

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

93 100354

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-115 DATE 3/10/93 CONST. VAL. \$ 56,200.00ADDRESS OF CONSTRUCTION 10121 Hope Island Drive OWNER Del Webb Corporation PHONE 363-2111LOT(s) 159 BLOCK 5 SUBDIVISION Sun City Las Vegas #35 ZONE P.C.PROPOSED CONSTRUCTION S.F.D. W/FP USE ResidentialTHIS PERMIT FOR BLDG. ☒ A/C ☐ ELEC. ☐ PLBG. ☐ OTHER PERMITS REQD.: FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT N/A 1ST 1825 2ND N/A GARAGE 634 PORCH 180 TOTAL 2639CONTRACTOR Del Webb Corporation STATE LICENSE NO. 0026603 CITY LICENSE NO. C11-02622-2036077ARCHITECT Walter J. Richardson ENGINEER G.C. WallaceMASTER PLUMBER/CONTRACTOR Cox Plumbing MASTER ELECTRICIAN/CONTRACTOR Secura Electric

## OTHER INSPECTIONS AND FEES

1. Inspections outside of normal business hours = \$40.00 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 = \$40.00 per hour
3. Inspections during normal business hours for which no fee is specifically indicated = \$40.00 per hour (minimum charge one hour)
4. Additional plan review required by changes, additions, or revisions to approved plans = \$40.00 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.

## SPECIAL CONDITIONS:

H4205A

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

DATE

BUILDING DEPT

DATE

| PLUMBING                               |       | FEE |
|----------------------------------------|-------|-----|
| WATER DISTRIBUTION                     | 6.70  |     |
| SEWER SYSTEM - NEW OR MODIFICATION     | 11.05 |     |
| FIXTURES - WATER SOFTENER, H.W. HEATER | 2.25  |     |
| GARBAGE DISPOSAL - WASHER              | 2.25  |     |
| FUEL PIPING                            | 6.70  |     |
| IRRIGATION SYSTEM                      | 8.90  |     |
| MISC.                                  |       |     |
| 2310 - 2433                            | TOTAL | 79- |
| AIR CONDITIONING                       |       | FEE |
| NEW UNIT - 3 TON = 10.00 OVER = 18.20  |       |     |
| FURNACE TO 100,000/10.00 OVER/12.20    |       |     |
| VAPORATIVE COOLER                      | 7.20  |     |
| VENTILATION FAN                        | 2.65  |     |
| 2310 - 2435                            | TOTAL | 59- |

| ELECTRICAL                                  |       | FEE        |
|---------------------------------------------|-------|------------|
| RECEPTACLE _____ SWITCH _____               |       | 50         |
| EACH LIGHT FIXTURE OR SOCKET _____          |       | 40         |
| SPECIAL OUTLET, APPLIANCE ETC.              |       | 80         |
| SERVICE/PANEL-SUB/3.40-200A/6 70-400A/13 85 |       |            |
| A.C. UNIT OR MOTORS                         |       | 3.40       |
| MISC                                        |       |            |
| 2310 - 2432                                 | TOTAL | 79-        |
| 1113 - 2437 ZONING                          |       | 20.00      |
| 2310 - 2431 PLAN REVIEW                     |       | 10.00      |
| 2310 - 2401 BLDG. PERMIT                    |       | 393.00     |
| 7143 - 2973 SEWER CONNECTION                |       | 1,100.00   |
| 6122 - 3352 TORTOISE                        |       |            |
| _____ - 2897 P.I.F                          |       |            |
| 88100-1232 TRANSPORT                        |       | 500.00     |
| TOTAL FEES                                  |       | \$2,240.00 |

RECEIPT  
MUST BE MACHINE VALIDATED

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

# CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251



MIT NO.

93-180364

## BUILDING PERMIT

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

PLAN CHECK NO. P-115 DATE 3/10/93 CONST. VAL. \$ 56,200.00

ADDRESS OF CONSTRUCTION 10121 Hope Island Drive OWNER Del Webb Corporation PHONE 363-2111

LOT(s) 159 BLOCK 5 SUBDIVISION Sun City Las Vegas #35 ZONE P.C.

