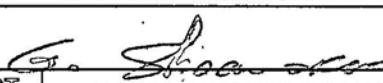


|                                                                                                                                        |  |                                                                                                                                                    |  |                                                         |  |                                                                |                 |
|----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|----------------------------------------------------------------|-----------------|
| <input type="checkbox"/> <b>NUMBER</b>                                                                                                 |  | <b>92-151158</b>                                                                                                                                   |  | <b>INSPECTION NUMBER</b>                                |  | <b>3</b>                                                       |                 |
| <b>JOB ADDRESS</b><br><b>6942 TEN OAKS AV</b>                                                                                          |  |                                                                                                                                                    |  |                                                         |  |                                                                |                 |
| <b>LOT NO.</b><br><b>69</b>                                                                                                            |  | <b>BLOCK NO.</b><br><b>5</b>                                                                                                                       |  | <b>SUBDIVISION NAME</b><br><b>CHARLESTON BAYVIEW 9D</b> |  |                                                                |                 |
| <b>FIRE DEPT. MAP NO.</b><br><b>2618-46</b>                                                                                            |  | <b>JOB PHONE</b><br><b>234-8739</b>                                                                                                                |  | <b>CALL-IN DATE</b><br><b>07/22/92</b>                  |  | <b>CALL-IN TIME</b><br><b>13:02</b>                            |                 |
|                                                                                                                                        |  | <b>SCHEDULE DATE</b><br><b>07/23/92</b>                                                                                                            |  |                                                         |  |                                                                |                 |
| <b>INSPECTOR NO.</b><br><b>51</b>                                                                                                      |  | <b>INSPECTOR NAME</b><br><b>GREG SHOEMAKER</b>                                                                                                     |  |                                                         |  |                                                                |                 |
| <b>INSPECTION REQUESTED</b>                                                                                                            |  | <b>BUILDING FINAL (146)</b>                                                                                                                        |  |                                                         |  |                                                                |                 |
|                                                                                                                                        |  |                                                                                                                                                    |  |                                                         |  |                                                                |                 |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     |  | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               |  | <b>PARTIAL DESCRIPTION</b>                              |  |                                                                |                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                |  | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      |  | <input type="checkbox"/> <b>COMMENTS (C)</b>            |  | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |                 |
|                                                                                                                                        |  |                                                                                                                                                    |  |                                                         |  | <input type="checkbox"/> <b>HOLD (H)</b>                       |                 |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           |  | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |  |                                                         |  | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |                 |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              |  | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |  |                                                         |  |                                                                |                 |
| <b>INSPECTOR SIGNATURE</b><br>                      |  |                                                                                                                                                    |  | <b>INSPECTION DATE</b><br><b>7-23-92</b>                |  |                                                                |                 |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                            |  | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |  |                                                         |  |                                                                |                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |  |                                                                                                                                                    |  |                                                         |  |                                                                | <b>229-6765</b> |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | <b>PERMIT<br/>NUMBER</b>                                                                                                               | 92-151158                                | <b>INSPECTION<br/>NUMBER</b>                               | 3                                    |
| JOB ADDRESS<br><b>6948 TEN OAKS AV</b>                                                                                             |                                                                                                                                        |                                          |                                                            |                                      |
| LOT NO.<br><b>40</b>                                                                                                               |                                                                                                                                        | BLOCK NO.<br><b>5</b>                    | SUBDIVISION NAME<br><b>CHARLESTON RAINBOW 9D</b>           |                                      |
| FIRE DEPT. MAP NO.<br><b>2418-66</b>                                                                                               | JOB PHONE<br><b>254-8739</b>                                                                                                           | CALL-IN DATE<br><b>07/22/92</b>          | CALL-IN TIME<br><b>13:02</b>                               | SCHEDULE DATE<br><b>07/23/92</b>     |
| INSPECTOR NO.<br><b>51</b>                                                                                                         |                                                                                                                                        | INSPECTOR NAME<br><b>GREG SHOEMAKER</b>  |                                                            |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                                                                        | <b>BUILDING FINAL (140)</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 <i>G. Shoemaker</i>                                                                                         |                                                                                                                                        | INSPECTION DATE<br><b>7-23-92</b>        |                                                            |                                      |
| <input checked="" type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                    | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                      |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                          |                                                            | <b>229-6765</b>                      |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                        |                              |                                         |                                                  |                                  |
|----------------------------------------|------------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------|
| <input type="checkbox"/>               | <b>PERMIT<br/>NUMBER</b>     | <b>92-151153</b>                        | <b>INSPECTION<br/>NUMBER</b>                     | <b>13</b>                        |
| JOB ADDRESS<br><b>6948 TEN OAKS AV</b> |                              |                                         |                                                  |                                  |
| LOT NO<br><b>40</b>                    |                              | BLOCK NO<br><b>5</b>                    | SUBDIVISION NAME<br><b>CHARLESTON RAINBOW 9D</b> |                                  |
| FIRE DEPT. MAP NO.<br><b>2418-66</b>   | JOB PHONE<br><b>254-8739</b> | CALL-IN DATE<br><b>07/23/92</b>         | CALL-IN TIME<br><b>14:18</b>                     | SCHEDULE DATE<br><b>07/24/92</b> |
| INSPECTOR NO<br><b>51</b>              |                              | INSPECTOR NAME<br><b>GREG SHOEMAKER</b> |                                                  |                                  |
| <b>INSPECTION<br/>REQUESTED</b>        |                              | <b>PRE-SLAB (105)</b>                   |                                                  |                                  |

