

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

55 103111

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-236DATE 3/11/93CONST. VAL. \$ 97,210.00ADDRESS OF CONSTRUCTION 2101 White Birch LNOWNER Schulman Cherry Creek PHONE 363-0714LOT(s) 19 BLOCK 3 SUBDIVISION Cherry Creek-Summerlin ZONE PROPOSED CONSTRUCTION Residential USE Single FamilyTHIS PERMIT FOR BLDG. ☒ A/C ☐ ELEC. ☐ PLBG. ☐ OTHER PERMITS REQD.. FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT  1ST 1872 2ND 1525 GARAGE 638 PORCH 54 TOTAL 4089CONTRACTOR Schulman Dev Corp of NV STATE LICENSE NO 21573 CITY LICENSE NO CL-022082-03263ARCHITECT Energetics ENGINEER ChurchMASTER PLUMBER/CONTRACTOR Hoff Plumbing MASTER ELECTRICIAN/CONTRACTOR Time

## 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 Elizabeth L. Weger Schulman Dev. Corp.

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.

Kurt Nash 4/5/93  
LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER DATE4/7/93  
DATE4/2/93  
DATE

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.

ZONE 29-

2310 - 2431 PLAN REVIEW 10-

2310 - 2401 BLDG PERMIT 574-

7143 - 2973 SEWER CONNECTION 1100-

6122 - 3352 TORTOISE 4200-

- 2897 P.I.F.

88100-1232 TRANSPORT 500-

TOTAL FEES 2213-

## RECEIPT

MUST BE MACHINE VALIDATED

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

53 10 336

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

PLUMBING PERMIT

PLAN CHECK NO. P-236 DATE \_\_\_\_\_ CONST. VAL. \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION 2101 White Birch Lane OWNER James D. Dew PHONE 386-9613CONTRACTOR ATI Plumbing STATE LICENSE NO. 23612 CITY LICENSE NO. 2-02-9053LOT(s) 14 BLOCK 3 SUBDIVISION Cherry Brook ZONE: \_\_\_\_\_PROPOSED CONSTRUCTION Complete for a new water heater 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                                                                       | 15 50   | 15.50 |
|                                  | For Issuing Each Supplemental Permit                                                          | 5 20    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                               |         |       |
| 12                               | Bathtub, Shower, Lavatory, Toilet, Urinal                                                     | EA 2.25 | 27.00 |
| 2                                | Floor Drain, Floor Sink, Wash Tray, Sink                                                      | EA 2.25 | 4.50  |
| 3                                | Garbage Disposal, Clothes Washer, Dishwasher (residential)                                    | EA 2.25 | 6.75  |
|                                  | Garbage Disposal (commercial)                                                                 | EA 8.90 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                                                       | EA 2.25 |       |
|                                  | Clothes Dryer (gas) (venting)                                                                 | 2.25    |       |
|                                  | Dental Unit                                                                                   | 8.90    |       |
|                                  | Drinking Fountain                                                                             | 2.25    |       |
| 1                                | Refrigerator - Ice Maker, Water Dispenser                                                     | 2.25    | 2.25  |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                           | EA 2.25 |       |
| 1                                | Hot Water Heater (Gas or Electric)                                                            | 2.25    | 2.25  |
| <b>SEWER SYSTEM</b>              |                                                                                               |         |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                                          | 11 05   | 11.05 |
|                                  | Grease or Sand Trap or Interceptor                                                            | 2.25    |       |
|                                  | Trailer Trap (rental parks)                                                                   | 5 50    |       |
| <b>WATER SOFTENERS</b>           |                                                                                               |         |       |
|                                  | Non Permanent Type (rental)                                                                   | 2.25    |       |
| 1                                | Permanent Type (connected to drain)                                                           | 2.25    | 2.25  |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                               |         |       |
| 1                                | Single Family Dwelling                                                                        | 6.70    | 6.70  |
|                                  | Multi-Family Dwelling                                                                         | 6.70    |       |
|                                  | Plus Each Dwelling Unit                                                                       | 3.40    |       |
|                                  | Commercial Building per floor                                                                 | 3.40    |       |
|                                  | Plus Each Unit (leased space or office)                                                       | 2.25    |       |
|                                  | Hotel or Motel                                                                                | 8.90    |       |
|                                  | Plus Each Unit                                                                                | 3.40    |       |
|                                  | Trailer Park                                                                                  | 33 00   |       |
|                                  | Plus Each Space                                                                               | 2.25    |       |
|                                  | Irrigation Single Family Dwelling                                                             | 8.90    |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation _____ |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                          | FEE            | TOTAL |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                      |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                               | 6.70           | 6.70  |
|                                   | Multi-Family Dwelling                                                                                                                                                                                                | 11.05          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                       | 2.25           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                      | 6.70           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                              | 6.70           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                  | 13.30          |       |
| 6                                 | Each Gas Appliance (Any Type)                                                                                                                                                                                        | 2.25           | 13.50 |
|                                   | Steam Boilers                                                                                                                                                                                                        | 5.80           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                      |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                        | 5.80           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                 | 5.80           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                      |                |       |
|                                   | For Onsite Sewer, Gas or Water Contract Value. Fee based on Building Code Permit Valuation Chart.                                                                                                                    |                |       |
| <b>OTHER INSPECTION AND FEES:</b> |                                                                                                                                                                                                                      |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                            | 40.00 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 \$40.00 per each inspection during business hours | 40.00 each     |       |
|                                   | Additional plan review required by changes. Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 40.00 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

RECEIPT

FIXTURES \_\_\_\_\_ X \_\_\_\_\_

FEE \_\_\_\_\_

2310-2403  
PERMIT  
FEE \_\_\_\_\_TOTAL  
FEES \_\_\_\_\_

98.45

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

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

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 specified or not.

SIGNED ATI Plumbing #130 CONTRACTOR MASTER CARD NO. \_\_\_\_\_

BY Keith N... Registered Master Plumber Spec. Contr. or Owner

BUILDING DEPT. DATE 4/23/12

PRESS HARD YOU ARE MAKING 5 COPIES

## CITY OF LAS VEGAS, NEVADA

ELECTRICAL PERMIT

DEPARTMENT OF BUILDING AND SAFETY: PHONE 229-6251  
FOR INSPECTIONS: CALL 229-2071

PERMIT NO. 93-187155

PLAN CHECK NO. P-286 DATE MAY 14, 1993 CONST. VAL. \$

ADDRESS OF CONSTRUCTION 2101 WHITEBIRCH LN. OWNER SCHULMAN DEVELOPMENT

CONTRACTOR TIME ELECTRIC INC. STATE LICENSE NO. 020824-A CITY LICENSE NO. 023572

JOHN HINKELL (PRINT NAME OF MASTER ELECTRICIAN) LOT 19/3 PLAN 5 MASTER CARD NO. 180 CONTRACTOR PHONE 739-8554

PROPOSED CONTRACTOR

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                                                                                                                                                                                                                                | 15.50 | 15.50 |
|                                                                                                                           | Supplemental Fee                                                                                                                                                                                                                                       | 5.20  | 0.00  |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                        |       |       |
| <b>Residential or General Commercial</b>                                                                                  |                                                                                                                                                                                                                                                        |       |       |
| 107                                                                                                                       | Receptacle Switch 46                                                                                                                                                                                                                                   | 50    | 53.50 |
| 36                                                                                                                        | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                               | 40    | 4.40  |
| 7                                                                                                                         | EACH OUTLET FOR SPECIAL PURPOSE Dishwasher, Garbage Grinder, Trash Compactor, GFI, Clothes Washer, Dryer, Electric Range, Ovens, Water Heater, Space Heater, Blast Coil Heater, (PER K W), Mercury Lamp, Quartz Lamp, Sodium Lamp, 20 AMP Sign Circuit | 80    | 5.60  |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                             | 11.05 | 0.00  |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                      | 8.60  | 0.00  |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                            | 3.40  | 0.00  |
| <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                                                                                                                                                                                                                        | 3.40  | 0.00  |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                                | 3.40  | 0.00  |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                              | 60    | 0.00  |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                               | 45    | 0.00  |
|                                                                                                                           | Temporary Power or Pole                                                                                                                                                                                                                                | 6.70  | 0.00  |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                        |       |       |
| 1                                                                                                                         | Up to 225 AMP                                                                                                                                                                                                                                          | 6.70  | 6.70  |
|                                                                                                                           | 400 AMP And 600 AMP                                                                                                                                                                                                                                    | 13.85 | 0.00  |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                               | 27.65 | 0.00  |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                          | 55.25 | 0.00  |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                           | 60    | 0.00  |
|                                                                                                                           | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                              | 3.40  | 0.00  |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                            | 22.00 |       |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                            | 33.00 | 0.00  |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                   | 8.90  | 0.00  |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                     | 3.40  | 0.00  |
| 0.00                                                                                                                      |                                                                                                                                                                                                                                                        |       |       |

| UNITS                                                                     | DESCRIPTION                                                                                                                                                           | FEE            | TOTAL |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                           | Busways-Trolley or Plug-in (Ea 100 Ft)                                                                                                                                | 3.40           |       |
|                                                                           | Gas Pumps, Dispensers (Each)                                                                                                                                          | 3.40           | 0.00  |
| 1                                                                         | Permanent A/C Unit (5 Tons or Less)                                                                                                                                   | 3.40           | 3.40  |
| 1                                                                         | Each Air Handler                                                                                                                                                      | 1.15           | 1.15  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                              |                                                                                                                                                                       |                |       |
|                                                                           | Speaker Outlets (Each)                                                                                                                                                | 40             | 0.00  |
|                                                                           | Signal or Alarm Outlets (Each)                                                                                                                                        | 40             | 0.00  |
|                                                                           | Amplifiers                                                                                                                                                            | 2.80           | 0.00  |
| 3                                                                         | Control Panel                                                                                                                                                         | 60             | 1.20  |
| 3                                                                         | TV Master System                                                                                                                                                      | 40             | 1.20  |
|                                                                           | Telephone or Computer Outlet                                                                                                                                          | 40             |       |
|                                                                           | Wiring                                                                                                                                                                | 10.00          |       |
| <b>OTHER INSPECTIONS AND FEES: INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                       |                |       |
|                                                                           | Inspections outside of normal business hours (minimum charge — three hours)                                                                                           | 40.00 per hour |       |
|                                                                           | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code — \$40.00 EACH                                                                   | 40.00 each     |       |
|                                                                           | Inspections for which no fee is specifically indicated (minimum charge — one hour)                                                                                    | 40.00 per hour |       |
|                                                                           | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — one hour) After work hours — \$40.00 per hour — minimum 1 hour | 40.00 per hour |       |
|                                                                           | Starter Permit                                                                                                                                                        | 52.00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                             |                                                                                                                                                                       |                |       |
|                                                                           | Commercial — Burglar Alarms                                                                                                                                           |                |       |
|                                                                           | — Music Systems                                                                                                                                                       |                |       |
|                                                                           | — Data Processing                                                                                                                                                     |                |       |
|                                                                           | — Communication                                                                                                                                                       |                |       |
|                                                                           | Conduit Only — Contract Price                                                                                                                                         |                |       |
|                                                                           | All Misc. Electric                                                                                                                                                    |                |       |

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

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

RECEIPT

# 2310-2432

PERMIT FEE

LESS STARTER PERMIT

TOTAL FEES \$102.65

PERMIT NO.