PROPOSED CONSTRUCTION S.F.D. W/FP USE Residential

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

FLOOR AREA BSMT N/A 1ST 1825 2ND N/A GARAGE 634 PORCH 180 TOTAL 2639

CONTRACTOR Del Webb Corporation STATE LICENSE NO. 0026603 CITY LICENSE NO. C11-02622-2036077

ARCHITECT Walter J. Richardson ENGINEER G.C. Wallace

MASTER PLUMBER/CONTRACTOR Cox Plumbing MASTER ELECTRICIAN/CONTRACTOR Secura Electric

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### CONDITIONS OF THE PERMIT:

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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

### SPECIAL CONDITIONS:

H4205A

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

BY [Signature] 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 [Signature] DATE 3/17/93

PLANNING DEPT. [Signature] DATE 3/18/93

BUILDING DEPT. [Signature] DATE 3/19/93

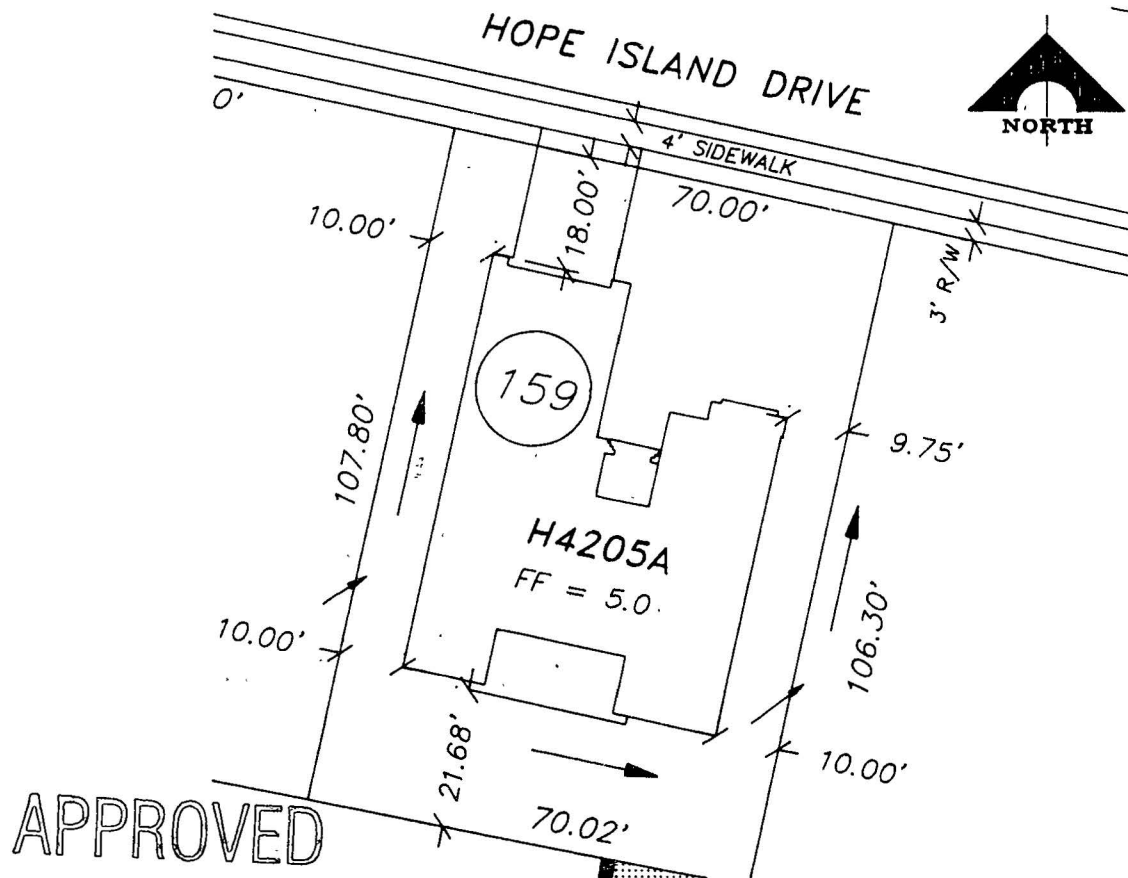
| PLUMBING                               |       | FEE |
|----------------------------------------|-------|-----|
| WATER DISTRIBUTION                     | 6.70  |     |
| SEWER SYSTEM - NEW OR MODIFICATION     | 11.05 |     |
| FIXTURES - WATER SOFTENER, H.W. HEATER | 2.25  |     |
| GARBAGE DISPOSAL - WASHER              | 2.25  |     |
| FUEL PIPING                            | 6.70  |     |
| IRRIGATION SYSTEM                      | 8.90  |     |
| MISC.                                  |       |     |
| 2310 - 2433                            | TOTAL | 79- |
| AIR CONDITIONING                       |       | FEE |
| NEW UNIT - 3 TON = 10.00 OVER = 18.20  |       |     |
| FURNACE TO 100,000/10.00 OVER/12.20    |       |     |
| VAPORATIVE COOLER                      | 7.20  |     |
| VENTILATION FAN                        | 2.65  |     |
| 2310 - 2435                            | TOTAL | 59- |

