/93 |
| INSPECTOR NO.<br>73                    | INSPECTOR NAME<br>ELDEN SEVERIN |                                |                       |                           |
| INSPECTION<br>REQUESTED                | INSULATION (123)                |                                |                       |                           |

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

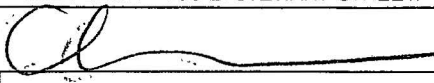
|                                                                                                                                    |                                                                                                                                       |                           |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                    | INSPECTION DATE<br>1/6/93 |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                          | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O. ISSUANCE (Commercial Only) |                           |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7 00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3 00 P.M. AT |                                                                                                                                       | 229-6769                  |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                   |                       |                                                                                                                                        |                                |                          |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|
| <input checked="" type="checkbox"/>                                                                                               | PERMIT<br>NUMBER      | 92-168278                                                                                                                              | INSPECTION<br>NUMBER           | 27                       |
| JOB ADDRESS<br>7132 TROPICAL ISLAND CI                                                                                            |                       |                                                                                                                                        |                                |                          |
| LOT NO<br>40                                                                                                                      |                       | BLOCK NO.<br>2                                                                                                                         | SUBDIVISION NAME<br>CHARDONNAY |                          |
| FIRE DEPT. MAP NO<br>1918-26                                                                                                      |                       | JOB PHONE<br>645-8775                                                                                                                  | CALL-IN DATE<br>12/30/92       | CALL-IN TIME<br>14:37    |
| INSPECTOR NO.<br>73                                                                                                               |                       | INSPECTOR NAME<br>ELDEN SEVERIN                                                                                                        |                                |                          |
| INSPECTION<br>REQUESTED                                                                                                           |                       | SHEAR (109)                                                                                                                            |                                |                          |
|                                                                                                                                   |                       |                                                                                                                                        |                                |                          |
| <input type="checkbox"/>                                                                                                          | PARTIAL<br>INSPECTION | <input type="checkbox"/>                                                                                                               | PARTIAL APPROVAL (P)           |                          |
| PARTIAL DESCRIPTION                                                                                                               |                       |                                                                                                                                        |                                |                          |
| <input checked="" type="checkbox"/>                                                                                               | APPROVED<br>(A)       | <input type="checkbox"/>                                                                                                               | STOP<br>WORK (S)               | <input type="checkbox"/> |
|                                                                                                                                   |                       | <input type="checkbox"/>                                                                                                               | COMMENTS<br>(C)                | <input type="checkbox"/> |
|                                                                                                                                   |                       | <input type="checkbox"/>                                                                                                               | TEMPORARY<br>APPROVAL (T)      | <input type="checkbox"/> |
|                                                                                                                                   |                       | UNTIL                                                                                                                                  |                                | <input type="checkbox"/> |
|                                                                                                                                   |                       |                                                                                                                                        |                                | HOLD<br>(H)              |
| <input type="checkbox"/>                                                                                                          | REJECTED (R)          | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                |                          |
| <input type="checkbox"/>                                                                                                          | REFEE (F)             | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E STEWART STREET.                                                      |                                |                          |
| <input type="checkbox"/>                                                                                                          |                       | PERMIT<br>REQUIRED                                                                                                                     |                                |                          |
| INSPECTOR<br>SIGNATURE                                                                                                            |                       | INSPECTION DATE<br>12/31/92                                                                                                            |                                |                          |
| <input type="checkbox"/>                                                                                                          | PROJECT<br>COMPLETE   | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                |                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M AT |                       |                                                                                                                                        |                                | 229-6769                 |

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

|                                        |                       |                                 |                                |                           |
|----------------------------------------|-----------------------|---------------------------------|--------------------------------|---------------------------|
| <input checked="" type="checkbox"/>    | PERMIT<br>NUMBER      | 92-165273                       | INSPECTION<br>NUMBER           | 26                        |
| JOB ADDRESS<br>7132 TROPICAL ISLAND CI |                       |                                 |                                |                           |
| LOT NO<br>40                           |                       | BLOCK NO<br>2                   | SUBDIVISION NAME<br>CHARDONNAY |                           |
| FIRE DEPT. MAP NO<br>1918-26           | JOB PHONE<br>645-8775 | CALL-IN DATE<br>12/30/92        | CALL-IN TIME<br>14:37          | SCHEDULE DATE<br>12/31/92 |
| INSPECTOR NO<br>73                     |                       | INSPECTOR NAME<br>ELDEN SEVERIN |                                |                           |
| INSPECTION<br>REQUESTED                |                       | ROOF SHEATHING (107)            |                                |                           |

|                                                                                                                                    |                                                                                                                                        |                                          |                                                             |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                             |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) -- UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                          |                                                             | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                             |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                     |                                          | INSPECTION DATE<br>12/21/92                                 |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                             |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                          |                                                             | 229-6769                                    |

|                                                      |                                     |                                               |                                              |                                         |
|------------------------------------------------------|-------------------------------------|-----------------------------------------------|----------------------------------------------|-----------------------------------------|
| <b>1</b>                                             | <b>PERMIT<br/>NUMBER</b>            | <b>92-168278</b>                              | <b>INSPECTION<br/>NUMBER</b>                 | <b>7</b>                                |
| <b>JOB ADDRESS</b><br><b>7132 TROPICAL ISLAND CR</b> |                                     |                                               |                                              |                                         |
| <b>LOT NO</b><br><b>40</b>                           |                                     | <b>BLOCK NO.</b><br><b>2</b>                  | <b>SUBDIVISION NAME</b><br><b>CHARDONNAY</b> |                                         |
| <b>FIRE DEPT. MAP NO.</b><br><b>1918-26</b>          | <b>JOB PHONE</b><br><b>645-8775</b> | <b>CALL-IN DATE</b><br><b>12/23/92</b>        | <b>CALL-IN TIME</b><br><b>09:56</b>          | <b>SCHEDULE DATE</b><br><b>12/24/92</b> |
| <b>INSPECTOR NO.</b><br><b>73</b>                    |                                     | <b>INSPECTOR NAME</b><br><b>ELDEN SEVERIN</b> |                                              |                                         |
| <b>INSPECTION<br/>REQUESTED</b>                      |                                     | <b>ROOF SHEATHING (107)</b>                   |                                              |                                         |

THIS HOUSE WAS CUT IN HALF  
BY A RUN AWAY LOADER.  
I STOPPED BY AND TALKED TO  
SUPER.

① - REMOVE LOADER FROM  
LIVING ROOM -

② - REMOVE ALL BROKEN DEBRIS  
FROM HOUSE.