*Miscalled*

*Void*

|                                                                                                                                    |                                                                                                                                        |                                          |                                                             |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                             |                                             |
| <input type="checkbox"/> APPROVED<br>(A)                                                                                           | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) -- UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL *229-2071                                                                                                 |                                          |                                                             | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                             |                                             |
| INSPECTOR<br>SIGNATURE <i>G. Shoemaker</i>                                                                                         |                                                                                                                                        | INSPECTION DATE<br><i>7-24-92</i>        |                                                             |                                             |
| <input type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                               | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                             |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                          |                                                             | <b>229-6765</b>                             |

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

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

|                                                            |                                 |                                                                                                                                      |                                   |
|------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| JOB ADDRESS<br><b>6948 Jim Oaks</b>                        |                                 | PERMIT NO.<br><b>9786</b>                                                                                                            |                                   |
| LOT NO.                                                    | MAP NO.<br><b>5-10:35A</b>      | INSPECTOR<br><b>6057</b>                                                                                                             | DATE<br><b>2-21-91</b>            |
| SUBDIVISION NAME                                           |                                 |                                                                                                                                      | PHONE<br><b>254-8739</b>          |
| INSPECTOR SIGNATURE<br><b>S. Van Pelt</b>                  |                                 |                                                                                                                                      | INSPECTION DATE<br><b>2-22-91</b> |
| <b>chain link fence</b>                                    |                                 |                                                                                                                                      |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION: |                                 |                                                                                                                                      |                                   |
| <input checked="" type="checkbox"/> APPROVED               |                                 | <input type="checkbox"/> PERMIT REQUIRED                                                                                             |                                   |
| <input type="checkbox"/> REJECTED - CORRECTION             |                                 | <input type="checkbox"/> STOP WORK                                                                                                   |                                   |
| <b>NOTICE - REINSPECTION REQUIRED CALL 789-2071</b>        |                                 |                                                                                                                                      |                                   |
| INSPECT                                                    | DESCRIPTION                     | INSPECT                                                                                                                              | DESCRIPTION                       |
| <input type="checkbox"/> B-1                               | FOOTING, LAYOUT, REBAR, ZONING  | <input type="checkbox"/> P-1                                                                                                         | ON SITE SEWER                     |
| <input type="checkbox"/> B-2                               | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P-2                                                                                                         | ON SITE WATER                     |
| <input type="checkbox"/> B-3                               | PRE-SLAB                        | <input type="checkbox"/> P-3                                                                                                         | BUILDING SEWER (YARD LINES)       |
| <input type="checkbox"/> B-4                               | ROOF SHEATHING                  | <input type="checkbox"/> P-4                                                                                                         | UNDERSLAB PLUMBING                |
| <input type="checkbox"/> B-5                               | FRAMING                         | <input type="checkbox"/> P-5                                                                                                         | TOP OUT-WATER, GAS, WASTE         |
| <input type="checkbox"/> B-6                               | INSULATION                      | <input type="checkbox"/> P-6                                                                                                         | FINAL GAS TEST                    |
| <input type="checkbox"/> B-7                               | DRYWALL NAILING                 | <input type="checkbox"/> P-7                                                                                                         | FINAL PLUMBING                    |
| <input type="checkbox"/> B-8                               | EXTERIOR LATH/STUCCO            |                                                                                                                                      |                                   |
| <input type="checkbox"/> B-9                               | WALL GROUT & STEEL              | <input type="checkbox"/> M-1                                                                                                         | ROUGH VENT                        |
| <input type="checkbox"/> B-10                              | <b>POOL</b> PRE-GUNITE          | <input type="checkbox"/> M-2                                                                                                         | HOOD                              |
| <input type="checkbox"/> B-11                              | <b>POOL</b> PRE-PLASTER / FINAL | <input type="checkbox"/> M-3                                                                                                         | FINAL MECHANICAL                  |
| <input checked="" type="checkbox"/> B-12                   | BUILDING FINAL                  |                                                                                                                                      |                                   |
| <input type="checkbox"/> B-13                              | CERT OF OCC                     | <input type="checkbox"/> X-1                                                                                                         | KICKER / FLUSH                    |
|                                                            |                                 | <input type="checkbox"/> X-2                                                                                                         | UNDERGROUND HYDRO                 |
|                                                            |                                 | <input type="checkbox"/> X-3                                                                                                         | UNDERGROUND FINAL/FLOW            |
|                                                            |                                 | <input type="checkbox"/> X-4                                                                                                         | SPRINKLER SYSTEM HYDRO            |
|                                                            |                                 | <input type="checkbox"/> X-5                                                                                                         | FIRE ALARM                        |
|                                                            |                                 | <input type="checkbox"/> X-6                                                                                                         | OTHER                             |
|                                                            |                                 | <input type="checkbox"/> X-7                                                                                                         | FINAL FIRE                        |
|                                                            |                                 | <input type="checkbox"/> E-1                                                                                                         | UNDERGROUND ELECTRICAL            |
|                                                            |                                 | <input type="checkbox"/> E-2                                                                                                         | ROUGH ELECTRICAL                  |
|                                                            |                                 | <input type="checkbox"/> E-3                                                                                                         | LOW VOLTAGE ELECTRICAL            |
|                                                            |                                 | <input type="checkbox"/> E-4                                                                                                         | SIGN INSPECTION                   |
|                                                            |                                 | <input type="checkbox"/> E-5                                                                                                         | FINAL ELECTRICAL                  |
|                                                            |                                 | <input type="checkbox"/> E-6                                                                                                         | TEMP POWER                        |
| <input checked="" type="checkbox"/> FINAL INSPECTION       |                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                   |