| ELECTRICAL                                    |       | FEE        |
|-----------------------------------------------|-------|------------|
| RECEPTACLE _____ SWITCH _____                 |       | .50        |
| EACH LIGHT FIXTURE OR SOCKET _____            |       | .40        |
| SPECIAL OUTLET, APPLIANCE ETC.                |       | 80         |
| SERVICE/PANEL - SUB/3 40-200A/6.70-400A/13.85 |       |            |
| A.C. UNIT OR MOTORS                           |       | 3.40       |
| MISC.                                         |       |            |
| 2310 - 2432                                   | TOTAL | 79-        |
| 1113 - 2437 ZONING                            |       | 20.00      |
| 2310 - 2431 PLAN REVIEW                       |       | 10.00      |
| 2310 - 2401 BLDG. PERMIT                      |       | 393.00     |
| 7143 - 2973 SEWER CONNECTION                  |       | 1,100.00   |
| 6122 - 3352 TORTOISE                          |       |            |
| - 2897 P.I.F.                                 |       |            |
| 88100-1232 TRANSPORT                          |       | 500.00     |
| TOTAL FEES                                    |       | \$2,240.00 |

RECEIPT  
MUST BE MACHINE VALIDATED

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work



By: *[Signature]* 3/18/93  
COMMUNITY PLANNING & DEVELOPMENT

THIS PLOT PLAN IS TENTATIVE,  
AND SUBJECT TO CHANGE  
PENDING FINAL GOVERNMENTAL  
APPROVAL.

## PLOT PLAN

SCALE: 1" = 30'

ACCORDANCE WITH  
CONSTRUCTION  
SEQUENCE SCHEDULE  
DATED 3/22/93

CONSULT THE RECORDED  
SUBDIVISION PLAT FOR  
ACCURATE LOT SIZE AND  
BOUNDARY INFORMATION.

SUN CITY LAS VEGAS, NEVADA

UNIT #35

LOT 159 PLAN H4205A ADDRESS

10121 Hope Island Drive

DEL E. WEBB COMMUNITIES

INSTALLATION CARD

LA HABRA WALL

LA HABRA STUCCO COMPANY

Job Address:

10121 Hope Island Dr

ICBO Evaluation Service, Inc.

Report No. 4226

Date of Job Completion: \_\_\_\_\_

Plastering Contractor:

Name: NEVADA STATE PLASTERING

Telephone

Address: 3308 MEADE AVE.  
LAS VEGAS, NV 89109

Number: (     ) \_\_\_\_\_

City: 702-873-6110

Approved Contractor Number As Issued By The Plaster Manufacturer: 358

This is to certify that the plastering system on the building exterior at the above address has been installed in accordance with the evaluation report specified above, and the manufacturer's instructions.

Kelly Bryan  
Signature of Authorized Representative  
of Plastering Contractor

6-30-83  
358  
Date

Installation card must be presented to the Building Inspector after completion of work, and before final inspection.

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THE USE OF THIS CARD SHOULD NOT  
BE MISCONSTRUED AS A WARRANTY BY  
THE MANUFACTURER AS TO THE INSTALLATION  
PERFORMANCE OF THE APPLICATOR.