MUST BE MACHINE VALIDATED

SIGNED HOMEOWNER, CONTRACTOR

BUILDING DEPT

DATE

Permit Expires 180 Days After Abandonment of Work

310-020-3/93

93-189323

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

## AIR CONDITIONING PERMIT

PLAN CHECK NO. P-236 DATE 4-21-93 CONST. VAL. \$ \_\_\_\_\_

ADDRESS OF CONSTRUCTION 2101 White Birch Lane OWNER Schulman PHONE 367-6064

CONTRACTOR Interstate Plumbing & Mech. STATE LICENSE NO. 28743 CITY LICENSE NO. 011-037833

LOT(s) 19 BLOCK 3 SUBDIVISION Cherry Creek ZONE \_\_\_\_\_

PROPOSED CONSTRUCTION \_\_\_\_\_ USE \_\_\_\_\_

## PROPOSED CONSTRUCTION

USE:

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                               | FEE   | TOTAL |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                           |       |       |
| 1                        | For the issuance of each permit                                                                                                                                                                                                                           | 15 50 | 15.50 |
|                          | For issuing each supplemental permit.                                                                                                                                                                                                                     | 5 20  |       |
| <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                                                                          | 10.00 |       |
|                          | 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                                                                                          | 12 20 |       |
|                          | For the installation or relocation of each floor furnace, including vent.                                                                                                                                                                                 | 10.00 |       |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater.                                                                                                                                           | 10.00 |       |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit.                                                                                                                                 | 5 20  |       |
|                          | 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 | 10 00 |       |
| 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                                                                                                     | 10 00 | 10.00 |
| 1                        | 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                                                                        | 18 20 | 18.20 |
|                          | 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                                                                      | 24.95 |       |
|                          | 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.                                                               | 37 00 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h                                                                                                                | 61 90 |       |

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 |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------|
|                                    | 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 | 7 20                                      |       |
|                                    | For each air-handling unit over 10,000 cfm                                                                                                                                                                                                                                                                                                 | 12 20                                     |       |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                      | 7 20                                      |       |
|                                    | For each ventilation fan                                                                                                                                                                                                                                                                                                                   | COMMERCIAL<br>5 20<br>RESIDENTIAL<br>2 65 |       |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit                                                                                                                                                                                                                        | 7.20                                      |       |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                                | 7.20                                      |       |
|                                    | For each fire damper installed in an existing system                                                                                                                                                                                                                                                                                       | 5 20                                      |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                            |                                           |       |
|                                    | Inspections outside of normal business hours (minimum charge — three hours )                                                                                                                                                                                                                                                               | 40 00<br>per hour                         |       |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code                                                                                                                                                                                                                                                       | 40 00<br>each                             |       |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one hour)                                                                                                                                                                                                                                                         | 40 00<br>per hour                         |       |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours)                                                                                                                                                                                                                          | 40 00<br>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                                                                                                                                                                         | 7 20                                      |       |

**OTHER INSPECTIONS AND FEES:**

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 Annette Lawler CONTRACTOR MASTER CARD NO. \_\_\_\_\_  
BY Interstate Plumbing & Mech. SPEC. CONT'Y OR OWNER \_\_\_\_\_  
KRJ 6/4/73  
BUILDING DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT  
FEE

TOTAL FEES 43.70

MUST BE MACHINE VALIDATED

### Permit Expires 180 Days After Abandonment of Work

PRESS HARD YOU ARE MAKING 5 COPIES

## CITY OF LAS VEGAS, NEVADA

PLUMBING PERMIT

DEPARTMENT OF BUILDING AND SAFETY: PHONE 229-6251  
FOR INSPECTIONS: CALL 229-2071

PERMIT NO. 93-196564

PLAN CHECK NO. P-236 DATE 8-3-93 CONST. VAL. \$ADDRESS OF CONSTRUCTION 2101 WHITE BIRCH LN. OWNER SCHULMAN DEVELOPMENTS PHONE 737-1440CONTRACTOR SUN CITY LANDSCAPES, INC STATE LICENSE NO. 32080 CITY LICENSE NO. C11-3890LOT(S) 19 BLOCK 3 SUBDIVISION CHERRY CREEK ZONEPROPOSED CONSTRUCTION IRRIGATION 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                                                | 15.50 | 15.50 |
|                                  | For Issuing Each Supplemental Permit                                   | 5.20  |       |
| <b>FIXTURE CHARGE</b>            |                                                                        |       |       |
|                                  | Bathtub, Shower, Lavatory, Toilet, Urinal EA                           | 2.25  |       |
|                                  | Floor Drain, Floor Sink, Wash Tray, Sink EA                            | 2.25  |       |
|                                  | Garbage Disposal, Clothes Washer, Dishwasher (residential) EA          | 2.25  |       |
|                                  | Garbage Disposal (commercial) EA                                       | 8.90  |       |
|                                  | Clothes Washer, Dishwasher (commercial) EA                             | 2.25  |       |
|                                  | Clothes Dryer (gas) (venting)                                          | 2.25  |       |
|                                  | Dental Unit                                                            | 8.90  |       |
|                                  | Drinking Fountain                                                      | 2.25  |       |
|                                  | Refrigerator — Ice Maker, Water Dispenser                              | 2.25  |       |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers EA | 2.25  |       |
|                                  | Hot Water Heater (Gas or Electric)                                     | 2.25  |       |
| <b>SEWER SYSTEM</b>              |                                                                        |       |       |
|                                  | New, Replacement, Modification, or Any Drainage Work                   | 11.05 |       |
|                                  | Grease or Sand Trap or Interceptor                                     | 2.25  |       |
|                                  | Trailer Trap (rental parks)                                            | 5.50  |       |
| <b>WATER SOFTENERS</b>           |                                                                        |       |       |
|                                  | Non Permanent Type (rental)                                            | 2.25  |       |
|                                  | Permanent Type (connected to drain)                                    | 2.25  |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                        |       |       |
|                                  | Single Family Dwelling                                                 | 6.70  |       |
|                                  | Multi-Family Dwelling                                                  | 6.70  |       |
|                                  | Plus Each Dwelling Unit                                                | 3.40  |       |
|                                  | Commercial Building per floor                                          | 3.40  |       |
|                                  | Plus Each Unit (leased space or office)                                | 2.25  |       |
|                                  | Hotel or Motel                                                         | 8.90  |       |
|                                  | Plus Each Unit                                                         | 3.40  |       |
|                                  | Trailer Park                                                           | 33.00 |       |
|                                  | Plus Each Space                                                        | 2.25  |       |
| 1                                | Irrigation Single Family Dwelling                                      | 8.90  | 8.90  |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart       |       |       |
|                                  | Construction Valuation                                                 |       |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                          | FEE            | TOTAL |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                      |                |       |
|                                   | Single Family Dwelling                                                                                                                                                                                               | 6.70           |       |
|                                   | Multi-Family Dwelling                                                                                                                                                                                                | 11.05          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                       | 2.25           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                      | 6.70           |       |
|                                   | Plus Each Unit (leased space of office)                                                                                                                                                                              | 6.70           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                  | 13.30          |       |
|                                   | Each Gas Appliance (Any Type)                                                                                                                                                                                        | 2.25           |       |
|                                   | Steam Boilers                                                                                                                                                                                                        | 5.80           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                      |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                        | 5.80           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                 | 5.80           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                      |                |       |
|                                   | For Onsite Sewer, Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTION AND FEES:</b> |                                                                                                                                                                                                                      |                |       |
|                                   | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                                                          | 40.00 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 \$40.00 per each inspection during business hours | 40.00 each     |       |
|                                   | Additional plan review required by changes. Additions to or revisions to approved plans (minimum charge two hours).                                                                                                  | 40.00 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                                                                                                                                                                                               |                |       |

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 RICHARD A. LUCHTERHANDT CONTRACTOR MASTER CARD NO.

BY Billy Registered Master Plumber Spec. Cont'r. or Owner

BUILDING DEPT

2310-024-5/93

FOR INSPECTIONS  
CALL 229-2071SEWER #7114-3654  
CONNECTIONFIXTURES XFEE 8.902310-2403  
PERMIT  
FEE 15.50TOTAL  
FEES 24.40

RECEIPT

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

Permit Expires 180 Days After Abandonment of Work

|                   |                             |                           |
|-------------------|-----------------------------|---------------------------|
| PART I<br>GENERAL | PART II<br>AREAS<br>RELATED | PART III<br>CERTIFICATION |
|-------------------|-----------------------------|---------------------------|

**SIC - 303**

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR



119890

PERMIT NO.

93-183111

## BUILDING PERMIT

FOR: Single Family Dwelling, Remodel  
Additions, Misc. Residential ConstructionPLAN CHECK NO. P-236DATE 3/11/93CONST. VAL. \$ 97,210.00ADDRESS OF CONSTRUCTION 2101 White Birch LNOWNER Schulman Cherry Creek PHONE 363-0714LOT(s) 19 BLOCK 3SUBDIVISION Cherry Creek Summerlin ZONE PROPOSED CONSTRUCTION ResidentialUSE Single FamilyTHIS PERMIT FOR BLDG. ☒ A/C ☐ ELEC. ☐ PLBG. ☐OTHER PERMITS REQD.: FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT  1ST 1872 2ND 1525 GARAGE 638 PORCH 54 TOTAL 4089CONTRACTOR Schulman Dev Corp of NV STATE LICENSE NO. 21573CITY LICENSE NO. CI-022082 03268ARCHITECT Energetic ENGINEER ChurchMASTER PLUMBER/CONTRACTOR H & H Plumbing MASTER ELECTRICIAN/CONTRACTOR Time

## 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 Stephen A. Vigen Schulman Dev. Corp.

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

PLANNING DEPT.