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

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                             |                                 |                                                                                                                                       |                             |
|---------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| JOB ADDRESS<br><b>6948 Jen Oaks</b>                                                         |                                 | PERMIT NO.<br><b>9786</b>                                                                                                             |                             |
| LOT NO.                                                                                     | MAP NO.<br><b>5-10:35A</b>      | INSPECTOR<br><b>60</b>                                                                                                                | DATE<br><b>2-21-91</b>      |
| SUBDIVISION NAME                                                                            |                                 | PHONE<br><b>254-8739</b>                                                                                                              |                             |
| INSPECTOR SIGNATURE<br><b>[Signature]</b>                                                   |                                 | INSPECTION DATE<br><b>2-22-91</b>                                                                                                     |                             |
| <b>chain link fence</b>                                                                     |                                 |                                                                                                                                       |                             |
| <input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION                                   |                                 |                                                                                                                                       |                             |
| <input checked="" type="checkbox"/> APPROVED                                                |                                 | <input type="checkbox"/> PERMIT REQUIRED                                                                                              |                             |
| <input type="checkbox"/> STOP WORK                                                          |                                 |                                                                                                                                       |                             |
| <input type="checkbox"/> REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071 |                                 |                                                                                                                                       |                             |
| INSPECT                                                                                     | DESCRIPTION                     | INSPECT                                                                                                                               | DESCRIPTION                 |
| <input type="checkbox"/> B-1                                                                | FOOTING, LAYOUT, REBAR, ZONING  | <input type="checkbox"/> P-1                                                                                                          | ON SITE SEWER               |
| <input type="checkbox"/> B-2                                                                | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P-2                                                                                                          | ON SITE WATER               |
| <input type="checkbox"/> B-3                                                                | PRE-SLAB                        | <input type="checkbox"/> P-3                                                                                                          | BUILDING SEWER (YARD LINES) |
| <input type="checkbox"/> B-4                                                                | ROOF SHEATHING                  | <input type="checkbox"/> P-4                                                                                                          | UNDERSLAB PLUMBING          |
| <input type="checkbox"/> B-5                                                                | FRAMING                         | <input type="checkbox"/> P-5                                                                                                          | TOP OUT-WATER, GAS, WASTE   |
| <input type="checkbox"/> B-6                                                                | INSULATION                      | <input type="checkbox"/> P-6                                                                                                          | FINAL GAS TEST              |
| <input type="checkbox"/> B-7                                                                | DRYWALL NAILING                 | <input type="checkbox"/> P-7                                                                                                          | FINAL PLUMBING              |
| <input type="checkbox"/> B-8                                                                | EXTERIOR LATH/STUCCO            |                                                                                                                                       |                             |
| <input type="checkbox"/> B-9                                                                | WALL GROUT & STEEL              | <input type="checkbox"/> M-1                                                                                                          | ROUGH VENT                  |
| <input type="checkbox"/> B-10                                                               | <b>POOL</b> PRE-GUNITE          | <input type="checkbox"/> M-2                                                                                                          | HOOD                        |
| <input type="checkbox"/> B-11                                                               | <b>POOL</b> PRE-PLASTER / FINAL | <input type="checkbox"/> M-3                                                                                                          | FINAL MECHANICAL            |
| <input checked="" type="checkbox"/> B-12                                                    | BUILDING FINAL                  |                                                                                                                                       |                             |
| <input type="checkbox"/> B-13                                                               | CERT OF OCC                     | <input type="checkbox"/> X-1                                                                                                          | KICKER / FLUSH              |
|                                                                                             |                                 | <input type="checkbox"/> X-2                                                                                                          | UNDERGROUND HYDRO           |
|                                                                                             |                                 | <input type="checkbox"/> X-3                                                                                                          | UNDERGROUND FINAL/FLOW      |
|                                                                                             |                                 | <input type="checkbox"/> X-4                                                                                                          | SPRINKLER SYSTEM HYDRO      |
|                                                                                             |                                 | <input type="checkbox"/> X-5                                                                                                          | FIRE ALARM                  |
|                                                                                             |                                 | <input type="checkbox"/> X-6                                                                                                          | OTHER                       |
|                                                                                             |                                 | <input type="checkbox"/> X-7                                                                                                          | FINAL FIRE                  |
|                                                                                             |                                 | <input type="checkbox"/> E-1                                                                                                          | UNDERGROUND ELECTRICAL      |
|                                                                                             |                                 | <input type="checkbox"/> E-2                                                                                                          | ROUGH ELECTRICAL            |
|                                                                                             |                                 | <input type="checkbox"/> E-3                                                                                                          | LOW VOLTAGE ELECTRICAL      |
|                                                                                             |                                 | <input type="checkbox"/> E-4                                                                                                          | SIGN INSPECTION             |
|                                                                                             |                                 | <input type="checkbox"/> E-5                                                                                                          | FINAL ELECTRICAL            |
|                                                                                             |                                 | <input type="checkbox"/> E-6                                                                                                          | TEMP POWER                  |
| <input checked="" type="checkbox"/> FINAL INSPECTION                                        |                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O. ISSUANCE (Commercial Only) |                             |