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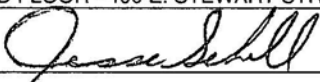
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                  |                                |                     |
|----------------------------------------------------------|----------------------------------|--------------------------------|---------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | 93-180364                        | <b>APPLICATION NUMBER</b>      | 116396-8            |
| <b>JOB ADDRESS</b>                                       |                                  | <b>INSPECTION NUMBER</b>       |                     |
| 10121 HOPE ISLAND DR                                     |                                  | 21                             |                     |
| <b>LOT/BLOCK</b>                                         | <b>RECORDED SUBDIVISION NAME</b> |                                |                     |
| 159/5                                                    | SUN CITY LAS VEGAS 35            |                                |                     |
| <b>FIRE DEPT. MAP NO.</b>                                | <b>JOB PHONE</b>                 | <b>CALL-IN-DATE</b>            | <b>CALL-IN TIME</b> |
| 2114-69                                                  | 256-5524                         | 06/29/93                       | 11:07               |
| <b>INSPECTOR/NAME</b>                                    |                                  | <b>SCHEDULE DATE</b>           |                     |
| JESSE SCHELL - 67                                        |                                  | 06/30/93                       |                     |
| <b>INSPECTION REQUESTED</b>                              |                                  | <b>MARKETING/BUSINESS NAME</b> |                     |
| EXTERIOR LATH/STUCCO (129)                               |                                  |                                |                     |

Not Nailed

2nd Failed Insp

\$40.00 reinspection Fee

|                                                                                                                                 |                                                                                                                                     |                                              |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <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>                                                                         | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <input checked="" type="checkbox"/> <b>REFEE (F)</b>                                                                            | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                              |                                                                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                  |                                              | <b>INSPECTION DATE</b>                                         |
|                                                                                                                                 |                                                                                                                                     |                                              | 6-30-93                                                        |
| <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

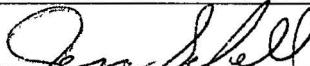
|                                                                                                                                                                                                                |                                                                                             |                                                                                                                                                    |                                                                                                           |                                                                                            |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>1</b>                                                                                                                                                                                                       | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">93-180364</div> | <b>APPLICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">116396-8</div>                                                    |                                                                                                           |                                                                                            |                                                                                           |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px;">10121 HOPE ISLAND DR</div>                                                                                                           |                                                                                             |                                                                                                                                                    | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">9</div>                   |                                                                                            |                                                                                           |
| <b>LOT/BLOCK</b><br><div style="border: 1px solid black; padding: 2px;">159 5</div>                                                                                                                            |                                                                                             | <b>RECORDED SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px;">SUN CITY LAS VEGAS 35</div>                                |                                                                                                           |                                                                                            |                                                                                           |
| <b>FIRE DEPT. MAP NO.</b><br><div style="border: 1px solid black; padding: 2px;">2114-69</div>                                                                                                                 | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px;">256-5524</div>      | <b>CALL-IN DATE</b><br><div style="border: 1px solid black; padding: 2px;">06/15/93</div>                                                          | <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px;">10:02</div>                    | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px;">06/15/93</div> |                                                                                           |
| <b>INSPECTOR/NAME</b><br><div style="border: 1px solid black; padding: 2px;">JESSE SCHELL - 67 75</div>                                                                                                        |                                                                                             |                                                                                                                                                    | <b>MARKETING/BUSINESS NAME</b><br><div style="border: 1px solid black; padding: 2px;">RON PATTERSON</div> |                                                                                            |                                                                                           |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <b>INSPECTION REQUESTED</b> </div> <div> <b>DRYHALL NAILING (125)</b> </div> </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><br><div style="border: 1px solid black; padding: 5px;"> </div>                                                                                                                      |                                                                                             |                                                                                                                                                    | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 5px;">6-15-93</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: 5px; display: inline-block;">229-6769</div> |