BUILDING DEPT.

| 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.                                             |       |

## ZONE

29-

2310 - 2431 PLAN REVIEW

10-

2310 - 2401 BLDG. PERMIT

574-

7143 - 2973 SEWER CONNECTION

1100-

6122 - 3352 TORTOISE

4200

- 2897 PIF

88100-1232 TRANSPORT

500-

## TOTAL FEES

2213-

## SPECIAL CONDITIONS:

## RECEIPT

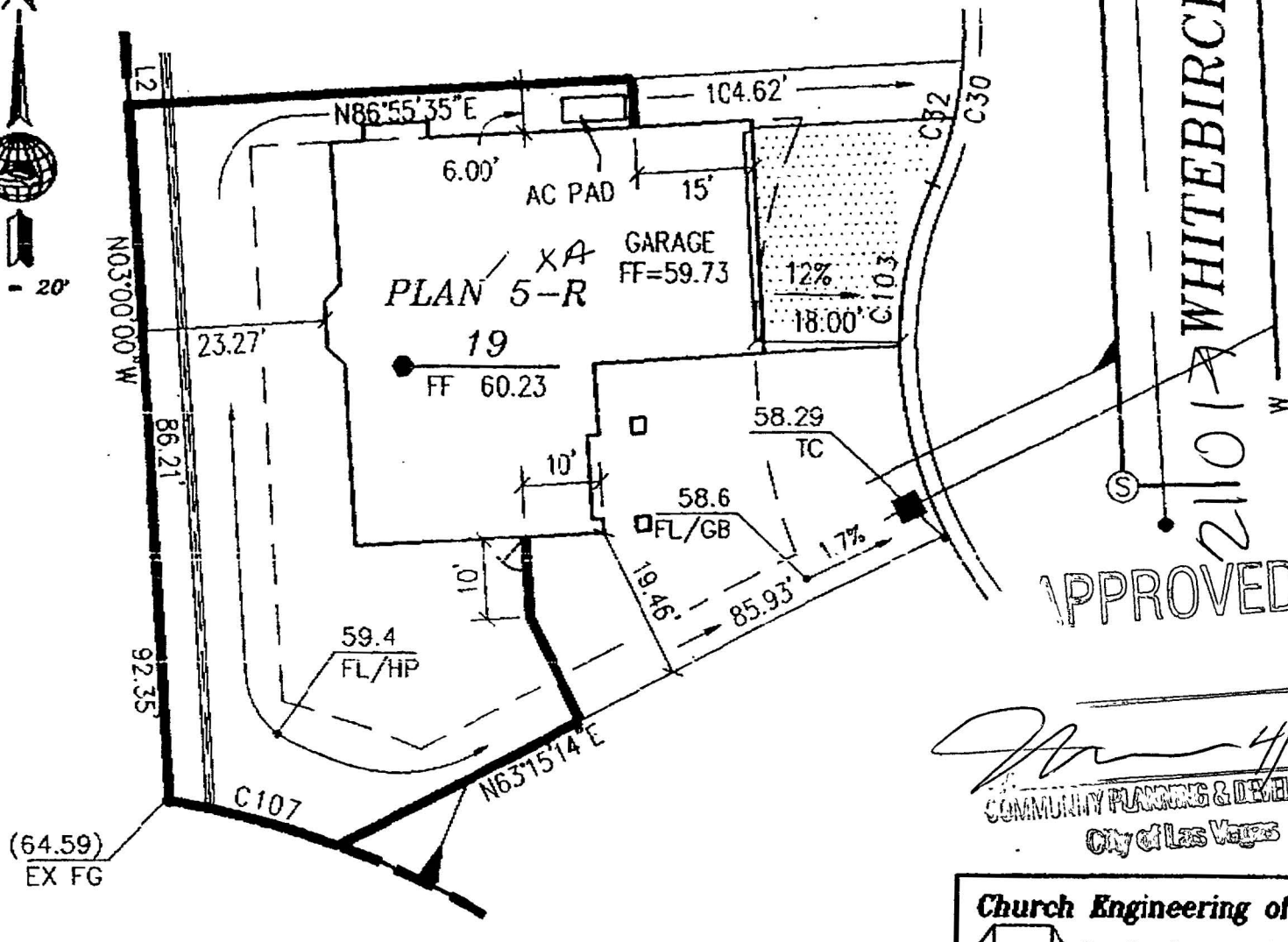
MUST BE MACHINE VALIDATED

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

# MINIMUM SETBACKS

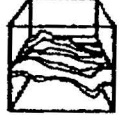
|                      |     |
|----------------------|-----|
| SIDE:                | 6'  |
| SIDE ON CORNER:      | 15' |
| REAR:                | 15' |
| FRONT W/O SIDEWALK:  |     |
| to GARAGE DOOR FACE: | 18' |
| FRONT WITH SIDEWALK: |     |
| to GARAGE DOOR FACE: | 22' |



APPROVED

*[Signature]* 4/7/93  
COMMUNITY PLANNING & DEVELOPMENT  
City of Las Vegas

**Church Engineering of Nevada, Inc.**

 Consulting Engineers 6800 W. Charleston Blvd.  
Planners Suite 140  
Surveyors Las Vegas, Nv. 89102  
(702) 878-6244

|                                |                  |           |              |                  |             |              |
|--------------------------------|------------------|-----------|--------------|------------------|-------------|--------------|
| PLOT PLAN<br>LOT 19<br>BLOCK 3 | JOB NO. 7104.510 | DRAWN MHG | DATE 3/24/93 | SHEET NO. 1 OF 1 | CHECKED KEK | SCALE 1"=20' |
|                                |                  |           |              |                  |             |              |

Cherry Creek

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

PERMIT NO.

93-184226

PLUMBING PERMIT



120362

PLAN CHECK NO. P-236

DATE

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION2101 White Birch Lane

OWNER

Schulman Dev-

PHONE

386-9013

CONTRACTOR

N+N Plumbing

STATE

LICENSE NO.

23019

CITY

LICENSE NO.

2-02-9053

LOT(s)

19

BLOCK

3

SUBDIVISION

Cherry Creek

ZONE:

PROPOSED CONSTRUCTION:

Complete plumbing installation

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                                                                 | 15.50    | 15.50 |
|                                  | For Issuing Each Supplemental Permit                                                    | 5.20     |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |          |       |
| 12                               | Bathtub, Shower, Lavatory, Toilet, Urinal                                               | EA. 2.25 | 27.00 |
| 2                                | Floor Drain, Floor Sink, Wash Tray, Sink                                                | EA. 2.25 | 22.50 |
| 3                                | Garbage Disposal, Clothes Washer, Dishwasher (residential)                              | EA 2.25  | 6.75  |
|                                  | Garbage Disposal (commercial)                                                           | EA. 8.90 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                                                 | EA 2.25  |       |
|                                  | Clothes Dryer (gas) (venting)                                                           | 2.25     |       |
|                                  | Dental Unit                                                                             | 8.90     |       |
|                                  | Drinking Fountain                                                                       | 2.25     |       |
| 1                                | Refrigerator - Ice Maker, Water Dispenser                                               | 2.25     | 2.25  |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                     | EA 2.25  |       |
| 1                                | Hot Water Heater (Gas or Electric)                                                      | 2.25     | 2.25  |
| <b>SEWER SYSTEM</b>              |                                                                                         |          |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                                    | 11.05    | 11.05 |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2.25     |       |
|                                  | Trailer Trap (rental parks)                                                             | 5.50     |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |          |       |
|                                  | Non Permanent Type (rental)                                                             | 2.25     |       |
| 1                                | Permanent Type (connected to drain)                                                     | 2.25     | 2.25  |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |          |       |
| 1                                | Single Family Dwelling                                                                  | 6.70     | 6.70  |
|                                  | Multi-Family Dwelling                                                                   | 6.70     |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3.40     |       |
|                                  | Commercial Building per floor                                                           | 3.40     |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2.25     |       |
|                                  | Hotel or Motel                                                                          | 8.90     |       |
|                                  | Plus Each Unit                                                                          | 3.40     |       |
|                                  | Trailer Park                                                                            | 33.00    |       |
|                                  | Plus Each Space                                                                         | 2.25     |       |
|                                  | Irrigation Single Family Dwelling                                                       | 8.90     |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation |          |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                           | FEE            | TOTAL |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                       |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                                | 6.70           | 6.70  |
|                                   | Multi-Family Dwelling                                                                                                                                                                                                 | 11.05          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                        | 2.25           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                       | 6.70           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                               | 6.70           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                   | 13.30          |       |
| 6                                 | Each Gas Appliance (Any Type)                                                                                                                                                                                         | 2.25           | 13.50 |
|                                   | Steam Boilers                                                                                                                                                                                                         | 5.80           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                       |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                         | 5.80           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                  | 5.80           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                       |                |       |
|                                   | For Onsite Sewer, Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                       |                |       |
| <b>OTHER INSPECTION AND FEES:</b> |                                                                                                                                                                                                                       |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                             | 40.00 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 \$40.00 per each inspection during business hours. | 40.00 each     |       |
|                                   | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                     | 40.00 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

RECEIPT

FIXTURES X

FEE

2310-2403  
PERMIT  
FEETOTAL  
FEES98.45

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

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 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

PRE



121918

PIES

ELECTRICAL PERMIT

DEPARTMENT OF BUILDING AND SAFETY: PHONE 229-6251  
FOR INSPECTIONS: CALL 229-2071

PERMIT NO. 93-187155

PLAN CHECK NO. P-286 DATE MAY 14, 1993 CONST. VAL. \$

ADDRESS OF CONSTRUCTION 2101 WHITEBIRCH LN. OWNER SCHULMAN DEVELOPMENT

CONTRACTOR TIME ELECTRIC INC. STATE LICENSE NO. 020824-A CITY LICENSE NO. 023572

JOHN HINKELL  
(PRINT NAME OF MASTER ELECTRICIAN) LOT 19/3 PLAN 5 MASTER CARD NO. 180 CONTRACTOR PHONE 739-8554

PROPOSED CONTRACTOR

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 |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1     | PERMIT ISSUANCE                                                                                                                                                                                                                                             |       |       |
|       | For Issuing Each Permit                                                                                                                                                                                                                                     | 15.50 | 15.50 |
|       | Supplemental Fee                                                                                                                                                                                                                                            | 5.20  | 0.00  |
|       | APPLIANCE CHARGE                                                                                                                                                                                                                                            |       |       |
|       | Residential or General Commercial                                                                                                                                                                                                                           |       |       |
| 107   | Receptacle Switch 46                                                                                                                                                                                                                                        | 50    | 53.50 |
| 36    | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                    | 40    | 14.40 |
| 7     | 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, 20 AMP Sign Circuit | 80    | 5.60  |
|       | X-Ray Unit                                                                                                                                                                                                                                                  | 11.05 | 0.00  |
|       | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                           | 8.60  | 0.00  |
|       | Each Additional 1,000 Watts                                                                                                                                                                                                                                 | 3.40  | 0.00  |
|       | MOTORS (1H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)                                                                                                                                           |       | 0.00  |
|       | First H.P. or Ton For Each Unit                                                                                                                                                                                                                             | 3.40  | 0.00  |
|       | First KVA For Each Unit                                                                                                                                                                                                                                     | 3.40  | 0.00  |
|       | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                   | .60   | 0.00  |
|       | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                    | .45   | 0.00  |
|       | Temporary Power or Pole                                                                                                                                                                                                                                     | 6.70  | 0.00  |
|       | ELECTRIC SERVICE OR MAIN DISCONNECT                                                                                                                                                                                                                         |       |       |
| 1     | Up to 225 AMP                                                                                                                                                                                                                                               | 6.70  | 6.70  |
|       | 400 AMP And 600 AMP                                                                                                                                                                                                                                         | 13.85 | 0.00  |
|       | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                    | 27.65 | 0.00  |
|       | Over 1200 AMP                                                                                                                                                                                                                                               | 55.25 | 0.00  |
|       | Each Additional Meter Socket                                                                                                                                                                                                                                | .60   | 0.00  |
|       | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                   | 3.40  | 0.00  |
|       | Swimming Pool (Residential)                                                                                                                                                                                                                                 | 22.00 | 0.00  |
|       | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                 | 33.00 | 0.00  |
|       | Spas                                                                                                                                                                                                                                                        | 8.90  | 0.00  |
|       | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                          | 3.40  | 0.00  |
|       |                                                                                                                                                                                                                                                             |       | 0.00  |