③ - SHORE UP OR TEAR DOWN STRUCTURE

④ - BARRICADE AND MAKE HOUSE  
SAFE -

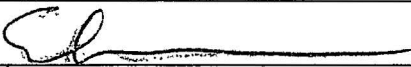
|                                                                                                                                            |                                                                                                                                                       |                                                  |                                                                    |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL<br/>INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL<br/>APPROVAL (P)</b>                                                                                              | <b>PARTIAL DESCRIPTION</b>                       |                                                                    |                                                     |
| <input type="checkbox"/> <b>APPROVED<br/>(A)</b>                                                                                           | <input type="checkbox"/> <b>STOP<br/>WORK (S)</b>                                                                                                     | <input type="checkbox"/> <b>COMMENTS<br/>(C)</b> | <input type="checkbox"/> <b>TEMPORARY<br/>APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD<br/>(H)</b>        |
| <input checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                                    | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                        |                                                  |                                                                    | <input type="checkbox"/> <b>PERMIT<br/>REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                  | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br/>3RD FLOOR - 400 E. STEWART STREET.</b>                                                            |                                                  |                                                                    |                                                     |
| <b>INSPECTOR<br/>SIGNATURE</b><br><i>Ch</i>                                                                                                |                                                                                                                                                       | <b>INSPECTION DATE</b><br><b>12 24 92</b>        |                                                                    |                                                     |
| <input type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS<br/>SIGNED OFF TO BLDG &amp; SAFETY FOR C of O. ISSUANCE (Commercial Only)</b> |                                                  |                                                                    |                                                     |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br/>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                       |                                                  |                                                                    | <b>229-6769</b>                                     |

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                     |                      |                                      |                          |                         |
|-------------------------------------|----------------------|--------------------------------------|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | 92-168278                            | <b>INSPECTION NUMBER</b> | 38                      |
| <b>JOB ADDRESS</b>                  |                      |                                      |                          |                         |
| 7932 TROPICAL ISLAND CT             |                      |                                      |                          |                         |
| <b>LOT NO</b>                       |                      | <b>BLOCK NO.</b>                     |                          | <b>SUBDIVISION NAME</b> |
| 40                                  |                      | 2                                    |                          | CHARDONWAY              |
| <b>FIRE DEPT. MAP NO</b>            | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>                  | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b>    |
| 1918-26                             | 645-8775             | 11/30/92                             | 14:49                    | 12/01/92                |
| <b>INSPECTOR NO</b>                 |                      | <b>INSPECTOR NAME</b>                |                          |                         |
| 73                                  |                      | ELDEN SEVERIN                        |                          |                         |
| <b>INSPECTION REQUESTED</b>         |                      | FOOTING, LAYOUT, REBAR, ZONING (101) |                          |                         |

*Rebar Required*

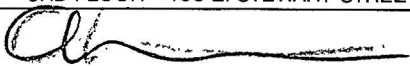
*SET BACKS OK BY SUPER*

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

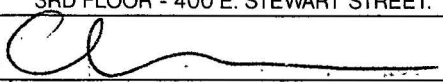
For Additional Assistance Call \*229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                          |                  |                |                      |               |
|--------------------------|------------------|----------------|----------------------|---------------|
| <input type="checkbox"/> | PERMIT<br>NUMBER | 92-168278      | INSPECTION<br>NUMBER | 2             |
| JOB ADDRESS              |                  |                |                      |               |
| 7132 TROPICAL ISLAND CX  |                  |                |                      |               |
| LOT NO                   |                  | BLOCK NO       | SUBDIVISION NAME     |               |
| 60                       |                  | 2              | CHARDONWAY           |               |
| FIRE DEPT MAP NO         | JOB PHONE        | CALL-IN DATE   | CALL-IN TIME         | SCHEDULE DATE |
| 1918-26                  | 645-8775         | 12/10/92       | 13:56                | 12/11/92      |
| INSPECTOR NO             |                  | INSPECTOR NAME |                      |               |
| 73                       |                  | ELDEN SEVERIN  |                      |               |
| INSPECTION<br>REQUESTED  |                  | PRE-SLAB (105) |                      |               |

|                                                                                                                                    |                                                                                                                                      |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                     | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                            | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL * 229-2071                                                                                              |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                   |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                      | INSPECTION DATE                          |                                                            |                                             |
|                                                 |                                                                                                                                      | 12/11/92                                 |                                                            |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                      |                                          |                                                            | 229-6769                                    |

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

|                                                                                                                                    |                       |                                                                                                                                       |                                          |                          |                            |                          |                           |                    |                          |             |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------|----------------------------|--------------------------|---------------------------|--------------------|--------------------------|-------------|
| <input checked="" type="checkbox"/>                                                                                                | PERMIT<br>NUMBER      | 92-168805                                                                                                                             | INSPECTION<br>NUMBER                     | 37                       |                            |                          |                           |                    |                          |             |
| JOB ADDRESS<br>7132 TROPICAL ISLAND CI                                                                                             |                       |                                                                                                                                       |                                          |                          |                            |                          |                           |                    |                          |             |
| LOT NO.<br>40                                                                                                                      |                       | BLOCK NO.<br>2                                                                                                                        | SUBDIVISION NAME<br>UPTOWN ESTATES II 84 |                          |                            |                          |                           |                    |                          |             |
| FIRE DEPT. MAP NO<br>1918-26                                                                                                       |                       | JOB PHONE<br>645-8775                                                                                                                 | CALL-IN DATE<br>12/04/92                 | CALL-IN TIME<br>13:53    |                            |                          |                           |                    |                          |             |
| SCHEDULE DATE<br>12/07/92                                                                                                          |                       |                                                                                                                                       |                                          |                          |                            |                          |                           |                    |                          |             |
| INSPECTOR NO.<br>73                                                                                                                |                       | INSPECTOR NAME<br>ELDEN SEVERIN                                                                                                       |                                          |                          |                            |                          |                           |                    |                          |             |
| INSPECTION<br>REQUESTED                                                                                                            |                       | UNDERSLAB PLUMBING (407)                                                                                                              |                                          |                          |                            |                          |                           |                    |                          |             |
|                                                                                                                                    |                       |                                                                                                                                       |                                          |                          |                            |                          |                           |                    |                          |             |
| <input type="checkbox"/>                                                                                                           | PARTIAL<br>INSPECTION | <input type="checkbox"/>                                                                                                              | PARTIAL APPROVAL (P)                     |                          | PARTIAL DESCRIPTION        |                          |                           |                    |                          |             |
| <input checked="" type="checkbox"/>                                                                                                | APPROVED<br>(A)       | <input type="checkbox"/>                                                                                                              | STOP<br>WORK (S)                         | <input type="checkbox"/> | COMMENTS<br>(C)            | <input type="checkbox"/> | TEMPORARY<br>APPROVAL (T) | - UNTIL            | <input type="checkbox"/> | HOLD<br>(H) |
| <input type="checkbox"/>                                                                                                           | REJECTED (R)          | REINSPECTION REQUIRED - CALL * 229-2071                                                                                               |                                          |                          |                            |                          | <input type="checkbox"/>  | PERMIT<br>REQUIRED |                          |             |
| <input type="checkbox"/>                                                                                                           | REFEE (F)             | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                    |                                          |                          |                            |                          |                           |                    |                          |             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                       |                                                    |                                          |                          | INSPECTION DATE<br>12 7 92 |                          |                           |                    |                          |             |
| <input type="checkbox"/>                                                                                                           | PROJECT<br>COMPLETE   | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O. ISSUANCE (Commercial Only) |                                          |                          |                            |                          |                           |                    |                          |             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                       |                                                                                                                                       |                                          |                          |                            |                          |                           |                    | 229-6769                 |             |

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-171409

DEPARTMENT OF BUILDING AND SAFETY (PHONE 229-6251)