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 | 93-186364                 | APPLICATION<br>NUMBER | 116396        |
| JOB ADDRESS              |                  |                           | INSPECTION NUMBER     |               |
| 10121 HOPE ISLAND DR     |                  |                           | 4                     |               |
| LOT/BLOCK                |                  | RECORDED SUBDIVISION NAME |                       |               |
| 159 S                    |                  | SUN CITY LAS VEGAS 35     |                       |               |
| FIRE DEPT. MAP NO.       | JOB PHONE        | CALL-IN DATE              | CALL-IN TIME          | SCHEDULE DATE |
| 2114-69                  | 256-5524         | 06/10/93                  | 07:46                 | 06/11/93      |
| INSPECTOR/NAME           |                  | MARKETING/BUSINESS NAME   |                       |               |
| JESSE SCHELL - 67        |                  |                           |                       |               |
| INSPECTION<br>REQUESTED  |                  | INSULATION (123)          |                       |               |

Cancel

|                                                                                                                                    |                                                                                                                                      |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                     | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input type="checkbox"/> APPROVED<br>(A)                                                                                           | <input type="checkbox"/> STOP<br>WORK (S)                                                                                            | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                   |                                                                                                                                      | REINSPECTION REQUIRED - CALL * 229-2071  |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                   |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                      | INSPECTION DATE                          |                                                            |                                             |
|                                                 |                                                                                                                                      | 6-11-93                                  |                                                            |                                             |
| <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) |                                          |                                                            |                                             |
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# 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;">93-180364</div>                         | <b>APPLICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">116396</div> |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10121 HOPE ISLAND DR</div>   |                                                                                                                                            | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div>       |
| <b>LOT/BLOCK</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">159 5</div>                    | <b>RECORDED SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">SUN CITY LAS VEGAS 35</div> |                                                                                                                      |
| <b>FIRE DEPT. MAP NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2114-69</div>          | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">256-5524</div>                              | <b>CALL-IN-DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">06/04/93</div>     |
| <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">09:20</div>                 |                                                                                                                                            | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">06/07/93</div>    |
| <b>INSPECTOR/NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">JESSE SCHELL - 67</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;">FRAPING (120)</div> |                                                                                                                                            |                                                                                                                      |

- Need fix for trass next to  
West wall - broken

|                                                                                                                                                             |                                                                                                                                                      |                                                                                                           |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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; height: 40px; margin-top: 5px;"></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>                                                                                                                | <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: 5px; font-family: cursive; font-size: 1.5em; margin-top: 10px;">M. Schell</div> | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 5px; font-family: cursive; font-size: 1.5em; margin-top: 10px;">6-1-93</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: 5px; display: inline-block;">229-6769</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>                   | 93-180364                                              | <b>APPLICATION NUMBER</b>      | 116396                        |
| <b>JOB ADDRESS</b> 10121 HOPE ISLAND DR                                    |                                                        | <b>INSPECTION NUMBER</b> 35    |                               |
| <b>LOT/BLOCK</b> 159 5                                                     | <b>RECORDED SUBDIVISION NAME</b> SUN CITY LAS VEGAS 35 |                                |                               |
| <b>FIRE DEPT MAP NO.</b> 2114-69                                           | <b>JOB PHONE</b> 256-5524                              | <b>CALL-IN-DATE</b> 06/02/93   | <b>CALL-IN TIME</b> 13:00     |
|                                                                            |                                                        |                                | <b>SCHEDULE DATE</b> 06/09/93 |
| <b>INSPECTOR/NAME</b><br><del>JESSE SCHELL - 67</del><br>R. PATTERSON - 75 |                                                        | <b>MARKETING/BUSINESS NAME</b> |                               |
| <b>INSPECTION REQUESTED</b>                                                |                                                        | INSULATION (123)               |                               |

|                                                                                                                    |                                                      |                                                                                                                                        |                                                                |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <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>REFEE (F)</b>            | <input type="checkbox"/> <b>HOLD (H)</b>                                                                                               |                                                                |
|                                                                                                                    |                                                      | <input type="checkbox"/> <b>PERMIT REQUIRED!</b>                                                                                       |                                                                |
| <b>INSPECTOR SIGNATURE</b> R. Patterson                                                                            |                                                      | <b>INSPECTION DATE</b> 6-9-93                                                                                                          |                                                                |
| <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) |                                                                |
| HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                      | 229-6769                                                                                                                               |                                                                |