| UNITS | DESCRIPTION                                                                                                                                                            | FEE            | TOTAL |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|       | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                               | 3.40           |       |
|       | Gas Pumps, Dispensers (Each)                                                                                                                                           | 3.40           | 0.00  |
| 1     | Permanent A/C Unit (5 Tons or Less)                                                                                                                                    | 3.40           | 3.40  |
| 1     | Each Air Handler                                                                                                                                                       | 1.15           | 1.15  |
|       | RESIDENTIAL LOW VOLTAGE INSTALLATIONS                                                                                                                                  |                |       |
|       | Speaker Outlets (Each)                                                                                                                                                 | .40            | 0.00  |
|       | Signal or Alarm Outlets (Each)                                                                                                                                         | .40            | 0.00  |
|       | Amplifiers                                                                                                                                                             | 2.80           | 0.00  |
| 3     | Control Panel                                                                                                                                                          | .60            | 1.20  |
| 3     | TV Master System                                                                                                                                                       | .40            | 1.20  |
|       | Telephone or Computer Outlet                                                                                                                                           | .40            |       |
|       | Wiring                                                                                                                                                                 | 10.00          |       |
|       | OTHER INSPECTIONS AND FEES:<br>INCLUDES ISSUANCE FEES WHEN APPLICABLE                                                                                                  |                |       |
|       | Inspections outside of normal business hours (minimum charge — three hours)                                                                                            | 40.00 per hour |       |
|       | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code — \$40.00 EACH.                                                                   | 40.00 each     |       |
|       | Inspections for which no fee is specifically indicated (minimum charge — one hour).                                                                                    | 40.00 per hour |       |
|       | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — one hour). After work hours — \$40.00 per hour — minimum 1 hour | 40.00 per hour |       |
|       | Starter Permit                                                                                                                                                         | 52.00          |       |
|       | CONTRACT PRICE OR COST OF INSTALLATION                                                                                                                                 |                |       |
|       | 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.

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.

# 2310-2432

PERMIT  
FEELESS  
STARTER PERMITTOTAL \$102.65  
FEES

SIGNED HOMEOWNER, CONTRACTOR

BUILDING DEPT

DATE

Permit Expires 180 Days After Abandonment of Work

PERMIT NO.  
MUST BE MACHINE VALIDATED

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

93-189323

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

125004

71

AIR CONDITIONING PERMIT

PLAN CHECK NO. P-236 DATE 1-2-93 CONST. VAL. \$ADDRESS OF CONSTRUCTION 2101 White Birch Lane OWNER Schulman PHONE 367-6064CONTRACTOR Interstate Plumbing & Mech. STATE LICENSE NO. 28743 CITY LICENSE NO. CI-037833LOT(s) 19 BLOCK 3 SUBDIVISION Cherry Creek ZONE:

PROPOSED CONSTRUCTION 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                                                                                                                                                                                                                           | 15 50 | 15.50 |
|                          | For issuing each supplemental permit                                                                                                                                                                                                                      | 5 20  |       |
| <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.                                                                         | 10 00 |       |
|                          | 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.                                                                                         | 12 20 |       |
|                          | For the installation or relocation of each floor furnace, including vent.                                                                                                                                                                                 | 10 00 |       |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater                                                                                                                                            | 10 00 |       |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit                                                                                                                                  | 5 20  |       |
|                          | 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 | 10 00 |       |
| 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                                                                                                     | 10 00 | 10.00 |
| 1                        | 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                                                                        | 18.20 | 18.20 |
|                          | 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                                                                      | 24.95 |       |
|                          | 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                                                                | 37 00 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h.                                                                                                               | 61.90 |       |

| 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. | 7 20                                      |       |
|                                    | For each air-handling unit over 10,000 cfm                                                                                                                                                                                                                                                                                                  | 12 20                                     |       |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                       | 7 20                                      |       |
|                                    | For each ventilation fan                                                                                                                                                                                                                                                                                                                    | COMMERCIAL<br>5 20<br>RESIDENTIAL<br>2 65 |       |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit                                                                                                                                                                                                                         | 7 20                                      |       |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                                 | 7 20                                      |       |
|                                    | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                       | 5 20                                      |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                             |                                           |       |
|                                    | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                                                                                                                                                                                 | 40 00 per hour                            |       |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code                                                                                                                                                                                                                                                        | 40 00 each                                |       |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one hour)                                                                                                                                                                                                                                                          | 40 00 per hour                            |       |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours)                                                                                                                                                                                                                           | 40 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                                                                                                                                                                          | 7.20                                      |       |

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 Interstate Plumbing & Mech. CONTRACTOR MASTER CARD NO.  
BY KRJ SPECIAL CONT'R. OR OWNER  
BUILDING DEPT. DATE 6/4/93

PERMIT  
FEETOTAL  
FEES 43.70

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>7</b>                                                                                                                                                                                                                                                                                                            | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">93-123111</div>         | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">26</div>                    |
| <b>JOB ADDRESS</b><br><div style="display: flex; justify-content: space-between;"> <span>2101 WHITEBIRCH LA</span> <span>119890</span> </div>                                                                                                                                                                       |                                                                                                                            |                                                                                                                                    |
| <b>LOT NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">19</div>                                                                                                                                                                                                               | <b>BLOCK NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div>                     | <b>SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">CHERRY CREEK SUMMERLIN</div> |
| <b>FIRE DEPT. MAP NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2215-48</div>                                                                                                                                                                                               | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">363-0714</div>              | <b>CALL-IN DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">04/14/93</div>                   |
|                                                                                                                                                                                                                                                                                                                     |                                                                                                                            | <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">12:33</div>                      |
| <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">04/15/93</div>                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                                    |
| <b>INSPECTOR NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">73/59</div>                                                                                                                                                                                                       | <b>INSPECTOR NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">ELDEN SEVERIN/BG</div> |                                                                                                                                    |
| <b>INSPECTION REQUESTED</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">FOOTING, LAYOUT, REBAR, ZONING (101)</div>                                                                                                                                                                |                                                                                                                            |                                                                                                                                    |
| <p>PROPERTY LINE &amp; SETBACKS VERIFIED BY: <i>For</i></p> <p><i>Winters</i></p>                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                                    |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> PARTIAL INSPECTION             </div> <div style="width: 30%;"> <input type="checkbox"/> PARTIAL APPROVAL (P)             </div> <div style="width: 35%;"> <b>PARTIAL DESCRIPTION</b> </div> </div> |                                                                                                                            |                                                                                                                                    |
| <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"/> REFEE (F)                                                                                                                                                                                                                                                                                  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                         |                                                                                                                                    |
| <b>INSPECTOR SIGNATURE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>B. Jones</i> 41593         </div>                                                                                                                                                                      |                                                                                                                            | <b>INSPECTION DATE</b>                                                                                                             |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                                                                                                                                                                                                    |                                                                                                                            |                                                                                                                                    |
| BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only)                                                                                                                                                                              |                                                                                                                            |                                                                                                                                    |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                                                                                                                                                  |                                                                                                                            |                                                                                                                                    |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">229-6769</div>                                                                                                                                                                                                                           |                                                                                                                            |                                                                                                                                    |

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

|                                     |                                   |                  |                      |               |
|-------------------------------------|-----------------------------------|------------------|----------------------|---------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER                  | 93-154226        | INSPECTION<br>NUMBER | 3             |
| JOB ADDRESS                         |                                   |                  |                      |               |
| 2101 UNITED IRON CA                 |                                   |                  | 120362               |               |
| LOT NO                              | BLOCK NO.                         | SUBDIVISION NAME |                      |               |
| 19                                  | 3                                 | CHERRY CREEK     |                      |               |
| FIRE DEPT MAP NO                    | JOB PHONE                         | CALL-IN DATE     | CALL-IN TIME         | SCHEDULE DATE |
| 2215-48                             | 363-9518                          | 04/26/93         | 08:11                | 04/27/93      |
| INSPECTOR NO.                       | INSPECTOR NAME                    |                  |                      |               |
| 75981                               | ELDEN SEVERIN                     |                  |                      |               |
| INSPECTION<br>REQUESTED             | BUILDING SEWER (YARD LINES) (405) |                  |                      |               |

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

|                                                                                                                                   |                                                                                                                                        |                                          |                                                            |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <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>[Signature]</i>                                                                                                                     |                                          | INSPECTION DATE                                            |                                      |
|                                                                                                                                   |                                                                                                                                        | 4/27/93                                  |                                                            |                                      |
| <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 |                                                                                                                                        |                                          |                                                            | 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><br><div style="font-size: 1.2em; font-weight: bold;">93-184226</div> | <b>INSPECTION NUMBER</b><br><div style="font-size: 1.2em; font-weight: bold;">2</div>           |
| <b>JOB ADDRESS</b><br><div style="font-size: 1.2em; font-weight: bold;">2101 WHITEBIRCH LA 120362</div>         |                                                                                           |                                                                                                 |
| <b>LOT NO.</b><br><div style="font-size: 1.2em; font-weight: bold;">19</div>                                    | <b>BLOCK NO</b><br><div style="font-size: 1.2em; font-weight: bold;">3</div>              | <b>SUBDIVISION NAME</b><br><div style="font-size: 1.2em; font-weight: bold;">CHERRY CREEK</div> |
| <b>FIRE DEPT. MAP NO.</b><br><div style="font-size: 1.2em; font-weight: bold;">2215-48</div>                    | <b>JOB PHONE</b><br><div style="font-size: 1.2em; font-weight: bold;">363-9518</div>      | <b>CALL-IN DATE</b><br><div style="font-size: 1.2em; font-weight: bold;">06/26/93</div>         |
|                                                                                                                 |                                                                                           | <b>CALL-IN TIME</b><br><div style="font-size: 1.2em; font-weight: bold;">08:11</div>            |
| <b>SCHEDULE DATE</b><br><div style="font-size: 1.2em; font-weight: bold;">04/27/93</div>                        |                                                                                           |                                                                                                 |
| <b>INSPECTOR NO.</b><br><div style="font-size: 1.2em; font-weight: bold;">7159161</div>                         |                                                                                           |                                                                                                 |
| <b>INSPECTOR NAME</b><br><div style="font-size: 1.2em; font-weight: bold;">ELDEN SEVERIN <i>BS</i></div>        |                                                                                           |                                                                                                 |
| <b>INSPECTION REQUESTED</b><br><div style="font-size: 1.2em; font-weight: bold;">UNDERSLAB PLUMBING (407)</div> |                                                                                           |                                                                                                 |

|                                                                                                                                        |                                                                                                                                                  |                                                                                              |                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                             | <b>PARTIAL DESCRIPTION</b>                                                                   |                                                                  |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                    | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                 | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - 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><div style="font-size: 1.5em; font-family: cursive;">E. Severin</div>                                    |                                                                                                                                                  | <b>INSPECTION DATE</b><br><div style="font-size: 1.5em; font-family: cursive;">4/27/93</div> |                                                                  |
| <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> |                                                                                                                                                  |                                                                                              | <div style="font-size: 1.2em; font-weight: bold;">229-6769</div> |