FC



109839

ELECTRICAL PERMIT

PLAN CHECK NO. P-212

CONST. VAL. \$

ADDRESS OF

CONSTRUCTION 7132 TROPICAL ISLAND

OWNER

UPTON UPTOWN 2 PHASE 2CONTRACTOR BEST ELECTRIC

STATE

LICENSE NO. 0019488

CITY

LICENSE NO. 021758HOWARD DUNN LOT/BLK 40/2 PLAN 1720

(PRINT NAME OF MASTER ELECTRICIAN)

MASTER CARD NO. M1-212CONTRACTOR PHONE 367-0050PROPOSED CONSTRUCTION: Single Family Dwellings

ELECTRIC

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

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

| UNITS                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                             | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                    |                                                                                                                                                                                                                                                         |       |       |
| 1                                                                                                                         | For Issuing Each Permit                                                                                                                                                                                                                                 | 10 70 | 15.50 |
| 0                                                                                                                         | Supplemental Fee                                                                                                                                                                                                                                        | 4.85  | 0.00  |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                         |       |       |
| <b>Residential or General Commercial</b>                                                                                  |                                                                                                                                                                                                                                                         |       |       |
| 63                                                                                                                        | Receptacle <u>44</u> Switch <u>19</u>                                                                                                                                                                                                                   | .45   | 31.50 |
| 15                                                                                                                        | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                | .35   | 6.00  |
| 4                                                                                                                         | EACH OUTLET FOR SPECIAL PURPOSE Dishwasher, Garbage Grinder, Trash Compactor, G.F.I., Clothes Washer, Dryer, Electric Range, Ovens, Water Heater, Space Heater, Blast Coil Heater, (PER KW), Mercury Lamp, Quartz Lamp, Sodium Lamp, 20AMP Sign Circuit | .75   | 3.20  |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                              | 10 70 |       |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                       | 8.60  |       |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                             | 3 25  |       |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                         |       |       |
|                                                                                                                           | First H.P. or Ton For each Unit                                                                                                                                                                                                                         | 3 25  |       |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                                 | 3 25  |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                               | .55   |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                | 40    |       |
| 0                                                                                                                         | Temporary power or Pole                                                                                                                                                                                                                                 | 6 45  | 0.00  |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                         |       |       |
| 1                                                                                                                         | Up to 200 AMP                                                                                                                                                                                                                                           | 6 45  | 6.70  |
| 0                                                                                                                         | 400 AMP And 600 AMP                                                                                                                                                                                                                                     | 13.40 | 0.00  |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                | 26.75 |       |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                           | 53 50 |       |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                            | .55   |       |
| 0                                                                                                                         | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                               | 3.25  | 0.00  |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                             | 21.40 |       |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                             | 32 10 |       |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                    | 8 60  |       |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                      | 3.25  |       |

| UNITS                                                                     | DESCRIPTION                                                                                                                                                                 | FEE            | TOTAL |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                           | Busways-Trolley or Plug-in (Ea 100 Ft.)                                                                                                                                     | 3.25           |       |
|                                                                           | Gas Pumps, Dispensers (Each)                                                                                                                                                | 3.25           |       |
| 1                                                                         | Permanent A/C Unit (5 Tons or Less)                                                                                                                                         | 3 25           | 3.40  |
| 1                                                                         | Each Air Handler                                                                                                                                                            | 1 10           | 1.15  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                              |                                                                                                                                                                             |                |       |
|                                                                           | Speaker Outlets (Each)                                                                                                                                                      | .35            |       |
|                                                                           | Signal or Alarm Outlets (Each)                                                                                                                                              | .35            |       |
|                                                                           | Amplifiers                                                                                                                                                                  | 2 15           |       |
|                                                                           | Control Panel                                                                                                                                                               | .55            |       |
| 2                                                                         | TV Master System                                                                                                                                                            | 35             | 0.80  |
| 2                                                                         | Telephone or Computer Outlet                                                                                                                                                | 35             | 0.80  |
| <b>OTHER INSPECTIONS AND FEES: INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                             |                |       |
|                                                                           | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                 | 30.00 per hour |       |
|                                                                           | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$30 00 EACH                                                                         | 30.00 each     |       |
|                                                                           | Inspections for which no fee is specifically indicated (minimum charge — one-half hour).                                                                                    | 30.00 per hour |       |
|                                                                           | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — one-half hour) After work hours — \$30 00 per hour — minimum 1 hour. | 30.00 per hour |       |
|                                                                           | Starter Permit                                                                                                                                                              | 50 00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                             |                                                                                                                                                                             |                |       |
|                                                                           | Commercial —Burglar Alarms                                                                                                                                                  |                |       |
|                                                                           | —Music Systems                                                                                                                                                              |                |       |
|                                                                           | —Data Processing                                                                                                                                                            |                |       |
|                                                                           | —Communication                                                                                                                                                              |                |       |
|                                                                           | Conduit Only—Contract Price                                                                                                                                                 |                |       |
|                                                                           | All Misc. Electric                                                                                                                                                          |                |       |

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

# 2310-2432

RECEIPT

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

SIGNED HOMEOWNER, CONTRACTOR

PERMIT FEE 69.05

LESS STARTER PERMIT

TOTAL FEES

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

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work



## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-169625

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

AIR CONDITIONING PERMIT

PLAN CHECK NO. P-254

106387

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 7132 TROPICAL ISLAND OWNER ERIC UPTON PHONE 646-5672CONTRACTOR LAS VEGAS AIR CONDITIONING STATE LICENSE NO. 13878 CITY LICENSE NO. 13194LOT(s) 40 BLOCK 2 SUBDIVISION UPTOWN ESTATES II ZONE:PROPOSED CONSTRUCTION AIR CONDITIONING EQUIPMENT USE:

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                               | FEE   | TOTAL |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                           |       |       |
| 1                        | For the issuance of each permit.                                                                                                                                                                                                                          | 16 05 | 15.50 |
|                          | For issuing each supplemental permit                                                                                                                                                                                                                      | 4 85  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                           |       |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h                                                                          | 9 65  |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance over 100,000 Btu/h.                                                                                         | 11.80 |       |
|                          | For the installation or relocation of each floor furnace, including vent                                                                                                                                                                                  | 9.65  |       |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater                                                                                                                                            | 9.65  |       |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit                                                                                                                                  | 4 85  |       |
|                          | For the repair of, alteration of, or addition to each heating appliance, refrigeration unit, cooling unit, absorption unit, or each heating, cooling absorption, or evaporative cooling system, including installation of controls regulated by this code | 9 65  |       |
| 1                        | For the installation or relocation of each boiler or compressor to and including three tons, or each absorption system to and including 100 000 Btu/h                                                                                                     | 9.65  | 10.00 |
|                          | For the installation or relocation of each boiler or compressor over three tons to and including 15 tons, or each absorption system over 100,000 Btu/h and including 500,000 Btu/h                                                                        | 17.65 |       |
|                          | For the installation or relocation of each boiler or compressor over 15 tons to and including 30 tons, or each absorption system over 500,000 Btu/h to and including 1,000,000 Btu/h                                                                      | 24.15 |       |
|                          | For the installation or relocation of each boiler or compressor over 30 tons to and including 50 tons, or for each absorption system over 1,000,000 Btu/h to and including 1,750,000 Btu/h                                                                | 35.85 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h.                                                                                                               | 59.95 |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                                  | FEE            | TOTAL |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                    | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br><b>Note:</b> This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code. | 6.95           |       |
|                                    | For each air-handling unit over 10,000 cfm                                                                                                                                                                                                                                                                                                   | 11.80          |       |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                        | 6 95           |       |
| 1                                  | For each ventilation fan. <u>COMMERCIAL</u><br><u>X RESIDENTIAL</u>                                                                                                                                                                                                                                                                          | 4 85<br>2 55   | 205   |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                         | 6.95           |       |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood                                                                                                                                                                                                                                   | 6 95           |       |
|                                    | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                        | 4.85           |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                              |                |       |
|                                    | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                                                                                                                                                                                  | 25 00 per hour |       |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$15 00 EACH                                                                                                                                                                                                                                          | 15 00 each     |       |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one-half hour)                                                                                                                                                                                                                                                      | 30 00 per hour |       |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours)                                                                                                                                                                                                                            | 30 00 per hour |       |
|                                    | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                                                                                                                                         |                |       |
|                                    | Gas piping which is directly related and necessary to the repair or replacement of heating, air conditioning, or refrigeration systems not exceeding 500,000 BTU H                                                                                                                                                                           | 6 45           |       |