**FOR ASSISTANCE -CALL: 388-6251**

PERMIT  
NUMBERINSPECTION  
NUMBER

JOB ADDRESS

6948 TEN OAKS DRIVE

LOT NO.

BLOCK NO.

SUBDIVISION NAME

UNK

CHAS. RAINBOW 9-C

FIRE DEPT MAP NO

JOB PHONE

CALL-IN DATE

CALL-IN TIME

SCHEDULE DATE

INSPECTOR NO

INSPECTOR NAME

63

RB CARSON

INSPECTION  
REQUESTED

915- INVESTIGATION

CLV ORDINANCE 354, UNIFORM BUILDING CODE  
1988, SECTION 301:

A PERMIT IS REQUIRED FOR BLOCK WALL  
CONSTRUCTION BEING CONDUCTED ON THIS  
PROPERTY.

SECTION 305:

UPON ISSUANCE OF PERMIT THREE INSPECTIONS  
SHALL ALSO BE REQUIRED DURING CONSTRUCTION.

PLEASE OBTAIN REQUIRED PERMIT BY 6-30-91 OR  
PRIOR TO PLACEMENT OF CONCRETE FOOTING

[INSPECTION PRIOR TO FOOTING CONCRETE REQUIRED]

|                                                |                                                                                    |                                                     |                                                            |
|------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|
| <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 checked="" type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL |
| <input type="checkbox"/> REJECTED (R)          | REINSPECTION REQUIRED - CALL * 799-2071                                            |                                                     | <input checked="" 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  
SIGNATURE

R. Carson

INSPECTION DATE

8-26-91

☐ PROJECT  
COMPLETE

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

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY  
CALL THE INSPECTOR FROM 7.00 A.M. - 7.15 A.M. OR 2:45 P.M. - 3.00 P.M. AT

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

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

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

PERMIT NO.