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

|                                       |                       |                                 |                                            |                           |
|---------------------------------------|-----------------------|---------------------------------|--------------------------------------------|---------------------------|
| <input checked="" type="checkbox"/>   | PERMIT<br>NUMBER      | 93-183111                       | INSPECTION<br>NUMBER                       | 1                         |
| JOB ADDRESS 2101 WHITEBIRCH LA 119890 |                       |                                 |                                            |                           |
| LOT NO<br>19                          |                       | BLOCK NO.<br>3                  | SUBDIVISION NAME<br>CHERRY CREEK SUMMER LN |                           |
| FIRE DEPT MAP NO<br>2215-48           | JOB PHONE<br>363-9518 | CALL-IN DATE<br>05/06/93        | CALL-IN TIME<br>15:04                      | SCHEDULE DATE<br>05/10/93 |
| INSPECTOR NO.<br>73/59                |                       | INSPECTOR NAME<br>ELDEN SEVERIN |                                            |                           |
| INSPECTION<br>REQUESTED               |                       | PRE-SLAB (105)                  |                                            |                           |

PROPERTY LINE &amp; SETBACKS VERIFIED BY:

Need to stamp permit

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <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>                                                                                                                 |                                                                                                                                        | 5 10 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 type="checkbox"/>                                                                                                               | <b>PERMIT NUMBER</b><br><span style="font-size: 1.5em;">93183111</span> | <b>INSPECTION NUMBER</b><br><span style="font-size: 1.5em;">3</span>                                                                               |                                              |                                                                |
| <b>JOB ADDRESS</b><br><span style="font-size: 1.2em;">2101 White Birch</span>                                                          |                                                                         |                                                                                                                                                    |                                              |                                                                |
| <b>LOT NO.</b>                                                                                                                         |                                                                         | <b>BLOCK NO.</b>                                                                                                                                   |                                              | <b>SUBDIVISION NAME</b>                                        |
| <b>FIRE DEPT MAP NO.</b>                                                                                                               |                                                                         | <b>JOB PHONE</b>                                                                                                                                   | <b>CALL-IN DATE</b>                          | <b>CALL-IN TIME</b>                                            |
| <b>SCHEDULE DATE</b>                                                                                                                   |                                                                         |                                                                                                                                                    |                                              |                                                                |
| <b>INSPECTOR NO.</b><br><span style="font-size: 1.5em;">759</span>                                                                     |                                                                         | <b>INSPECTOR NAME</b><br><span style="font-size: 1.5em;">BZ</span>                                                                                 |                                              |                                                                |
| <b>INSPECTION REQUESTED</b><br><span style="font-size: 1.5em;">(105) Pre Slab</span>                                                   |                                                                         |                                                                                                                                                    |                                              |                                                                |
| <span style="font-size: 2em;">Rg</span><br><span style="font-size: 1.5em;">No HD = installed</span>                                    |                                                                         |                                                                                                                                                    |                                              |                                                                |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     |                                                                         | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               |                                              | <b>PARTIAL DESCRIPTION</b>                                     |
| <input 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 checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                                |                                                                         | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |                                              |                                                                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              |                                                                         | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTOR SIGNATURE</b><br><span style="font-size: 1.5em;">BZ 5693</span>                                                           |                                                                         | <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> |                                                                         |                                                                                                                                                    |                                              |                                                                |

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                                 | 93183111                                                                                                                               | INSPECTION<br>NUMBER                                       | 1231                                        |
| JOB ADDRESS: 2101 White Birch                                                                                                      |                                                  |                                                                                                                                        |                                                            |                                             |
| LOT NO.<br>191                                                                                                                     |                                                  | BLOCK NO.                                                                                                                              | SUBDIVISION NAME                                           |                                             |
| FIRE DEPT MAP NO.                                                                                                                  | JOB PHONE                                        | CALL-IN DATE                                                                                                                           | CALL-IN TIME                                               | SCHEDULE DATE<br>6/16/93                    |
| INSPECTOR NO.<br>TB 59                                                                                                             |                                                  | INSPECTOR NAME<br>Beats                                                                                                                |                                                            |                                             |
| INSPECTION<br>REQUESTED                                                                                                            |                                                  | 109 shear                                                                                                                              |                                                            |                                             |
|                                                                                                                                    |                                                  |                                                                                                                                        |                                                            |                                             |
| <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                                                                                                             |                                                  | Beats 6.16.93                                                                                                                          |                                                            | 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 |                                                  |                                                                                                                                        |                                                            | ➤                                           |

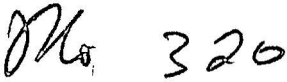
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

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

|                                                                                                                                    |                                                                                                                                      |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/>                                                                                                           | PERMIT<br>NUMBER                                                                                                                     | 93183111                                 | INSPECTION<br>NUMBER                                       | 2                                           |
| JOB ADDRESS * 2101 White Birch                                                                                                     |                                                                                                                                      |                                          |                                                            |                                             |
| LOT NO.<br>19                                                                                                                      |                                                                                                                                      | BLOCK NO.                                | SUBDIVISION NAME                                           |                                             |
| FIRE DEPT. MAP NO.                                                                                                                 |                                                                                                                                      | JOB PHONE                                | CALL-IN DATE                                               | CALL-IN TIME                                |
|                                                                                                                                    |                                                                                                                                      |                                          |                                                            | SCHEDULE DATE<br>61693                      |
| INSPECTOR NO.<br>59                                                                                                                |                                                                                                                                      | INSPECTOR NAME<br>B Gates                |                                                            |                                             |
| INSPECTION<br>REQUESTED                                                                                                            |                                                                                                                                      | 107 RF Sheath                            |                                                            |                                             |
|                                                                                                                                    |                                                                                                                                      |                                          |                                                            |                                             |
| <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                                                                                                             | B Gates 61693                                                                                                                        |                                          |                                                            | 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 |                                                                                                                                      |                                          |                                                            |                                             |

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>                                                                                                                               | 93-133111                                    | <b>APPLICATION NUMBER</b>                                      | 119890-3                                        |
| <b>JOB ADDRESS</b>                                                                                                                     |                                                                                                                                                    |                                              | <b>INSPECTION NUMBER</b>                                       |                                                 |
| 2101 WHITEBIRCH LA                                                                                                                     |                                                                                                                                                    |                                              | 38                                                             |                                                 |
| <b>LOT/BLOCK</b>                                                                                                                       |                                                                                                                                                    | <b>RECORDED SUBDIVISION NAME</b>             |                                                                |                                                 |
| 19 3                                                                                                                                   |                                                                                                                                                    | CHERRY CREEK SUMMERLIN                       |                                                                |                                                 |
| <b>FIRE DEPT. MAP NO</b>                                                                                                               | <b>JOB PHONE</b>                                                                                                                                   | <b>CALL-IN DATE</b>                          | <b>CALL-IN TIME</b>                                            | <b>SCHEDULE DATE</b>                            |
| 2215-48                                                                                                                                | 363-9518                                                                                                                                           | 06/16/93                                     | 14:33                                                          | 06/17/93                                        |
| <b>INSPECTOR NAME</b>                                                                                                                  |                                                                                                                                                    | <b>MARKETING/BUSINESS NAME</b>               |                                                                |                                                 |
| <del>DOB GATES</del> - 504                                                                                                             |                                                                                                                                                    |                                              |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                            |                                                                                                                                                    | <b>FRAMING (120)</b>                         |                                                                |                                                 |
|                                                       |                                                                                                                                                    |                                              |                                                                |                                                 |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                 |
| <input 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 checked="" 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</b>                                                                                                |                                              |                                                                |                                                 |
| 3RD FLOOR - 400 E. STEWART STREET.                                                                                                     |                                                                                                                                                    |                                              |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                                                                                                    |                                              | <b>INSPECTION DATE</b>                                         |                                                 |
| <i>R. Schmechel</i>                                                                                                                    |                                                                                                                                                    |                                              | 6-17-93                                                        |                                                 |
| <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>229-6765</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                                                                                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|---------------------------------------------|-----------------------------------------------|----------------------------|--|--|--------------------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|---------------------------------------|--|-----------------------------------------|--|--|------------------------------------|--|-------------------------------------------------------------------------------|--|------------------------------------------|
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>PERMIT NUMBER</b>                          | 93-139323                                                                                                                           | <b>APPLICATION NUMBER</b>                               | 125004-1                                 |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| <b>JOB ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                                                                                                                     | <b>INSPECTION NUMBER</b>                                |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| 2101 WHITEBIRCH LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                                                                                                                     | 9                                                       |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| <b>LOT/BLOCK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | <b>RECORDED SUBDIVISION NAME</b>                                                                                                    |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| 19 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               | CHERRY CREEK                                                                                                                        |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>JOB PHONE</b>                              | <b>CALL-IN DATE</b>                                                                                                                 | <b>CALL-IN TIME</b>                                     | <b>SCHEDULE DATE</b>                     |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| 2215-48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 363-9518                                      | 06/17/93                                                                                                                            | 11:22                                                   | 06/18/93                                 |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| <b>INSPECTOR/NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | <b>MARKETING/BUSINESS NAME</b>                                                                                                      |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| ELDEN SEVERIN - 73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                                                                                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | ROUGH MECHANICAL (320)                                                                                                              |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| <p>(GIVE to # 59, HIS TERRITORY)</p> <p>- Blk AC cans. etc.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                                                                                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| <table border="1"> <tr> <td><input type="checkbox"/> PARTIAL INSPECTION</td> <td><input type="checkbox"/> PARTIAL APPROVAL (P)</td> <td colspan="3"><b>PARTIAL DESCRIPTION</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> APPROVED (A)</td> <td><input type="checkbox"/> STOP WORK (S)</td> <td><input type="checkbox"/> COMMENTS (C)</td> <td><input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL</td> <td><input type="checkbox"/> HOLD (H)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> REJECTED (R)</td> <td colspan="3">REINSPECTION REQUIRED - CALL * 229-2071</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> REFEE (F)</td> <td colspan="2">REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR/400 E. STEWART STREET.</td> <td><input type="checkbox"/> PERMIT REQUIRED</td> </tr> </table> |                                               |                                                                                                                                     |                                                         |                                          | <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"/> REFEE (F) |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR/400 E. STEWART STREET. |  | <input type="checkbox"/> PERMIT REQUIRED |
| <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"/> 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>                                                                                                              |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| B. J. [Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | 6 18 93 6.18.93                                                                                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |
| <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                                 |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                       |  |                                         |  |  |                                    |  |                                                                               |  |                                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                        |                           |                         |              |
|----------------------------------------|---------------------------|-------------------------|--------------|
| <input type="checkbox"/> PERMIT NUMBER | 93-183111                 | APPLICATION NUMBER      | 119890-3     |
| JOB ADDRESS                            |                           | INSPECTION NUMBER       |              |
| 2101 WHITEBIRCH LA                     |                           | 24                      |              |
| LOT/BLOCK                              | RECORDED SUBDIVISION NAME |                         |              |
| 19 3                                   | CHERRY CREEK SUMMERLIN    |                         |              |
| FIRE DEPT. MAP NO.                     | JOB PHONE                 | CALL-IN DATE            | CALL-IN TIME |
| 2215-48                                | 363-9518                  | 06/17/93                | 11:23        |
| SCHEDULE DATE                          |                           | 06/18/93                |              |
| INSPECTOR/NAME                         |                           | MARKETING/BUSINESS NAME |              |
| BOB GATES - 59                         |                           |                         |              |
| INSPECTION REQUESTED                   | FRAPING (120)             |                         |              |