2310-2435

RECEIPT

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

SIGNED Harry Doman CONTRACTOR MASTER CARD NO.  
LAS VEGAS AIR CONDITIONING  
BY [Signature] Spec. Contr. or Owner  
BUILDING DEPT 12-8-92 DATE

PERMIT FEE 15.50  
TOTAL FEES 28.15

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

106910

NO.

92-168805

## PLUMBING PERMIT

LOG.NO. &amp; AREA P 212

DATE

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 7132 TROPICAL ISLAND

UPTOWN ESTATES

PHONE \*873-2116

CONTRACTOR CARDIANL PLBG. INC.

STATE LICENSE NO 010848A

CITY LICENSE NO 05775

LOT(s) 40 BLOCK 2 SUBDIVISION UPTOWN ESTATES II 84

ZONE

PROPOSED CONSTRUCTION TRACT HOUSE

USE

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

| UNITS                            | DESCRIPTION                                                                             | FEE     | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |         |       |
| 1                                | For Issuing Each Permit                                                                 | 10 70   | 15.50 |
|                                  | For Issuing Each Supplemental Permit                                                    | 4 85    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |         |       |
| 9                                | Bathub, Shower, Lavatory, Toilet, Urinal                                                | EA 2 15 | 20.25 |
| 1                                | Floor Drain, Floor Sink, Wash Tray, Sink                                                | EA 2 15 | 2.25  |
| 2                                | Garbage Disposal, Clothes Washer, Dishwasher (residential)                              | EA 2 15 | 4.50  |
|                                  | Garbage Disposal (commercial)                                                           | EA 8 60 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                                                 | EA 2 15 |       |
|                                  | Clothes Dryer (gas) (venting)                                                           | 2 15    |       |
|                                  | Dental Unit                                                                             | 8 60    |       |
|                                  | Drinking Fountain                                                                       | 2 15    |       |
|                                  | Refrigerator - Ice Maker, Water Dispenser                                               | 2 15    |       |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                     | 2 15    |       |
| 4                                | Hot Water Heater (Gas or Electric)                                                      | EA 2 15 | 2.25  |
| <b>SEWER SYSTEM</b>              |                                                                                         |         |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                                    | 10 70   | 11.05 |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2 15    |       |
|                                  | Trailer Trap (rental parks)                                                             | 5 35    |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |         |       |
|                                  | Non Permanent Type (rental)                                                             | 2 15    |       |
|                                  | Permanent Type (connected to drain)                                                     | 2 15    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |         |       |
| 1                                | Single Family Dwelling                                                                  | 6 45    | 6.70  |
|                                  | Multi-Family Dwelling                                                                   | 6 45    |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3 25    |       |
|                                  | Commercial Building per floor                                                           | 3 25    |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2 15    |       |
|                                  | Hotel or Motel                                                                          | 8 60    |       |
|                                  | Plus Each Unit                                                                          | 3 25    |       |
|                                  | Trailer Park                                                                            | 32 10   |       |
|                                  | Plus Each Space                                                                         | 2 15    |       |
|                                  | Irrigation Single Family Dwelling                                                       | 8 60    |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation |         |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                          | FEE            | TOTAL |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>          |                                                                                                                                                                                                                      |                |       |
| 1 XX                               | Single Family Dwelling                                                                                                                                                                                               | 6 45           | 6.70  |
|                                    | Multi-Family Dwelling                                                                                                                                                                                                | 10 70          |       |
|                                    | Plus Each Unit                                                                                                                                                                                                       | 2 15           |       |
|                                    | Commercial Building (per floor)                                                                                                                                                                                      | 6 45           |       |
|                                    | Plus Each Unit (leased space or office)                                                                                                                                                                              | 6 45           |       |
|                                    | Medium Pressure System (Plan Check)                                                                                                                                                                                  | 12 85          |       |
| 5                                  | Each Gas Appliance (Any Type)                                                                                                                                                                                        | 2 15           | 11.25 |
|                                    | Steam Boilers                                                                                                                                                                                                        | 5 60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>        |                                                                                                                                                                                                                      |                |       |
|                                    | Collectors (including piping) (per collector)                                                                                                                                                                        | 5 60           |       |
|                                    | Storage Tanks (each)                                                                                                                                                                                                 | 5 60           |       |
| <b>PIPELINE CONTRACT</b>           |                                                                                                                                                                                                                      |                |       |
|                                    | For Onsite Sewer, Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                      |                |       |
|                                    | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                            | 25 00 per hour |       |
|                                    | Under provisions of Table 3-A of the Uniform Building Code, work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                    | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                    | 30 00 per hour |       |
|                                    | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                    |                |       |
|                                    | Construction Valuation                                                                                                                                                                                               |                |       |

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

FIXTURES X

FEE 80.45

2310-2403  
PERMIT  
FEETOTAL 80.45  
FEES

RECEIPT

PERMIT NO.

MUST BE MACHINE VALIDATED

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

SIGNED

CONTRACTOR

MASTER CARD NO

BY

Registered Master Plumber Spec Cont r or Owner

BUILDING DEPT

DATE

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

## BUILDING PERMIT

FOR: Single Family Dwelling, Remodel  
Additions, Misc. Residential Construction92-168278  
CONST. VAL. \$ 25,444  
BUILDER PHONE 658-6195