al 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> | 93-180364                        | <b>APPLICATION NUMBER</b> | 116396               |
| <b>JOB ADDRESS</b>          |                      |                                  | <b>INSPECTION NUMBER</b>  |                      |
| 10121 HOPE ISLAND DR        |                      |                                  | 35                        |                      |
| <b>LOT/BLOCK</b>            |                      | <b>RECORDED SUBDIVISION NAME</b> |                           |                      |
| 159 5                       |                      | SUN CITY LAS VEGAS 35            |                           |                      |
| <b>FIRE DEPT MAP NO.</b>    | <b>JOB PHONE</b>     | <b>CALL-IN-DATE</b>              | <b>CALL-IN TIME</b>       | <b>SCHEDULE DATE</b> |
| 2114-69                     | 256-5524             | 06/07/93                         | 13:52                     | 06/08/93             |
| <b>INSPECTOR/NAME</b>       |                      | <b>MARKETING/BUSINESS NAME</b>   |                           |                      |
| JESSE SCHELL - 67           |                      |                                  |                           |                      |
| <b>INSPECTION REQUESTED</b> |                      | INSULATION (123)                 |                           |                      |

Cancel

|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                                |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| <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>                   |
| 6-8-93                                                                                                                                 |                                                                                        |                                                                                                                                                    |                                                                |                                          |
| <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>229-6769</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><br>93-180364             | <b>APPLICATION NUMBER</b><br>116396                                                                                                                |                                                                |
| <b>JOB ADDRESS</b><br>10121 HOPE ISLAND DR                                                                                          |                                               |                                                                                                                                                    | <b>INSPECTION NUMBER</b><br>1                                  |
| <b>LOT/BLOCK</b><br>159 51                                                                                                          |                                               | <b>RECORDED SUBDIVISION NAME</b><br>SUN CITY LAS VEGAS 35                                                                                          |                                                                |
| <b>FIRE DEPT. MAP NO.</b><br>2114-69                                                                                                | <b>JOB PHONE</b><br>363-2111                  | <b>CALL-IN-DATE</b><br>05/21/93                                                                                                                    | <b>CALL-IN TIME</b><br>08:43                                   |
| <b>SCHEDULE DATE</b><br>05/24/93                                                                                                    |                                               |                                                                                                                                                    |                                                                |
| <b>INSPECTOR/NAME</b><br>JESSE SCHELL - 67                                                                                          |                                               | <b>MARKETING/BUSINESS NAME</b><br>.                                                                                                                |                                                                |
| <b>INSPECTION REQUESTED</b>                                                                                                         |                                               |                                                                                                                                                    |                                                                |
| ROOF SHEATHING (107)                                                                                                                |                                               |                                                                                                                                                    |                                                                |
| <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><br><i>Jesse Schell</i>                                                                                   |                                               | <b>INSPECTION DATE</b><br>5-24-93                                                                                                                  |                                                                |
| <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>229-6769</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><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">93-130364</div>  | <b>APPLICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">116396</div> |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px;">10121 HOPE ISLAND DR</div>                                        |                                                                                                                     | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; text-align: center;">2</div>          |
| <b>LOT/BLOCK</b><br><div style="border: 1px solid black; padding: 2px;">159 5</div>                                                         | <b>RECORDED SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px;">SUN CITY LAS VEGAS 35</div> |                                                                                                                      |
| <b>FIRE DEPT. MAP NO.</b><br><div style="border: 1px solid black; padding: 2px;">2114-69</div>                                              | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px;">363-2111</div>                              | <b>CALL-IN DATE</b><br><div style="border: 1px solid black; padding: 2px;">05/21/93</div>                            |
| <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px;">08:43</div>                                                      |                                                                                                                     | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px;">05/24/93</div>                           |
| <b>INSPECTOR/NAME</b><br><div style="border: 1px solid black; padding: 2px;">JESSE SCHELL - 67</div>                                        |                                                                                                                     | <b>MARKETING/BUSINESS NAME</b><br><div style="border: 1px solid black; padding: 2px;"></div>                         |
| <b>INSPECTION REQUESTED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">SHEAR (109)</div> |                                                                                                                     |                                                                                                                      |

(1) Nail holdown - East side

|                                                                                                                                        |                                                                                                                                                    |                                                                                                           |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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; height: 40px; margin-top: 5px;"></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>                                                                                           | <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: 5px; text-align: center;"> </div>                          | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 5px; text-align: center;">5-24-93</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: 5px; display: inline-block;">229-6769</div> |