- stuff flr/clg'ing penetrations  
- blk short ends on AC cans

App'd Subject N

AW @ insul

|                                                                                                                                 |                                                                                                                                     |                                          |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                         |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C)    | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
| <input type="checkbox"/> REJECTED (R)                                                                                           | <input type="checkbox"/> REINSPECTION REQUIRED - CALL * 229-2071                                                                    | <input type="checkbox"/> HOLD (H)        |                                                         |
| <input type="checkbox"/> REFEE (F)                                                                                              | <input type="checkbox"/> REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                            | <input type="checkbox"/> PERMIT REQUIRED |                                                         |
| INSPECTOR SIGNATURE                                                                                                             | B/Gates 6 18 93                                                                                                                     |                                          | INSPECTION DATE                                         |
| <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 |                                                                                                                                     |                                          | 229-6765                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                        |                                                                                                                                     |                                                                                                                                             |                                                                                                                     |                                                                                                                   |                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>D</b>                                                                                                                                               | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">93-183111</div>                  | <b>APPLICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">119890-3</div>                      |                                                                                                                     |                                                                                                                   |                                                                                                             |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2101 WHITE Birch LA</div>                             |                                                                                                                                     |                                                                                                                                             |                                                                                                                     | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>    |                                                                                                             |
| <b>LOT/BLOCK</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">19 B</div>                                              |                                                                                                                                     | <b>RECORDED SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">CHERRY CREEK SUMMERLIN</div> |                                                                                                                     |                                                                                                                   |                                                                                                             |
| <b>FIRE DEPT MAP NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2215-48</div>                                    | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">363-9518</div>                       | <b>CALL-IN-DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">06/23/93</div>                            | <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">08:31</div>       | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">06/24/93</div> |                                                                                                             |
| <b>INSPECTOR/NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">BOB GATES - 59</div>                               |                                                                                                                                     |                                                                                                                                             | <b>MARKETING/BUSINESS NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                   |                                                                                                             |
| <b>INSPECTION REQUESTED</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">INSULATION (1231)</div>                      |                                                                                                                                     |                                                                                                                                             |                                                                                                                     |                                                                                                                   |                                                                                                             |
| <div style="font-size: 2em; opacity: 0.5; position: absolute; top: 10%; left: 10%;">             (Faint handwritten notes and stamps)           </div> |                                                                                                                                     |                                                                                                                                             |                                                                                                                     |                                                                                                                   |                                                                                                             |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                | <b>PARTIAL DESCRIPTION</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                             |                                                                                                                     |                                                                                                                   |                                                                                                             |
| <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> REINSPECTION REQUIRED - CALL * 229-2071                                                                   |                                                                                                                                     |                                                                                                                                             | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                     |                                                                                                                   |                                                                                                             |
| <input type="checkbox"/> <b>REFEE (F)</b> REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET.                               |                                                                                                                                     |                                                                                                                                             |                                                                                                                     |                                                                                                                   |                                                                                                             |
| <b>INSPECTOR SIGNATURE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                       | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">06/24/93</div>                 |                                                                                                                                             |                                                                                                                     |                                                                                                                   |                                                                                                             |
| <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                          |                                                                                                                                     |                                                                                                                                             |                                                                                                                     |                                                                                                                   | <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">229-6765</div> |

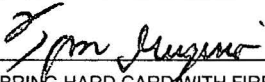
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

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

|                                                                                                                                 |                                                                                                                                     |                                                 |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>                                                                        | 93-184226                                                                                                                           | <b>APPLICATION NUMBER</b>                       | 120362-7                                                       |
| <b>JOB ADDRESS</b><br>2101 WHITEBIRCH LA                                                                                        |                                                                                                                                     | <b>INSPECTION NUMBER</b><br>35                  |                                                                |
| <b>LOT/BLOCK</b><br>19-3                                                                                                        | <b>RECORDED SUBDIVISION NAME</b><br>CHERRY CREEK                                                                                    |                                                 |                                                                |
| <b>FIRE DEPT MAP NO.</b><br>2215-48                                                                                             | <b>JOB PHONE</b><br>363-9518                                                                                                        | <b>CALL-IN-DATE</b><br>06/16/93                 | <b>CALL-IN TIME</b><br>14:31                                   |
| <b>INSPECTOR/NAME</b><br>ELDEN SEVERIN - 73                                                                                     |                                                                                                                                     | <b>SCHEDULE DATE</b><br>06/17/93                |                                                                |
| <b>MARKETING/BUSINESS NAME</b>                                                                                                  |                                                                                                                                     |                                                 |                                                                |
| <b>INSPECTION REQUESTED</b>                                                                                                     | TOP OUT-WATER, GAS, WASTE (420)                                                                                                     |                                                 |                                                                |
| 420 approved                                                                                                                    |                                                                                                                                     |                                                 |                                                                |
| <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>HOLD (H)</b>        |                                                                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                       | <input type="checkbox"/> <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>                                                                                                      | <i>Tom Juzima</i>                                                                                                                   | <b>INSPECTION DATE</b><br>6-17-93               |                                                                |
| <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                                                       |

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> | 93-189323                                                                                                                              | <b>APPLICATION<br/>NUMBER</b>            |                                                            | 125004-1                                    |
| JOB ADDRESS                                                                                                                        |                          |                                                                                                                                        |                                          | INSPECTION NUMBER                                          |                                             |
| 2101 WHITEBIRCH LA                                                                                                                 |                          | 36                                                                                                                                     |                                          |                                                            |                                             |
| LOT/BLOCK                                                                                                                          |                          | RECORDED SUBDIVISION NAME                                                                                                              |                                          |                                                            |                                             |
| 19 3                                                                                                                               |                          | CHERRY CREEK                                                                                                                           |                                          |                                                            |                                             |
| FIRE DEPT MAP NO                                                                                                                   |                          | JOB PHONE                                                                                                                              | CALL-IN-DATE                             | CALL-IN TIME                                               | SCHEDULE DATE                               |
| 2215-48                                                                                                                            |                          | 363-9518                                                                                                                               | 06/16/93                                 | 14:32                                                      | 06/17/93                                    |
| INSPECTOR/NAME                                                                                                                     |                          |                                                                                                                                        | MARKETING/BUSINESS NAME                  |                                                            |                                             |
| ELDEN SEVERIN - 73                                                                                                                 |                          |                                                                                                                                        |                                          |                                                            |                                             |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                          | ROUGH MECHANICAL (320)                                                                                                                 |                                          |                                                            |                                             |
| <p>the supply air duct is restricted</p> <p>Strap the supply air triangle boxes</p>                                                |                          |                                                                                                                                        |                                          |                                                            |                                             |
| <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.                                                     |                                          |                                                            |                                             |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                     |                          |                                                     |                                          | <b>INSPECTION DATE</b>                                     |                                             |
|                                                                                                                                    |                          |                                                                                                                                        |                                          | 6-17-93                                                    |                                             |
| <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.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                |                                        |                                                                                                                                     |                                                         |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                            | PERMIT NUMBER                          | 93-183111                                                                                                                           | APPLICATION NUMBER                                      | 119890-3                          |
| JOB ADDRESS                                                                                                                                                                                                    |                                        |                                                                                                                                     | INSPECTION NUMBER                                       |                                   |
| 2101 WHITEBIRCH LN                                                                                                                                                                                             |                                        |                                                                                                                                     | 19                                                      |                                   |
| LOT/BLOCK                                                                                                                                                                                                      |                                        | RECORDED SUBDIVISION NAME                                                                                                           |                                                         |                                   |
| 19 3                                                                                                                                                                                                           |                                        | CHERRY CREEK SUMMERLIN                                                                                                              |                                                         |                                   |
| FIRE DEPT MAP NO                                                                                                                                                                                               | JOB PHONE                              | CALL-IN-DATE                                                                                                                        | CALL-IN TIME                                            | SCHEDULE DATE                     |
| 2215-48                                                                                                                                                                                                        | 363-9518                               | 06/14/93                                                                                                                            | 09:57                                                   | 06/15/93                          |
| INSPECTOR/NAME                                                                                                                                                                                                 |                                        | MARKETING/BUSINESS NAME                                                                                                             |                                                         |                                   |
| ELDEN SEVERIN - 73                                                                                                                                                                                             |                                        |                                                                                                                                     |                                                         |                                   |
| INSPECTION REQUESTED                                                                                                                                                                                           |                                        | SHEAR (109)                                                                                                                         |                                                         |                                   |
| <p>INSTALL ALL AA PROPERTY &amp; SHEAR WALLS.</p> <p>N + S WALL OF ACROSS ROOM SHOWN TO BE</p> <p>PLYWOOD SHEAR, ALSO EAST POP OUT AREAS IN</p> <p>WINDOW TO BE SHEARED, WITH 4 1/2" X 1/2" STRAPS.</p>        |                                        |                                                                                                                                     |                                                         |                                   |
| <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"/> REJECTED (R) REINSPECTION REQUIRED - CALL * 229-2071<br><input type="checkbox"/> REFEE (F) REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                        |                                                                                                                                     | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| INSPECTOR SIGNATURE                                                                                                                                                                                            |                                        | INSPECTION DATE                                                                                                                     |                                                         |                                   |
|                                                                                                                             |                                        | 6/15/93                                                                                                                             |                                                         |                                   |
| <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