PLAN CHECK NO. P 212

DATE 11-19-92

ADDRESS OF CONSTRUCTION ~~XXXX~~ 7132 Tropical Island OWNER ERIC UPTON ~~XXXXXXXXXX~~

LOT(s) 40 BLOCK 2 SUBDIVISION CHARDONNAY ZONE R1

PROPOSED CONSTRUCTION SINGLE FAMILY RESIDENCE USE DWELLING

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

FLOOR AREA BSMT 1ST 1718 2ND GARAGE 590 PORCH 644 TOTAL 2952

CONTRACTOR ERIC UPTON, BUILDER STATE LICENSE NO. 0014308 CITY LICENSE NO. C11040002047884

ARCHITECT MICHAEL GRUBBS ENGINEER PECKHAM ENGINEERING

MASTER PLUMBER/CONTRACTOR CARDINAL PLUMBING MASTER ELECTRICIAN/CONTRACTOR BEST ELECTRIC

## 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.

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE 11/24/92

PLANNING DEPT

DATE 11/24/92

BUILDING DEPT

DATE 11/24/92

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

## ELECTRICAL

## FEE

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

|                              |          |
|------------------------------|----------|
| 2310 - 2431 PLAN REVIEW      | 10.00    |
| 2310 - 2401 BLDG. PERMIT     | 388.00   |
| 7143 - 2973 SEWER CONNECTION | 1100.00  |
| 6122 - 3352 TORTOISE         |          |
| _____ - 2897 PIF.            |          |
| 88100-1232 TRANSPORT         | 500.00   |
| TOTAL FEES                   | 20170.00 |

## SPECIAL CONDITIONS

RECEIPT  
MUST BE MACHINE VALIDATED

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

# Builders Insulation Statement

**CertainTeed** 

7132 Tropical Island

Lot 40

BLK 2

## InsulSafe III®

Insul-Safe III® has been installed with the manufacturer's recommendations to provide a value of R 30 using 36 bags of insulation to cover 1720 square feet of area at a minimum thickness of 12 1/2 inches.

Ed Church  
Insulation Contractor (Sign)

Dean Roofing Co.  
Company Name

1-20-93  
Date

Builder (Sign)

Company Name

Date

### Batts and Blanket

| R* Value | Insulation Thickness |
|----------|----------------------|
| R-38     | 12"                  |
| R-30     | 10"                  |
| R-22     | 6 1/2"               |
| R-19     | 6 1/4"               |
| R-13     | 3 1/2"               |
| R-11     | 3 1/2"               |

Meets ASTM C 665, replacing Federal Specification HH-I-521F.

Fiber glass batts or rolls have been installed in accordance with the manufacturer's recommendation to provide an R-value of \_\_\_\_\_ in the ceiling, \_\_\_\_\_ in the exterior walls, \_\_\_\_\_ in the floor or crawl space perimeter.

Insulation Contractor (Sign)

Company Name

Date

Builder (Sign)

Company Name

Date

### Thermal Performance — Attic Blowing Application

- In accordance with the chart below, you must install the minimum number of bags per 1,000 sq. ft. of net area for each R-Value listed.
- The maximum net coverage must not exceed that specified for each R-Value.
- The installed insulation must be at or above the specified minimum thickness for each R-Value.
- Failure to install the required minimum weight per sq. ft. of insulation at or above the minimum thickness will result in reduced R-Value.
- This product should not be mixed with other blown insulations or the thermal claims will become invalid.

"R" means resistance to heat flow. The higher the R-Value, the greater the insulation power. To get the marked R-Value, it is essential that this insulation be installed properly. If you do-it-yourself, get instructions and follow them carefully. Instructions do not come with this package.

CAUTION: RECESSED LIGHT FIXTURES—TO PREVENT OVERHEATING, DO NOT INSULATE ON TOP OR WITHIN 3" OF SUCH DEVICES. DOES NOT APPLY TO TYPE IC LIGHT FIXTURES OR TO FLUORESCENT FIXTURES WITH THERMALLY PROTECTED BALLASTS.

| R-VALUE<br>To obtain a thermal resistance (R) of | BAGS PER 1000 SQ. FT.<br>Bags per 1000 sq. ft. of net area: | MAXIMUM SQ. FT. PER BAG<br>Contents of bag should not cover more than (sq. ft.) | MINIMUM WEIGHT POUNDS PER SQ. FT.<br>Weight per sq. ft. of installed insulation should not be less than (lbs.) | MINIMUM THICKNESS<br>Should not be less than (inches) |
|--------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| R-49                                             | 34.3                                                        | 29                                                                              | .858                                                                                                           | 19 1/4"                                               |
| R-44                                             | 31.1                                                        | 32                                                                              | .778                                                                                                           | 17 3/4"                                               |
| R-38                                             | 26.6                                                        | 38                                                                              | .665                                                                                                           | 15 1/2"                                               |
| <u>R-30</u>                                      | 20.8                                                        | 48                                                                              | .521                                                                                                           | 12 1/2"                                               |
| R-26                                             | 18.1                                                        | 55                                                                              | .452                                                                                                           | 11"                                                   |
| R-22                                             | 15.0                                                        | 67                                                                              | .374                                                                                                           | 9 1/4"                                                |
| R-19                                             | 13.2                                                        | 76                                                                              | .330                                                                                                           | 8 1/4"                                                |
| R-13                                             | 9.0                                                         | 111                                                                             | .225                                                                                                           | 5 3/4"                                                |
| R-11                                             | 7.4                                                         | 136                                                                             | .184                                                                                                           | 4 3/4"                                                |

R-Values are determined in accordance with ASTM C 687 and C 518. Conforms to ASTM C 764 which replaces Federal Specification HH-I-1030B.

### Framing Adjustment

To compensate for framing members the number of bags per 1000 sq. ft. of net area should be reduced as follows:

| Joist Size | Bags to Deduct / 1000 sq. ft. Joists 16" O.C. | Bags to Deduct / 1000 sq. ft. Joists 24" O.C. |
|------------|-----------------------------------------------|-----------------------------------------------|
| 2" x 4"    | .7                                            | .5                                            |
| 2" x 6"    | 1.0                                           | .7                                            |
| 2" x 8"    | 1.3                                           | .9                                            |
| 2" x 10"   | 1.6                                           | 1.0                                           |