92-151158

57

FOR INSPECTIONS, CALL 799-2071

## BUILDING PERMIT

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

LQG NO. & AREA M-4399 DATE 7/1/92 CONST. VAL. \$ 378.00

ADDRESS OF CONSTRUCTION 6948 TEN OAKS AVE OWNER PAT WILDE PHONE 254 8739

LOT(s) 40 BLOCK 5 SUBDIVISION Chun-Lan-bow 9D ZONE R-1

PROPOSED CONSTRUCTION 7'10" X 16' PATIO COVER USE \_\_\_\_\_

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

FLOOR AREA BSMT \_\_\_\_\_ 1ST \_\_\_\_\_ 2ND \_\_\_\_\_ GARAGE \_\_\_\_\_ PORCH \_\_\_\_\_ TOTAL 126 ☒

CONTRACTOR SUNSHIELD AWNINGS STATE LICENSE NO. 26124 CITY LICENSE NO. 25375

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

MASTER PLUMBER/  
CONTRACTOR \_\_\_\_\_ MASTER ELECTRICIAN/  
CONTRACTOR \_\_\_\_\_

## OTHER INSPECTIONS AND FEES

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

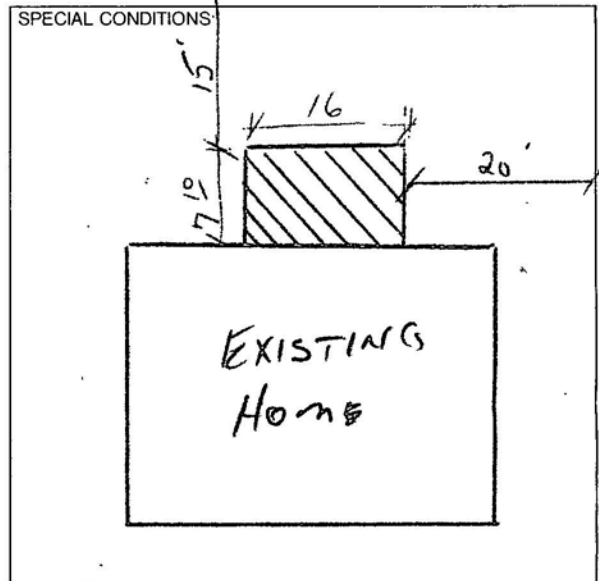
## CONDITIONS OF THE PERMIT:

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

BY \_\_\_\_\_  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY OWNER

BY Harold E. Ruoma \_\_\_\_\_  
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.



1CB0 4244 D

| LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER |  | DATE   | ELECTRICAL |      | FEE      |
|---------------------------------------------|--|--------|------------|------|----------|
| RECEPTACLE _____ SWITCH _____               |  | 7/1/92 |            |      | 40       |
| EACH LIGHT FIXTURE OR SOCKET _____          |  |        |            |      | 30       |
| SPECIAL OUTLET, APPLIANCE ETC _____         |  |        |            |      | 70       |
| SERVICE/PANEL-SUB/3.00-200A/6.00-400A/12.50 |  |        |            |      |          |
| A.C. UNIT OR MOTORS _____                   |  |        |            | 3.00 |          |
| 2310 - 2432 TOTAL                           |  |        |            |      | 07/01/92 |
| MISC. _____                                 |  |        |            |      |          |
| 2310 - 2431 PLAN REVIEW                     |  |        |            |      |          |
| 2310 - 2401 BLDG. PERMIT                    |  |        |            |      | 13.00    |
| 7143 - 2973 SEWER CONNECTION                |  |        |            |      |          |
| 6122 - 3352 TORTOISE                        |  |        |            |      |          |
| _____ - 2897 P.I.F.                         |  |        |            |      |          |
| 88100-1232 TRANSPORT                        |  |        |            |      |          |
| TOTAL FEES                                  |  |        |            |      |          |

| 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   |       |     |
| INACE TO 100,000/9.00 OVER/11.00       |       |     |
| EVAPORATIVE COOLER                     | 6.50  |     |
| VENTILATION FAN                        | 2.35  |     |
| 2310 - 2435 TOTAL                      |       |     |

RECEIPT  
MUST BE MACHINE VALIDATED

SFD 13.00  
CHK 13.00  
8673A000 09:51

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

91-097869

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS, CALL 799-2071

DEVELOPMENT PERMIT

FOR: Fence, Wall, Retaining Wall

LOG NO. &amp; AREA

M-1113

DATE

2-15-91

CONST. VAL. \$

420

ADDRESS OF  
CONSTRUCTION

6948 TEN OAKS AVE

OWNER

PAT. J. Wilde

PHONE

254-8739

CONTRACTOR

P.J. Wilde Owner

STATE  
LICENSE NOCITY  
LICENSE NO.

LOT(s)

40

BLOCK

5

SUBDIVISION

Chur. Rainbow 9D

ZONE

R-1

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

ENGINEER

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

|                                     | DESCRIPTION             | TOTAL LIN FT | TOTAL SQ FT |
|-------------------------------------|-------------------------|--------------|-------------|
| <input checked="" type="checkbox"/> | CHAIN LINK OR WIRE MESH | 4            | 70          |
| <input type="checkbox"/>            | ORNAMENTAL IRON         |              | 280         |
| <input type="checkbox"/>            | WOOD                    |              |             |
| <input type="checkbox"/>            | MASONRY                 |              |             |
| <input type="checkbox"/>            | RETAINING               |              |             |