|                                                                                                                                 |                           |                                                                                                                                     |                           |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>PERMIT NUMBER</b> 93-183111                                                                                                  |                           | <b>APPLICATION NUMBER</b> 119890-3                                                                                                  |                           |
| <b>JOB ADDRESS</b> 2101 WHITEBIRCH LN                                                                                           |                           | <b>INSPECTION NUMBER</b> 18                                                                                                         |                           |
| <b>LOT/BLOCK</b> 19.3                                                                                                           |                           | <b>RECORDED SUBDIVISION NAME</b> CHERRY CREEK SUMMERLIN                                                                             |                           |
| <b>FIRE DEPT. MAP NO.</b> 2215-48                                                                                               | <b>JOB PHONE</b> 363-9518 | <b>CALL-IN DATE</b> 06/14/93                                                                                                        | <b>CALL-IN TIME</b> 09:56 |
| <b>SCHEDULE DATE</b> 06/15/93                                                                                                   |                           |                                                                                                                                     |                           |
| <b>INSPECTOR/NAME</b> ELDEN SEVERIN - 73                                                                                        |                           | <b>MARKETING/BUSINESS NAME</b>                                                                                                      |                           |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                           | ROOF SHEATHING (107)                                                                                                                |                           |
| <p>INSTALL TRUSS BRACING ON PROPP WEAS IN FLOOR TRUSSES</p>                                                                     |                           |                                                                                                                                     |                           |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |                           | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                           |
| <input type="checkbox"/> APPROVED (A)                                                                                           |                           | <input type="checkbox"/> STOP WORK (S)                                                                                              |                           |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                |                           | <input type="checkbox"/> COMMENTS (C)                                                                                               |                           |
| <input type="checkbox"/> REFEE (F)                                                                                              |                           | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL                                                                             |                           |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                        |                           | <input type="checkbox"/> HOLD (H)                                                                                                   |                           |
| <b>INSPECTOR SIGNATURE</b> <i>[Signature]</i>                                                                                   |                           | <b>INSPECTION DATE</b> 6/15/93                                                                                                      |                           |
| <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 type="checkbox"/>        | <b>PERMIT<br/>NUMBER</b> | 93-134226                        | <b>APPLICATION<br/>NUMBER</b> | 120362-7             |
| <b>JOB ADDRESS</b>              |                          |                                  | <b>INSPECTION NUMBER</b>      |                      |
| 2101 WHITEBIRCH LA              |                          |                                  | 27                            |                      |
| <b>LOT/BLOCK</b>                |                          | <b>RECORDED SUBDIVISION NAME</b> |                               |                      |
| 19 3                            |                          | CHERRY CREEK                     |                               |                      |
| <b>FIRE DEPT MAP NO.</b>        | <b>JOB PHONE</b>         | <b>CALL-IN-DATE</b>              | <b>CALL-IN TIME</b>           | <b>SCHEDULE DATE</b> |
| 2215-48                         | 363-9518                 | 07/26/93                         | 14:39                         | 07/27/93             |
| <b>INSPECTOR/NAME</b>           |                          | <b>MARKETING/BUSINESS NAME</b>   |                               |                      |
| BOB GATES - 59                  |                          |                                  |                               |                      |
| <b>INSPECTION<br/>REQUESTED</b> |                          | FINAL GAS TEST (423)             |                               |                      |

30 D 27880

|                                                                                                                                   |                                                          |                                                                                                                                        |                                                                    |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| <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>                                                                                      |                                                          | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                                                    | <input type="checkbox"/> <b>PERMIT<br/>REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                         |                                                          | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR, 400 E. STEWART STREET                                                       |                                                                    |                                                     |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                    |                                                          | 7 27 93                                                                                                                                |                                                                    | <b>INSPECTION DATE</b>                              |
| <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 |                                                          |                                                                                                                                        |                                                                    | 229-6765                                            |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                             |                      |                                  |                           |                          |
|-----------------------------|----------------------|----------------------------------|---------------------------|--------------------------|
| <b>1</b>                    | <b>PERMIT NUMBER</b> | <b>93-187155</b>                 | <b>APPLICATION NUMBER</b> | <b>121918-9</b>          |
| <b>JOB ADDRESS:</b>         |                      |                                  |                           | <b>INSPECTION NUMBER</b> |
| <b>2101 WHITEBIRCH LA</b>   |                      |                                  |                           | <b>26</b>                |
| <b>LOT/BLOCK</b>            |                      | <b>RECORDED SUBDIVISION NAME</b> |                           |                          |
| <b>19 3</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>2215-48</b>              | <b>363-9518</b>      | <b>07/26/93</b>                  | <b>14:38</b>              | <b>07/27/93</b>          |
| <b>INSPECTOR/NAME</b>       |                      | <b>MARKETING/BUSINESS NAME</b>   |                           |                          |
| <b>BOB GATES - 59</b>       |                      |                                  |                           |                          |
| <b>INSPECTION REQUESTED</b> |                      | <b>ELEC METER TAG (133)</b>      |                           |                          |

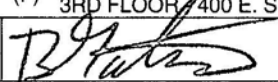
30D 52498

|                                                                                                                                        |                                                      |                                                                                                                                                    |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <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. Gates 7 27 93                                                                                                                                   |                                                                | <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>229-6765</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                             |                      |                                   |                           |                      |
|-----------------------------|----------------------|-----------------------------------|---------------------------|----------------------|
| <b>M</b>                    | <b>PERMIT NUMBER</b> | 93-183111                         | <b>APPLICATION NUMBER</b> | 119899-3             |
| <b>JOB ADDRESS</b>          |                      |                                   | <b>INSPECTION NUMBER</b>  |                      |
| 2101 WHITEBIRCH LA          |                      |                                   | 2                         |                      |
| <b>LOT/BLOCK</b>            |                      | <b>RECORDED SUBDIVISION NAME</b>  |                           |                      |
| 19 3                        |                      | CHERRY CREEK SUMMERLIN            |                           |                      |
| <b>FIRE DEPT MAP NO</b>     | <b>JOB PHONE</b>     | <b>CALL-IN-DATE</b>               | <b>CALL-IN TIME</b>       | <b>SCHEDULE DATE</b> |
| 2215-48                     | 363-9518             | 06/30/93                          | 06:38                     | 07/01/93             |
| <b>INSPECTOR/NAME</b>       |                      | <b>MARKETING/BUSINESS NAME</b>    |                           |                      |
| BOB GATES - 59              |                      |                                   |                           |                      |
| <b>INSPECTION REQUESTED</b> |                      | <b>EXTERIOR LATH/STUCCO (129)</b> |                           |                      |

|                                                                                                                               |                                                                                     |                                                                                                                                     |                                                         |                                          |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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"/> 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>                                  |                                          |
| <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 |                                                                                     |                                                                                                                                     |                                                         | ▶ 229-6765                               |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                      |                                                                                                                    |                                                                                                                                             |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>M</b>                                                                                                                             | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">93-153111</div> | <b>APPLICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">119990-3</div>                      |                                                                                                               |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2101 WHITEBIRCH LA</div>            |                                                                                                                    | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div>                             |                                                                                                               |
| <b>LOT/BLOCK</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">19 3</div>                            |                                                                                                                    | <b>RECORDED SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">CHERRY CREEK SUMMERLIN</div> |                                                                                                               |
| <b>FIRE DEPT MAP NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2215-48</div>                 | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">363-9518</div>      | <b>CALL-IN DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">06/25/93</div>                            | <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">14:24</div> |
| <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">06/28/93</div>                    |                                                                                                                    |                                                                                                                                             |                                                                                                               |
| <b>INSPECTOR/NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">BOB GATES - 59</div>             |                                                                                                                    | <b>MARKETING/BUSINESS NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                         |                                                                                                               |
| <b>INSPECTION REQUESTED</b> <span style="border: 1px solid black; padding: 2px; display: inline-block;">DRYHALL NAILING (125)</span> |                                                                                                                    |                                                                                                                                             |                                                                                                               |

- Finish Nailing 7" SW

Apv'd Subject A

|                                                                                                                                        |                                                                                                                                                   |                                                                                                                    |                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                              | <b>PARTIAL DESCRIPTION</b><br><div style="height: 40px;"></div>                                                    |                                                                                                              |
| <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> <span style="font-family: cursive; font-size: 1.2em;">[Signature]</span>                                    |                                                                                                                                                   | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">6.28.93</div> |                                                                                                              |
| <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> |                                                                                                                                                   |                                                                                                                    | <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">229-6765</div> |

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> | <b>93-183111</b>                  | <b>APPLICATION NUMBER</b>      | <b>119890-3</b>     |
| <b>JOB ADDRESS</b>                                       |                                   | <b>INSPECTION NUMBER</b>       |                     |
| <b>2101 WHITEBIRCH LA</b>                                |                                   | <b>4</b>                       |                     |
| <b>LOT/BLOCK</b>                                         | <b>RECORDED SUBDIVISION NAME</b>  |                                |                     |
| <b>19 3</b>                                              | <b>CHERRY CREEK SUMMERLIN</b>     |                                |                     |
| <b>FIRE DEPT. MAP NO.</b>                                | <b>JOB PHONE</b>                  | <b>CALL-IN-DATE</b>            | <b>CALL-IN TIME</b> |
| <b>2215-48</b>                                           | <b>363-9518</b>                   | <b>06/28/93</b>                | <b>07:36</b>        |
| <b>SCHEDULE DATE</b>                                     |                                   | <b>06/29/93</b>                |                     |
| <b>INSPECTOR/NAME</b>                                    |                                   | <b>MARKETING/BUSINESS NAME</b> |                     |
| <b>BOB GATES - 59</b>                                    |                                   |                                |                     |
| <b>INSPECTION REQUESTED</b>                              | <b>EXTERIOR LATH/STUCCO (129)</b> |                                |                     |

*Rej N/Rdy*

|                                                                                                                                        |                                                                                                                                                  |                                                                                      |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                             | <b>PARTIAL DESCRIPTION</b>                                                           |                                                                |
| <input 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 checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                                |                                                                                                                                                  | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                       |                                                                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              |                                                                                                                                                  | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR 400 E. STEWART STREET.</b> |                                                                |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                        |                                                                                                                                                  |                                                                                      |                                                                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             | <b>INSPECTION DATE</b>                                                                                                                           |                                                                                      |                                                                |
| <i>Bob Gates</i>                                                                                                                       |                                                                                                                                                  | <b>6/29/93</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>229-6765</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>                          | 93-196564                                                                                                                           | <b>APPLICATION NUMBER</b>                               | 144258-5                                 |
| JOB ADDRESS                                                                                                                     |                                               |                                                                                                                                     | INSPECTION NUMBER                                       |                                          |
| 2101 WHITEBIRCH LA                                                                                                              |                                               |                                                                                                                                     | 5                                                       |                                          |
| LOT/BLOCK                                                                                                                       |                                               | RECORDED SUBDIVISION NAME                                                                                                           |                                                         |                                          |
| 19 3                                                                                                                            |                                               | CHERRY CREEK                                                                                                                        |                                                         |                                          |
| FIRE DEPT MAP NO                                                                                                                | JOB PHONE                                     | CALL-IN-DATE                                                                                                                        | CALL-IN TIME                                            | SCHEDULE DATE                            |
| 2215-48                                                                                                                         | 363-9518                                      | 08/13/93                                                                                                                            | 05:53                                                   | 08/16/93                                 |
| INSPECTOR/NAME                                                                                                                  |                                               | MARKETING/BUSINESS NAME                                                                                                             |                                                         |                                          |
| 808 GATES - 59                                                                                                                  |                                               |                                                                                                                                     |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                               | OTHER (450)                                                                                                                         |                                                         |                                          |
|                                                                                                                                 |                                               |                                                                                                                                     |                                                         |                                          |
| <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 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                         |                                          |
| INSPECTOR SIGNATURE                                                                                                             |                                               | 8 16 93                                                                                                                             |                                                         | INSPECTION DATE                          |
| <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 |                                               |                                                                                                                                     |                                                         | 229-6765                                 |