**CertainTeed Corporation**  
P.O. Box 860, Valley Forge, PA 19482

Code No 30-24-092

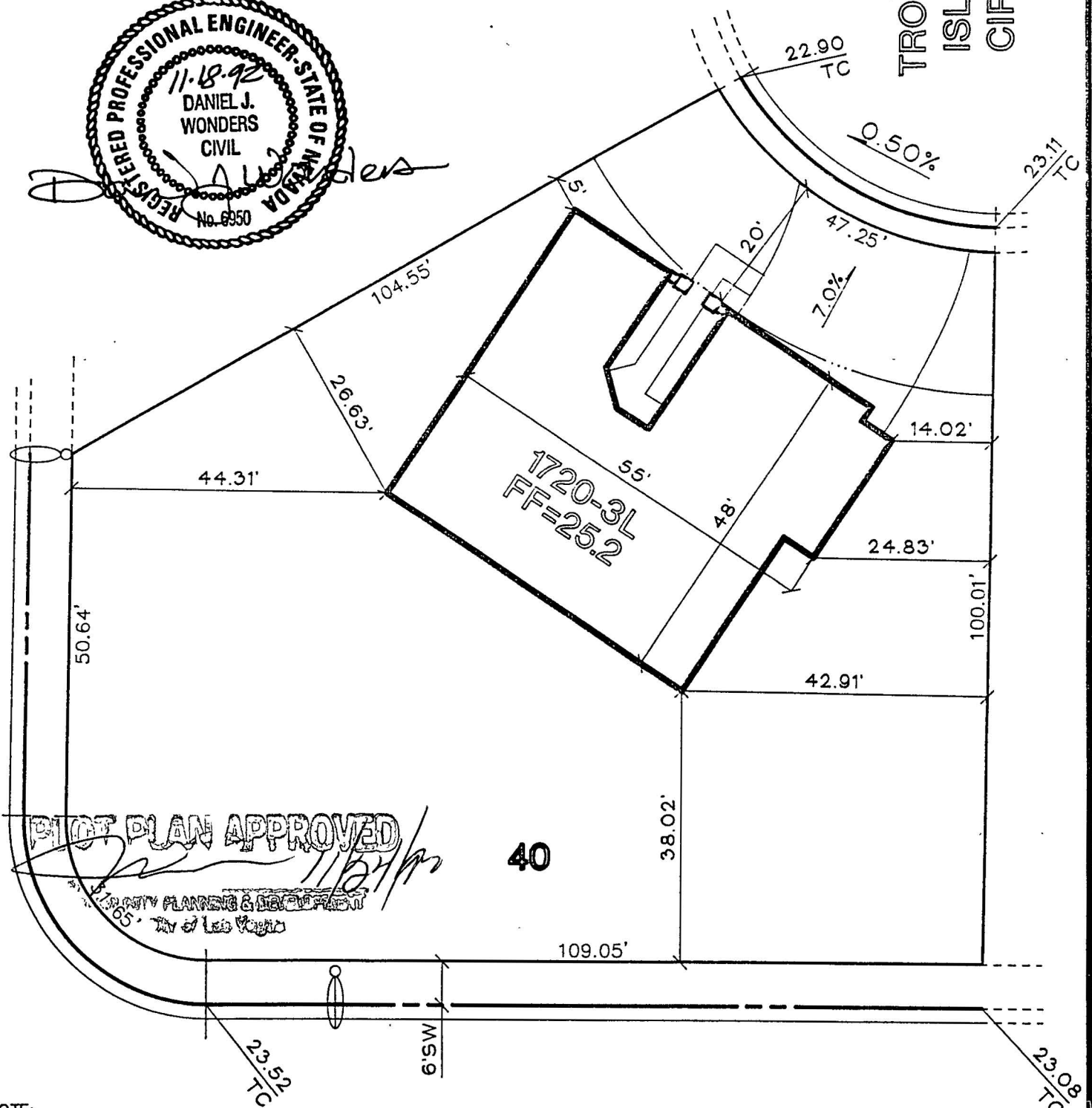
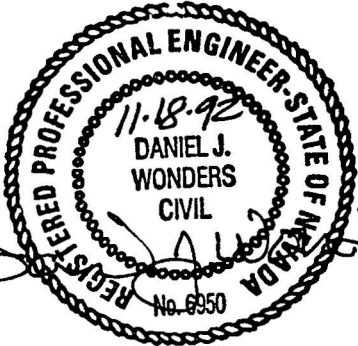
© 1989 CertainTeed Corporation 4/89

# UPTOWN ESTATES (PH.2)

SCALE: 1" = 20'

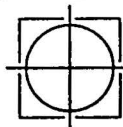
LOT 40 BLOCK 2  
ADDRESS TROPICAL ISLAND CIRCLE

TROPICAL  
ISLAND  
CIRCLE



## NOTE:

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



**ESI ENGINEERS AND  
SURVEYORS INC.**  
PLANNERS • CONSULTING ENGINEERS • SURVEYORS

7018 W. CHARLESTON BLVD. • LAS VEGAS, NEVADA 89117 • 17021363-6415



## CITY OF LAS VEGAS, NEVADA

## PERMIT NO.

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

## BUILDING PERMIT

FOR: Single Family Dwelling, Remodel  
Additions, Misc. Residential ConstructionPLAN CHECK NO. P 212DATE 11-19-92ADDRESS OF CONSTRUCTION 7132 Tropical Island OWNER ERIC UPTONCONST. VAL. \$ 75,844BUILDER PHONE 658-6195LOT(s) 40 BLOCK 2 SUBDIVISION CHARDONNAY ZONE R1PROPOSED CONSTRUCTION SINGLE FAMILY RESIDENCE USE DWELLINGTHIS PERMIT FOR BLDG. ☒ A/C ☐ ELEC. ☐ PLBG. ☐ OTHER PERMITS REQD: FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT 1718 1ST 1718 2ND 1718 GARAGE 590 PORCH 644 TOTAL 2952CONTRACTOR ERIC UPTON, BUILDER STATE LICENSE NO. 0014308 CITY LICENSE NO. C11040002047884ARCHITECT MICHAEL GRUBBS ENGINEER PECKHAM ENGINEERINGMASTER PLUMBER/  
CONTRACTOR CARDINAL PLUMBING MASTER ELECTRICIAN/  
CONTRACTOR BEST ELECTRIC

## 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 [Signature]  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY

OWNER

BY [Signature]  
AGENT

## SPECIAL CONDITIONS:

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE 11/20/92

PLANNING DEPT

DATE 11/24/92

BUILDING DEPT

DATE 11/29/92

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

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

|                              |          |
|------------------------------|----------|
| 2310 - 2431 PLAN REVIEW      | 10.00    |
| 2310 - 2401 BLDG. PERMIT     | 300.00   |
| 7143 - 2973 SEWER CONNECTION | 1100.00  |
| 6122 - 3352 TORTOISE         |          |
| - 2897 P.I.F                 |          |
| 88100-1232 TRANSPORT         | 500.00   |
| TOTAL FEES                   | 20170.00 |

RECEIPT  
MUST BE MACHINE VALIDATED

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

PERMIT NO.

92-168805

PLUMBING PERMIT

FOR INSPECTIONS, CALL 229-2071

LOG NO. & AREA **P 212**

DATE

CONST. VAL \$

ADDRESS OF CONSTRUCTION **7132 TROPICAL ISLAND**

UPTOWN ESTATES

PHONE **\*873-2116**CONTRACTOR **CARDIANL PLBG. INC.**STATE LICENSE NO **010848A**CITY LICENSE NO **05775**LOT(s) **40** BLOCK **2** SUBDIVISION **UPTOWN ESTATES II 84**