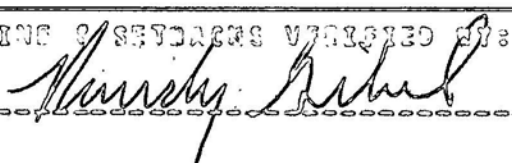
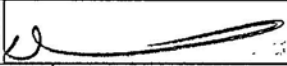
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                                    |                                                      |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 93-180366                                                                         |                                                                                                                                                    | <input type="checkbox"/> <b>INSPECTION NUMBER</b> 66 |                                                                |
| <b>JOB ADDRESS</b> 10121 HOPE ISLAND DR 116396                                                                                  |                                                                                                                                                    |                                                      |                                                                |
| <b>LOT NO.</b> 159                                                                                                              | <b>BLOCK NO.</b> 5                                                                                                                                 | <b>SUBDIVISION NAME</b> SUN CITY LAS VEGAS 35        |                                                                |
| <b>FIRE DEPT. MAP NO.</b> 2114-69                                                                                               | <b>JOB PHONE</b> 000-0369                                                                                                                          | <b>CALL-IN DATE</b> 04/23/93                         | <b>CALL-IN TIME</b> 14:27                                      |
| <b>SCHEDULE DATE</b> 04/26/93                                                                                                   |                                                                                                                                                    |                                                      |                                                                |
| <b>INSPECTOR NO.</b> 67                                                                                                         | <b>INSPECTOR NAME</b> JESSE SCHELL                                                                                                                 |                                                      |                                                                |
| <b>INSPECTION REQUESTED</b> PRE-SLAB (105)                                                                                      |                                                                                                                                                    |                                                      |                                                                |
| <b>PROPERTY LINE &amp; SETBACKS VERIFIED BY:</b><br><i>Robert Guichal</i>                                                       |                                                                                                                                                    |                                                      |                                                                |
| <div style="border: 1px solid black; height: 300px; margin-top: 10px;"></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><i>Jesse Schell</i>                                                                               | <b>INSPECTION DATE</b><br>4-26-93                                                                                                                  |                                                      |                                                                |
| <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> |                                                      |                                                                |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                                    |                                                      | <b>229-6769</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                       |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                   | <b>PERMIT NUMBER</b>                                                                                                                | 93-130364                             | <b>INSPECTION NUMBER</b>                                | 39                                       |
| <b>JOB ADDRESS</b> 10121 HOPE ISLAND DR 116396                                                                                        |                                                                                                                                     |                                       |                                                         |                                          |
| <b>LOT NO.</b> 159                                                                                                                    |                                                                                                                                     | <b>BLOCK NO.</b> 5                    | <b>SUBDIVISION NAME</b> SUN CITY LAS VEGAS 35           |                                          |
| <b>FIRE DEPT. MAP NO.</b> 2114-69                                                                                                     | <b>JOB PHONE</b> 000-0369                                                                                                           | <b>CALL-IN DATE</b> 04/12/93          | <b>CALL-IN TIME</b> 14:38                               | <b>SCHEDULE DATE</b> 04/13/93            |
| <b>INSPECTOR NO.</b> 67/64                                                                                                            |                                                                                                                                     | <b>INSPECTOR NAME</b> JESSE SCHELL    |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                           |                                                                                                                                     | FOOTING, LAYOUT, REBAR, ZONING (101)  |                                                         |                                          |
| <b>PROPERTY LINE &amp; SETBACKS VERIFIED BY:</b><br> |                                                                                                                                     |                                       |                                                         |                                          |
|                                                                                                                                       |                                                                                                                                     |                                       |                                                         |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                           | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | <b>PARTIAL DESCRIPTION</b>            |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                      | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                                 | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                    | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                         |                                                                                                                                     |                                       | <b>INSPECTION DATE</b> 4/13/93                          |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                             | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT       |                                                                                                                                     |                                       |                                                         | 229-6769                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                            |                                                                                                                                     |                                       |                                                         |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                        | <b>PERMIT NUMBER</b>                                                                                                                | 93-180364                             | <b>APPLICATION NUMBER</b>                               | 116396                            |
| JOB ADDRESS                                                                                                                                                |                                                                                                                                     |                                       | INSPECTION NUMBER                                       |                                   |
| 10121 HOPE ISLAND DR                                                                                                                                       |                                                                                                                                     |                                       | 8                                                       |                                   |