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                                                                   | 93-184226                                                                                                                              | APPLICATION<br>NUMBER                                      | 120362-7                                    |
| JOB ADDRESS                                                                                                                        |                                                                                    |                                                                                                                                        | INSPECTION NUMBER                                          |                                             |
| 2101 WHITEBIRCH LA                                                                                                                 |                                                                                    |                                                                                                                                        | 4                                                          |                                             |
| LOT/BLOCK                                                                                                                          |                                                                                    | RECORDED SUBDIVISION NAME                                                                                                              |                                                            |                                             |
| 19 3                                                                                                                               |                                                                                    | CHERRY CREEK                                                                                                                           |                                                            |                                             |
| FIRE DEPT MAP NO                                                                                                                   | JOB PHONE                                                                          | CALL-IN-DATE                                                                                                                           | CALL-IN TIME                                               | SCHEDULE DATE                               |
| 2215-48                                                                                                                            | 363-9518                                                                           | 08/13/93                                                                                                                               | 05:52                                                      | 08/16/93                                    |
| INSPECTOR/NAME                                                                                                                     |                                                                                    | MARKETING/BUSINESS NAME                                                                                                                |                                                            |                                             |
| BOB GATES - 59                                                                                                                     |                                                                                    |                                                                                                                                        |                                                            |                                             |
| INSPECTION<br>REQUESTED                                                                                                            |                                                                                    | FINAL PLUMBING (440)                                                                                                                   |                                                            |                                             |
|                                                                                                                                    |                                                                                    |                                                                                                                                        |                                                            |                                             |
| <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                                                                                                             |                                                                                    | 8 16 93                                                                                                                                |                                                            | 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 |                                                                                    |                                                                                                                                        |                                                            | 229-6765                                    |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                      |                                                                                                          |                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>M</b>                                                                                                                                                             | <b>PERMIT NUMBER</b><br><div style="font-size: 2em; font-weight: bold;">93-189323</div>                  | <b>APPLICATION NUMBER</b><br><div style="font-size: 2em; font-weight: bold;">125004-1</div> |
| <b>JOB ADDRESS</b><br><div style="font-size: 1.5em; font-weight: bold;">2101 WHITEBIRCH LA</div>                                                                     |                                                                                                          | <b>INSPECTION NUMBER</b><br><div style="font-size: 2em; font-weight: bold;">3</div>         |
| <b>LOT/BLOCK</b><br><div style="font-size: 1.5em; font-weight: bold;">19 3</div>                                                                                     | <b>RECORDED SUBDIVISION NAME</b><br><div style="font-size: 1.5em; font-weight: bold;">CHERRY CREEK</div> |                                                                                             |
| <b>FIRE DEPT MAP NO</b><br><div style="font-size: 1.5em; font-weight: bold;">2215-48</div>                                                                           | <b>JOB PHONE</b><br><div style="font-size: 1.5em; font-weight: bold;">363-9518</div>                     | <b>CALL-IN DATE</b><br><div style="font-size: 1.5em; font-weight: bold;">08/13/93</div>     |
|                                                                                                                                                                      |                                                                                                          | <b>CALL-IN TIME</b><br><div style="font-size: 1.5em; font-weight: bold;">05:52</div>        |
| <b>SCHEDULE DATE</b><br><div style="font-size: 1.5em; font-weight: bold;">08/16/93</div>                                                                             |                                                                                                          |                                                                                             |
| <b>INSPECTOR/NAME</b><br><div style="font-size: 1.5em; font-weight: bold;">BOB GATES - 59</div>                                                                      |                                                                                                          | <b>MARKETING/BUSINESS NAME</b>                                                              |
| <b>INSPECTION REQUESTED</b> <span style="font-size: 2em; font-weight: bold;">➤</span> <div style="font-size: 1.5em; font-weight: bold;">FINAL MECHANICAL (340)</div> |                                                                                                          |                                                                                             |

|                                                                                                                                       |                                                      |                                                                                                                                                   |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                    | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b> | <b>PARTIAL DESCRIPTION</b>                                                                                                                        |                                                                  |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                               | <input type="checkbox"/> <b>STOP WORK (S)</b>        | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                                      | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - 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>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> <div style="font-size: 1.5em; font-weight: bold;">B Gates</div>                                            |                                                      | <b>INSPECTION DATE</b><br><div style="font-size: 1.5em; font-weight: bold;">8/16/93</div>                                                         |                                                                  |
| <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> |                                                      |                                                                                                                                                   | <div style="font-size: 2em; font-weight: bold;">➤ 229-6765</div> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                                      |                                                                                             |                                                                                                                                                    |                                                                                         |                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> H                                                                                                                                                                                                                | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">93-187155</div> | <b>APPLICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">121918-9</div>                                                    |                                                                                         |                                                                                            |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px;">2101 WHITEBIRCH LA</div>                                                                                                                                                   |                                                                                             |                                                                                                                                                    | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">2</div> |                                                                                            |
| <b>LOT/BLOCK</b><br><div style="border: 1px solid black; padding: 2px;">19 3</div>                                                                                                                                                                   |                                                                                             | <b>RECORDED SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px;"></div>                                                     |                                                                                         |                                                                                            |
| <b>FIRE DEPT. MAP NO.</b><br><div style="border: 1px solid black; padding: 2px;">2215-48</div>                                                                                                                                                       | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px;">363-9518</div>      | <b>CALL-IN DATE</b><br><div style="border: 1px solid black; padding: 2px;">08/13/93</div>                                                          | <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px;">05:51</div>  | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px;">08/16/93</div> |
| <b>INSPECTOR/NAME</b><br><div style="border: 1px solid black; padding: 2px;">BOB GATES - 59</div>                                                                                                                                                    |                                                                                             | <b>MARKETING/BUSINESS NAME</b><br><div style="border: 1px solid black; padding: 2px;"></div>                                                       |                                                                                         |                                                                                            |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; width: 15%; text-align: center;"><b>INSPECTION REQUESTED</b></div> <div style="margin-left: 10px;"> <b>FINAL ELECTRICAL (240)</b> </div> </div> |                                                                                             |                                                                                                                                                    |                                                                                         |                                                                                            |
|                                                                                                                                                                                                                                                      |                                                                                             |                                                                                                                                                    |                                                                                         |                                                                                            |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                                                                                                                                   |                                                                                             | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               |                                                                                         | <b>PARTIAL DESCRIPTION</b><br><div style="border: 1px solid black; padding: 2px;"></div>   |
| <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 checked="" 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><div style="border: 1px solid black; padding: 2px;"> </div>                                                                                                                                                            |                                                                                             | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 2px;">8 16 93</div>                                                        |                                                                                         |                                                                                            |
| <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 C. 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>                                                                                                               |                                                                                             |                                                                                                                                                    |                                                                                         | <div style="border: 1px solid black; padding: 2px; display: inline-block;">229-6765</div>  |

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"/> H                                                                                           | PERMIT NUMBER<br>93-183111                                                                                                          | APPLICATION NUMBER<br>119890-3                      |                                                         |                                          |
| JOB ADDRESS<br>2101 WHITEBIRCH LA                                                                                               |                                                                                                                                     | INSPECTION NUMBER<br>1                              |                                                         |                                          |
| LOT/BLOCK<br>193                                                                                                                |                                                                                                                                     | RECORDED SUBDIVISION NAME<br>CHERRY CREEK SUMMERLIN |                                                         |                                          |
| FIRE DEPT MAP NO.<br>2215-48                                                                                                    | JOB PHONE<br>363-9518                                                                                                               | CALL-IN-DATE<br>08/13/93                            | CALL-IN TIME<br>05:50                                   | SCHEDULE DATE<br>08/16/93                |
| INSPECTOR/NAME<br>BOB GATES - 59                                                                                                |                                                                                                                                     | MARKETING/BUSINESS NAME                             |                                                         |                                          |
| INSPECTION REQUESTED<br>BUILDING FINAL (140)                                                                                    |                                                                                                                                     |                                                     |                                                         |                                          |
|                                                                                                                                 |                                                                                                                                     |                                                     |                                                         |                                          |
| <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 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                     |                                                         |                                          |
| INSPECTOR SIGNATURE<br>B. Gates                                                                                                 | INSPECTION DATE<br>8/16/93                                                                                                          |                                                     |                                                         |                                          |
| <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 |                                                                                                                                     |                                                     |                                                         | 229-6765                                 |

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                          | 93183111                                                                                                                              | INSPECTION<br>NUMBER                                       | 3                                           |
| JOB ADDRESS<br>2101 White Birch                                                                                                  |                                           |                                                                                                                                       |                                                            |                                             |
| LOT NO                                                                                                                           |                                           | BLOCK NO                                                                                                                              | SUBDIVISION NAME                                           |                                             |
| FIRE DEPT MAP NO.                                                                                                                |                                           | JOB PHONE                                                                                                                             | CALL-IN DATE                                               | CALL-IN TIME                                |
|                                                                                                                                  |                                           |                                                                                                                                       |                                                            | SCHEDULE DATE                               |
| INSPECTOR NO.                                                                                                                    |                                           | INSPECTOR NAME                                                                                                                        |                                                            |                                             |
| 7659                                                                                                                             |                                           | B. J.                                                                                                                                 |                                                            |                                             |
| INSPECTION<br>REQUESTED                                                                                                          |                                           | (105) Pre Slab                                                                                                                        |                                                            |                                             |
| <p>Rej<br/>No HD's installed</p>                                                                                                 |                                           |                                                                                                                                       |                                                            |                                             |
| <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"/> 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                                                                                                                       |                                                            |                                             |
| B. J. 5 6 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 |                                           |                                                                                                                                       |                                                            | ➤                                           |

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> 93-183111                                                              |                                                                                                                                     | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> 26 |                                                         |
| JOB ADDRESS 2101 WHITEBIRCH LA 119890                                                                                           |                                                                                                                                     |                                                                 |                                                         |
| LOT NO. 19                                                                                                                      | BLOCK NO. 3                                                                                                                         | SUBDIVISION NAME CHERRY CREEK SUMMERLIN                         |                                                         |
| FIRE DEPT. MAP NO. 2215-48                                                                                                      | JOB PHONE 363-0714                                                                                                                  | CALL-IN DATE 04/14/93                                           | CALL-IN TIME 12:33                                      |
| SCHEDULE DATE 04/15/93                                                                                                          |                                                                                                                                     |                                                                 |                                                         |
| INSPECTOR NO. 73/59                                                                                                             | INSPECTOR NAME ELDEN SEVERIN/BG                                                                                                     |                                                                 |                                                         |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b>                                                                 |                                                                                                                                     | FOOTING, LAYOUT, REBAR, ZONING (101)                            |                                                         |
| PROPERTY LINE & SETBACKS VERIFIED BY: Jon                                                                                       |                                                                                                                                     |                                                                 |                                                         |
| <div style="text-align: center; font-size: 2em; margin-top: 20px;">w/notes</div>                                                |                                                                                                                                     |                                                                 |                                                         |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                                             |                                                         |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C)                           | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
| <input type="checkbox"/> REJECTED (R)                                                                                           | <input type="checkbox"/> REFEE (F)                                                                                                  | <input type="checkbox"/> HOLD (H)                               |                                                         |
| REINSPECTION REQUIRED - CALL * 229-2071                                                                                         |                                                                                                                                     | <input type="checkbox"/> PERMIT REQUIRED                        |                                                         |
| REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                 |                                                                                                                                     |                                                                 |                                                         |
| INSPECTOR SIGNATURE BG 41593                                                                                                    |                                                                                                                                     | INSPECTION DATE                                                 |                                                         |
| <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 |                                                                                                                                     |                                                                 | <input checked="" type="checkbox"/> 229-6759            |

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