ZONE

PROPOSED CONSTRUCTION **TRACT HOUSE**

USE

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

| UNITS                            | DESCRIPTION                                                                             | FEE     | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |         |       |
| 1                                | For Issuing Each Permit                                                                 | 10 70   | 15.50 |
|                                  | For Issuing Each Supplemental Permit                                                    | 4 85    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |         |       |
| 9                                | Bathub, Shower, Lavatory, Toilet, Urinal                                                | EA 2 15 | 20.25 |
| 1                                | Floor Drain, Floor Sink, Wash Tray, Sink                                                | EA 2 15 | 2.25  |
| 2                                | Garbage Disposal, Clothes Washer, Dishwasher (residential)                              | EA 2 15 | 4.50  |
|                                  | Garbage Disposal (commercial)                                                           | EA 8 60 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                                                 | EA 2 15 |       |
|                                  | Clothes Dryer (gas) (venting)                                                           | 2 15    |       |
|                                  | Dental Unit                                                                             | 8 60    |       |
|                                  | Drinking Fountain                                                                       | 2 15    |       |
|                                  | Refrigerator - Ice Maker, Water Dispenser                                               | 2 15    |       |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                     | 2 15    |       |
| 4                                | Hot Water Heater (Gas or Electric)                                                      | EA 2 15 | 2.25  |
| <b>SEWER SYSTEM</b>              |                                                                                         |         |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                                    | 10 70   | 11.05 |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2 15    |       |
|                                  | Trailer Trap (rental parks)                                                             | 5 35    |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |         |       |
|                                  | Non Permanent Type (rental)                                                             | 2 15    |       |
|                                  | Permanent Type (connected to drain)                                                     | 2 15    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |         |       |
| 1                                | Single Family Dwelling                                                                  | 6 45    | 6.70  |
|                                  | Multi-Family Dwelling                                                                   | 6 45    |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3 25    |       |
|                                  | Commercial Building per floor                                                           | 3 25    |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2 15    |       |
|                                  | Hotel or Motel                                                                          | 8 60    |       |
|                                  | Plus Each Unit                                                                          | 3 25    |       |
|                                  | Trailer Park                                                                            | 32 10   |       |
|                                  | Plus Each Space                                                                         | 2 15    |       |
|                                  | Irrigation Single Family Dwelling                                                       | 8 60    |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation |         |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                          | FEE            | TOTAL |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>          |                                                                                                                                                                                                                      |                |       |
| 1                                  | Single Family Dwelling                                                                                                                                                                                               | 6 45           | 6.70  |
|                                    | Multi-Family Dwelling                                                                                                                                                                                                | 10 70          |       |
|                                    | Plus Each Unit                                                                                                                                                                                                       | 2 15           |       |
|                                    | Commercial Building (per floor)                                                                                                                                                                                      | 6 45           |       |
|                                    | Plus Each Unit (leased space or office)                                                                                                                                                                              | 6 45           |       |
|                                    | Medium Pressure System (Plan Check)                                                                                                                                                                                  | 12 85          |       |
| 5                                  | Each Gas Appliance (Any Type)                                                                                                                                                                                        | 2 15           | 11.25 |
|                                    | Steam Boilers                                                                                                                                                                                                        | 5 60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>        |                                                                                                                                                                                                                      |                |       |
|                                    | Collectors (including piping) (per collector)                                                                                                                                                                        | 5 60           |       |
|                                    | Storage Tanks (each)                                                                                                                                                                                                 | 5 60           |       |
| <b>PIPELINE CONTRACT</b>           |                                                                                                                                                                                                                      |                |       |
|                                    | For Onsite Sewer, Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                      |                |       |
|                                    | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                            | 25 00 per hour |       |
|                                    | Under provisions of Table 3-A of the Uniform Building Code, work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                    | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                    | 30 00 per hour |       |
|                                    | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                    |                |       |
|                                    | Construction Valuation                                                                                                                                                                                               |                |       |

FOR INSPECTIONS  
CALL 229-2071SEWER # 7114-3654  
CONNECTIONFIXTURES     X    FEE **80.45**2310-2403  
PERMIT  
FEETOTAL  
FEES **80.45**

RECEIPT

PERMIT NO

MUST BE MACHINE VALIDATED

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

SIGNED

CONTRACTOR

MASTER CARD NO

BY

Registered Master Plumber Spec Cont r or Owner

BUILDING DEPT

DATE

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

32 171409

DEPARTMENT OF BUILDING AND SAFETY (PHONE 229-6251)

FOR INSPECTIONS, CALL 229-2071

## ELECTRICAL PERMIT

PLAN CHECK NO. P-212 DATE 12/29/92 CONST. VAL. \$ADDRESS OF CONSTRUCTION 7132 TROPICAL ISLAND OWNER UPTON UPTOWN 2 PHASE 2CONTRACTOR BEST ELECTRIC STATE LICENSE NO. 0019488 CITY LICENSE NO. 021758HOWARD DUNN LOT/BLK 40/2 PLAN 1720 M1-212 367-0050  
(PRINT NAME OF MASTER ELECTRICIAN) Single Family Dwellings MASTER CARD NO. CONTRACTOR PHONE

PROPOSED CONSTRUCTION:

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

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

| UNITS                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                    |                                                                                                                                                                                                                                                            |       |       |
| 1                                                                                                                         | For Issuing Each Permit                                                                                                                                                                                                                                    | 10.70 | 15.50 |
| 0                                                                                                                         | Supplemental Fee                                                                                                                                                                                                                                           | 4.85  | 0.00  |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                            |       |       |
| <b>Residential or General Commercial</b>                                                                                  |                                                                                                                                                                                                                                                            |       |       |
| 63                                                                                                                        | Receptacle <del>44</del> Switch <del>19</del>                                                                                                                                                                                                              | 45    | 31.50 |
| 15                                                                                                                        | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                   | 35    | 6.00  |
| 4                                                                                                                         | EACH OUTLET FOR SPECIAL PURPOSE. Dishwasher, Garbage Grinder, Trash Compactor, G.F.I., Clothes Washer, Dryer, Electric Range, Ovens, Water Heater, Space Heater, Blast Coil Heater, (PER K.W.), Mercury Lamp, Quartz Lamp, Sodium Lamp, 20AMP Sign Circuit | 75    | 3.20  |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                                 | 10.70 |       |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                          | 8.60  |       |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                                | 3.25  |       |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                            |       |       |
|                                                                                                                           | First H.P. or Ton For each Unit                                                                                                                                                                                                                            | 3.25  |       |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                                    | 3.25  |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                  | .55   |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                   | 40    |       |
| 0                                                                                                                         | Temporary power or Pole                                                                                                                                                                                                                                    | 6.45  | 0.00  |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                            |       |       |
| 1                                                                                                                         | Up to 200 AMP                                                                                                                                                                                                                                              | 6.45  | 6.70  |
| 0                                                                                                                         | 400 AMP And 600 AMP                                                                                                                                                                                                                                        | 13.40 | 0.00  |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                   | 26.75 |       |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                              | 53.50 |       |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                               | .55   |       |
| 0                                                                                                                         | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                  | 3.25  | 0.00  |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                                | 21.40 |       |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                | 32.10 |       |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                       | 8.60  |       |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                         | 3.25  |       |

| UNITS                                                                     | DESCRIPTION                                                                                                                                                                  | FEE            | TOTAL |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                           | Busways-Trolley or Plug-in (Ea. 100 Ft)                                                                                                                                      | 3.25           |       |
|                                                                           | Gas Pumps, Dispensers (Each)                                                                                                                                                 | 3.25           |       |
| 1                                                                         | Permanent A/C Unit (5 Tons or Less)                                                                                                                                          | 3.25           | 3.40  |
| 1                                                                         | Each Air Handler                                                                                                                                                             | 1.10           | 1.15  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                              |                                                                                                                                                                              |                |       |
|                                                                           | Speaker Outlets (Each)                                                                                                                                                       | .35            |       |
|                                                                           | Signal or Alarm Outlets (Each)                                                                                                                                               | .35            |       |
|                                                                           | Amplifiers                                                                                                                                                                   | 2.15           |       |
|                                                                           | Control Panel                                                                                                                                                                | .55            |       |
| 2                                                                         | TV Master System                                                                                                                                                             | .35            | 0.80  |
| 2                                                                         | Telephone or Computer Outlet                                                                                                                                                 | .35            | 0.80  |
| <b>OTHER INSPECTIONS AND FEES: INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                              |                |       |
|                                                                           | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                  | 30.00 per hour |       |
|                                                                           | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$30.00 EACH.                                                                         | 30.00 each     |       |
|                                                                           | Inspections for which no fee is specifically indicated (minimum charge — one-half hour)                                                                                      | 30.00 per hour |       |
|                                                                           | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — one-half hour). After work hours — \$30.00 per hour — minimum 1 hour. | 30.00 per hour |       |
|                                                                           | Starter Permit                                                                                                                                                               | 50.00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                             |                                                                                                                                                                              |                |       |
|                                                                           | Commercial — Burglar Alarms                                                                                                                                                  |                |       |
|                                                                           | — Music Systems                                                                                                                                                              |                |       |
|                                                                           | — Data Processing                                                                                                                                                            |                |       |
|                                                                           | — Communication                                                                                                                                                              |                |       |
|                                                                           | Conduit Only—Contract Price                                                                                                                                                  |                |       |
|                                                                           | All Misc. Electric                                                                                                                                                           |                |       |