## OTHER INSPECTIONS AND FEES

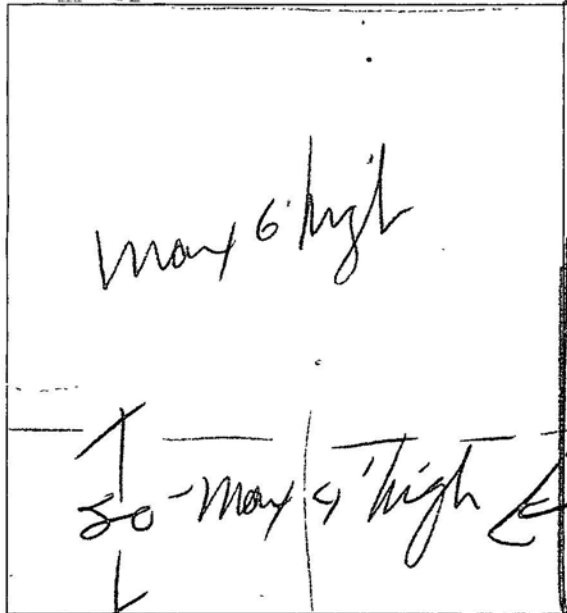
- 1 Inspections outside of normal business hours = \$30.00 per hour (minimum charge three hours)
- 2 Re-inspection fee during normal business hours assessed under provisions of TABLE 3-A of the Uniform Building Code = \$30.00 each
- 3 Inspections during normal business hours for which no fee is specifically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

FINAL

## CONDITIONS OF THE PERMIT:

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

FOR INSPECTIONS, CALL 799-2071



SIGNED *Patrick J. Wilde*

CONTRACTOR - AGENT - OWNER

PLANNING DEPT

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

BUILDING DEPT

PLAN  
REVIEW  
FEEPERMIT  
FEE  
2310-2401TOTAL  
FEES

## RECEIPT

\*\*0006\*\*

WALL 12.00

CASH 12.00

9230A000 14:44

02/15/91

2/15/91

2/15/91

1200

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR IN

PERMIT NO. 90-000739

PLUMBING PERMIT



53344

LOG NO. &amp; AREA \_\_\_\_\_ DATE \_\_\_\_\_ CONST. VAL. \$ \_\_\_\_\_

ADDRESS OF CONSTRUCTION 6948 Ten Oaks OWNER Pat & Ambra Wilder PHONE 254-8739CONTRACTOR John Boyce STATE LICENSE NO \_\_\_\_\_ CITY LICENSE NO \_\_\_\_\_

LOT(S) \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ ZONE \_\_\_\_\_

PROPOSED CONSTRUCTION Gas line USE \_\_\_\_\_

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

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

| UNITS                            | DESCRIPTION                                                                                   | FEE   | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                               |       |       |
| 1                                | For Issuing Each Permit                                                                       | 10 00 | 10 00 |
|                                  | For Issuing Each Supplemental Permit                                                          | 4 50  |       |
| <b>FIXTURE CHARGE</b>            |                                                                                               |       |       |
|                                  | Bathub, Shower, Lavatory, Toilet, Urinal EA                                                   | 2 00  |       |
|                                  | Floor Drain, Floor Sink, Wash Tray, Sink EA                                                   | 2 00  |       |
|                                  | Garbage Disposal, Clothes Washer, Dishwasher (residential) EA                                 | 2 00  |       |
|                                  | Garbage Disposal (commercial) EA                                                              | 8 00  |       |
|                                  | Clothes Washer, Dishwasher (commercial) EA                                                    | 2 00  |       |
|                                  | Clothes Dryer (gas) (venting)                                                                 | 2 00  |       |
|                                  | Dental Unit                                                                                   | 8 00  |       |
|                                  | Drinking Fountain                                                                             | 2 00  |       |
|                                  | Refrigerator - Ice Maker, Water Dispenser                                                     | 2 00  |       |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                           | 2 00  |       |
|                                  | Hot Water Heater (Gas or Electric) EA                                                         | 2 00  |       |
| <b>SEWER SYSTEM</b>              |                                                                                               |       |       |
|                                  | New, Replacement, Modification, or Any Drainage Work                                          | 10 00 |       |
|                                  | Grease or Sand Trap or Interceptor                                                            | 2 00  |       |
|                                  | Trailer Trap (rental parks)                                                                   | 5 00  |       |
| <b>WATER SOFTENERS</b>           |                                                                                               |       |       |
|                                  | Non Permanent Type (rental)                                                                   | 2 00  |       |
|                                  | Permanent Type (connected to drain)                                                           | 2 00  |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                               |       |       |
|                                  | Single Family Dwelling                                                                        | 6 00  |       |
|                                  | Multi-Family Dwelling                                                                         | 6 00  |       |
|                                  | Plus Each Dwelling Unit                                                                       | 3 00  |       |
|                                  | Commercial Building per floor                                                                 | 3 00  |       |
|                                  | Plus Each Unit (leased space or office)                                                       | 2 00  |       |
|                                  | Hotel or Motel                                                                                | 8 00  |       |
|                                  | Plus Each Unit                                                                                | 3 00  |       |
|                                  | Trailer Park                                                                                  | 30 00 |       |
|                                  | Plus Each Space                                                                               | 2 00  |       |
|                                  | Irrigation Single Family Dwelling                                                             | 8 00  |       |
|                                  | 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 00           | 6 00  |
|                                    | Multi-Family Dwelling                                                                                                                                                                                                | 10 00          |       |
|                                    | Plus Each Unit                                                                                                                                                                                                       | 2 00           |       |
|                                    | Commercial Building (per floor)                                                                                                                                                                                      | 6 00           |       |
|                                    | Plus Each Unit (leased space or office)                                                                                                                                                                              | 6 00           |       |
|                                    | Medium Pressure System (Plan Check)                                                                                                                                                                                  | 12 00          |       |
|                                    | Each Gas Appliance (Any Type)                                                                                                                                                                                        | 2 00           |       |
|                                    | Steam Boilers                                                                                                                                                                                                        | 5 00           |       |
| <b>SOLAR ENERGY SYSTEMS</b>        |                                                                                                                                                                                                                      |                |       |
|                                    | Collectors (including piping) (per collector)                                                                                                                                                                        | 5 00           |       |
|                                    | Storage Tanks (each)                                                                                                                                                                                                 | 5 00           |       |
| <b>PIPELINE CONTRACT</b>           |                                                                                                                                                                                                                      |                |       |
|                                    | For Onsite Sewer, Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                      |                |       |
|                                    | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                            | 25 00 per hour |       |
|                                    | Under provisions of Table 3-A of the Uniform Building Code, work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                    | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                    | 30 00 per hour |       |
|                                    | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                    |                |       |
|                                    | Construction Valuation _____                                                                                                                                                                                         |                |       |

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

RECEIPT

\*\*0006\*\*

PLBG 16.00

CASH 16.00

4570A000 09:22

FIXTURES \_\_\_\_\_ X 05/14/90

FEE \_\_\_\_\_

2310-2403

PERMIT

FEE \_\_\_\_\_

TOTAL FEES 16 00

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

Ambra Wilder  
SIGNED \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ MASTER CARD NO \_\_\_\_\_

BY \_\_\_\_\_ Registered Master Plumber Spec Cont r or Owner

Loane Hensley  
BUILDING DEPT \_\_\_\_\_ DATE 5/14/90

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

F



26258

MIT NO.

91-097869

## DEVELOPMENT PERMIT

FOR: Fence, Wall, Retaining Wall

LOG NO. &amp; AREA

M-1113

DATE

2-15-91

CONST. VAL. \$

420

ADDRESS OF  
CONSTRUCTION

6948 TEN OAKS AVE

OWNER

PAT. J. Ambra Wilde

PHONE

254-8739

CONTRACTOR

P.J. Wilde Owner

STATE  
LICENSE NO.CITY  
LICENSE NO.

LOT(S)

40

BLOCK

5

SUBDIVISION

Chun Rainbow 9D

ZONE

R-1

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

ENGINEER

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|                                     | DESCRIPTION             | TOTAL LIN FT | TOTAL SQ FT |
|-------------------------------------|-------------------------|--------------|-------------|
| <input checked="" type="checkbox"/> | CHAIN LINK OR WIRE MESH | 70           | 280         |
| <input type="checkbox"/>            | ORNAMENTAL IRON         |              |             |
| <input type="checkbox"/>            | WOOD                    |              |             |
| <input type="checkbox"/>            | MASONRY                 |              |             |
| <input type="checkbox"/>            | RETAINING               |              |             |

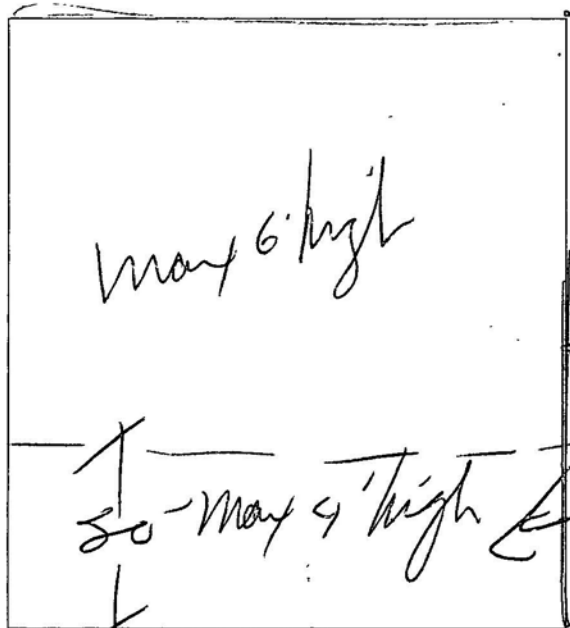
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5. Department Inspectors must approve footings before concrete is poured and block wall reinforcing before grouting is done.
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7. I must not obstruct required onsite parking space (2 spaces for each dwelling unit) by the erection of this fence or wall.
8. By the signing of this application I herewith agree to the requirements outlined above