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

# 2310-2432

## RECEIPT

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

SIGNED HOMEOWNER, CONTRACTOR

PERMIT FEE 69.05

LESS STARTER PERMIT

TOTAL FEES

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

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work



## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

32 169625

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

AIR CONDITIONING PERMIT

PLAN CHECK NO. P-254 DATE 11-17-92 CONST. VAL. \$ADDRESS OF CONSTRUCTION 7132 TROPICAL ISLAND OWNER ERIC UPION PHONE 648-5672CONTRACTOR LAS VEGAS AIR CONDITIONING STATE LICENSE NO. 13870 CITY LICENSE NO. 13194LOT(s) 40 BLOCK 2 SUBDIVISION UPTOWN ESTATES II ZONE:PROPOSED CONSTRUCTION AIR CONDITIONING EQUIPMENT USE:

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                            |       |       |
| 1                        | For the issuance of each permit                                                                                                                                                                                                                            | 16.05 | 15.50 |
|                          | For issuing each supplemental permit                                                                                                                                                                                                                       | 4.85  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                            |       |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h.                                                                          | 9.65  |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance over 100,000 Btu/h.                                                                                          | 11.80 |       |
|                          | For the installation or relocation of each floor furnace, including vent                                                                                                                                                                                   | 9.65  |       |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater.                                                                                                                                            | 9.65  |       |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit                                                                                                                                   | 4.85  |       |
|                          | For the repair of, alteration of, or addition to each heating appliance, refrigeration unit, cooling unit, absorption unit, or each heating, cooling absorption, or evaporative cooling system, including installation of controls regulated by this code. | 9.65  |       |
| 1                        | For the installation or relocation of each boiler or compressor to and including three tons, or each absorption system to and including 100,000 Btu/h                                                                                                      | 9.65  | 10.00 |
|                          | For the installation or relocation of each boiler or compressor over three tons to and including 15 tons, or each absorption system over 100,000 Btu/h and including 500,000 Btu/h.                                                                        | 17.65 |       |
|                          | For the installation or relocation of each boiler or compressor over 15 tons to and including 30 tons, or each absorption system over 500,000 Btu/h to and including 1,000,000 Btu/h                                                                       | 24.15 |       |
|                          | For the installation or relocation of each boiler or compressor over 30 tons to and including 50 tons, or for each absorption system over 1,000,000 Btu/h to and including 1,750,000 Btu/h.                                                                | 35.85 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h.                                                                                                                | 59.95 |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                                  | FEE            | TOTAL |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                    | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br><b>Note:</b> This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code. | 6.95           |       |
|                                    | For each air-handling unit over 10,000 cfm                                                                                                                                                                                                                                                                                                   | 11.80          |       |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                        | 6.95           |       |
| 1                                  | For each ventilation fan <span style="float:right">COMMERCIAL<br/>RESIDENTIAL</span>                                                                                                                                                                                                                                                         | 4.85<br>2.55   | 20.5  |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit                                                                                                                                                                                                                          | 6.95           |       |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                                  | 6.95           |       |
|                                    | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                        | 4.85           |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                              |                |       |
|                                    | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                                                                                                                                                                                  | 25.00 per hour |       |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$15.00 EACH                                                                                                                                                                                                                                          | 15.00 each     |       |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one-half hour)                                                                                                                                                                                                                                                      | 30.00 per hour |       |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours)                                                                                                                                                                                                                            | 30.00 per hour |       |
|                                    | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                                                                                                                                         |                |       |
|                                    | Gas piping which is directly related and necessary to the repair or replacement of heating, air conditioning, or refrigeration systems not exceeding 500,000 BTUH                                                                                                                                                                            | 6.45           |       |

2310-2435

RECEIPT

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

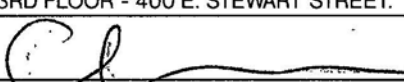
SIGNED harry hamel CONTRACTOR MASTER CARD NO  
BY LAS VEGAS AIR CONDITIONING Spec. Cont'r. or Owner  
BUILDING DEPT 12-8-92 DATE

PERMIT FEE 15.50TOTAL FEES 23.15

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| <b>1</b>                                                                                                                               | <b>PERMIT NUMBER</b>                                                                                                                               | <b>92-168805</b>                             | <b>INSPECTION NUMBER</b>                                       | <b>36</b>                                |
| <b>JOB ADDRESS</b>                                                                                                                     |                                                                                                                                                    |                                              |                                                                |                                          |
| <b>7132 TROPICAL ISLAND CI</b>                                                                                                         |                                                                                                                                                    |                                              |                                                                |                                          |
| <b>LOT NO</b>                                                                                                                          | <b>BLOCK NO</b>                                                                                                                                    | <b>SUBDIVISION NAME</b>                      |                                                                |                                          |
| <b>40</b>                                                                                                                              | <b>2</b>                                                                                                                                           | <b>UPTOWN ESTATES II 84</b>                  |                                                                |                                          |
| <b>FIRE DEPT- MAP NO</b>                                                                                                               | <b>JOB PHONE</b>                                                                                                                                   | <b>CALL-IN DATE</b>                          | <b>CALL-IN TIME</b>                                            | <b>SCHEDULE DATE</b>                     |
| <b>1918-26</b>                                                                                                                         | <b>645-8775</b>                                                                                                                                    | <b>12/04/92</b>                              | <b>13:53</b>                                                   | <b>12/07/92</b>                          |
| <b>INSPECTOR NO.</b>                                                                                                                   | <b>INSPECTOR NAME</b>                                                                                                                              |                                              |                                                                |                                          |
| <b>73</b>                                                                                                                              | <b>ELDEN SEVERIN</b>                                                                                                                               |                                              |                                                                |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                            | <b>BUILDING SEWER (YARD LINES) (405)</b>                                                                                                           |                                              |                                                                |                                          |
|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |                                          |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                          |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                                                                                      |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |                                          |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              |                                                                |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                 |                                              | <b>INSPECTION DATE</b>                                         |                                          |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |                                          |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7 00 A.M. - 7 15 A.M. OR 2.45 P.M. - 3.00 P.M. AT</b> |                                                                                                                                                    |                                              |                                                                | <b>229-6769</b>                          |

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