FOR INSPECTIONS, CALL 799-2071



SIGNED

CONTRACTOR - AGENT / OWNER

PLANNING DEPT

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

BUILDING DEPT

PLAN  
REVIEW  
FEEPERMIT  
FEE  
2310-2401TOTAL  
FEES

## RECEIPT

\*\*0006\*\*

WALL 12.00

CASH 12.00

9230A000 14:44

02/15/91

2/15/91

2/15/91

2/15/91

1200

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-151158

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

71

## BUILDING PERMIT

FOR: Single Family Dwelling, Remodel  
Additions, Misc. Residential ConstructionLOG NO. & AREA M-4399 DATE 11/1/92 CONST. VAL. \$ 378.00ADDRESS OF CONSTRUCTION 6948 TEN OAKS AVE OWNER PAT WILDE PHONE 254 8739LOT(s) 40 BLOCK 5 SUBDIVISION Chun Lantow 9D ZONE R-1PROPOSED CONSTRUCTION 7' X 16' PATIO COVER USE \_\_\_\_\_THIS PERMIT FOR \_\_\_\_\_ BLDG. ☐ A/C ☐ ELEC ☐ PLBG ☐ OTHER PERMITS REQD: FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT \_\_\_\_\_ 1ST \_\_\_\_\_ 2ND \_\_\_\_\_ GARAGE \_\_\_\_\_ PORCH \_\_\_\_\_ TOTAL 126 ☒CONTRACTOR SUNSHIELD AWNINGS STATE LICENSE NO. 26124 CITY LICENSE NO. 25375

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

MASTER PLUMBER/  
CONTRACTOR \_\_\_\_\_ MASTER ELECTRICIAN/  
CONTRACTOR \_\_\_\_\_

## OTHER INSPECTIONS AND FEES

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## CONDITIONS OF THE PERMIT:

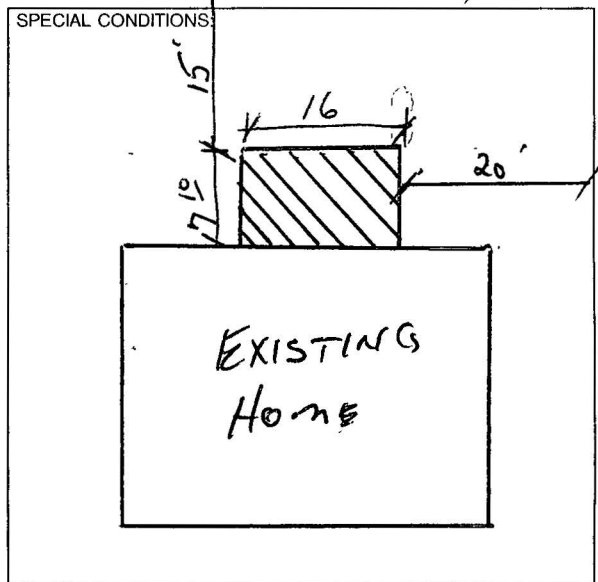
1. I agree to call the City Building Department for inspections before concrete is poured, before rough wiring, electrical, plumbing, framing is covered. Also for air conditioning, drywall and sheathing inspection.
2. I agree that when the job is completed that I will call for final inspection before 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 Harold E. Kusner \_\_\_\_\_  
AGENT

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

## SPECIAL CONDITIONS:



ICB 0 4244 P

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

[Signature] 7/1/92

PLANNING DEPT

DATE

[Signature] 7/1/92

BUILDING DEPT

DATE

| 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                    | 6.50  |     |
| VENTILATION FAN                      | 2.35  |     |
| 2310 - 2435                          | TOTAL |     |

## ELECTRICAL

## FEE

|                                               |       |
|-----------------------------------------------|-------|
| RECEPTACLE _____ SWITCH _____                 | 40    |
| EACH LIGHT FIXTURE OR SOCKET _____            | 30    |
| SPECIAL OUTLET, APPLIANCE ETC _____           | 70    |
| SERVICE/PANEL - SUB/3 00-200A/6 00-400A/12 50 |       |
| A.C UNIT OR MOTORS _____                      | 3 00  |
| 2310 - 2432                                   | TOTAL |
| MISC.                                         |       |

07/01/92

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

13.00

RECEIPT  
MUST BE MACHINE VALIDATED  
SFD 13.00  
CHEK 13.00  
8673A000 09:51

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work