| LOT/BLOCK                                                                                                                                                  |                                                                                                                                     | RECORDED SUBDIVISION NAME             |                                                         |                                   |
| 159 5                                                                                                                                                      |                                                                                                                                     | SUN CITY LAS VEGAS 35                 |                                                         |                                   |
| FIRE DEPT MAP NO                                                                                                                                           | JOB PHONE                                                                                                                           | CALL-IN-DATE                          | CALL-IN TIME                                            | SCHEDULE DATE                     |
| 2114-69                                                                                                                                                    | 256-5524                                                                                                                            | 06/04/93                              | 09:20                                                   | 06/07/93                          |
| INSPECTOR/NAME                                                                                                                                             |                                                                                                                                     | MARKETING/BUSINESS NAME               |                                                         |                                   |
| JESSE SCHELL - 67                                                                                                                                          |                                                                                                                                     |                                       |                                                         |                                   |
| <b>INSPECTION REQUESTED</b> → <span style="margin-left: 20px;">ROUGH ELECTRICAL (220)</span>                                                               |                                                                                                                                     |                                       |                                                         |                                   |
| <div style="text-align: center; font-size: 2em; opacity: 0.3;">             (This area is intentionally left blank for inspection 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"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                                                      | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                                                         | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                   |
| INSPECTOR SIGNATURE                                                                                                                                        |                                                                                                                                     | INSPECTION DATE                       |                                                         |                                   |
|                                                                                                                                                            |                                                                                                                                     | 6-7-93                                |                                                         |                                   |
| <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>M</b>                                                                                                                                                                                                              | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">93-120364</div>                         | <b>APPLICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">116396</div> |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10121 HOPE ISLAND DR</div>                                                                                           |                                                                                                                                            | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div>       |
| <b>LOT/BLOCK</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">159 5</div>                                                                                                            | <b>RECORDED SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">SUN CITY LAS VEGAS 35</div> |                                                                                                                      |
| <b>FIRE DEPT MAP NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2114-69</div>                                                                                                   | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">256-5524</div>                              | <b>CALL-IN-DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">06/04/93</div>     |
| <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">09:20</div>                                                                                                         |                                                                                                                                            | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">06/07/93</div>    |
| <b>INSPECTOR/NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">JESSE SCHELL - 67</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="font-size: 2em; vertical-align: middle;">➤</span> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">ROUGH MECHANICAL (320)</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"/> HOLD (H)                                                                            |
| <input type="checkbox"/> REJECTED (R)                                                                                                                               |                                               | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                                   |                                                         | <input type="checkbox"/> PERMIT REQUIRED                                                                     |
| <input type="checkbox"/> REFEE (F)                                                                                                                                  |                                               | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                                           |                                                         |                                                                                                              |
| <b>INSPECTOR SIGNATURE</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block; font-family: cursive; font-size: 1.2em;">Jesse Schell</div> |                                               | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block; font-family: cursive; font-size: 1.2em;">6-7-93</div> |                                                         |                                                                                                              |
| <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; font-weight: bold;">229-6769</div> |

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="border: 1px solid black; padding: 2px; display: inline-block;">93-180364</div>                 | <b>APPLICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">116396</div> |                                                                                           |
| <b>JOB ADDRESS</b><br>10121 HOPE ISLAND DR                                                                                                                                                     |                                                                                                                                    | <b>INSPECTION NUMBER</b><br>10                                                                                       |                                                                                           |
| <b>LOT/BLOCK</b><br>159.5                                                                                                                                                                      |                                                                                                                                    | <b>RECORDED SUBDIVISION NAME</b><br>SUN CITY LAS VEGAS 35                                                            |                                                                                           |
| <b>FIRE DEPT MAP NO</b><br>2114-69                                                                                                                                                             | <b>JOB PHONE</b><br>256-5524                                                                                                       | <b>CALL-IN-DATE</b><br>06/04/93                                                                                      | <b>CALL-IN TIME</b><br>09:21                                                              |
|                                                                                                                                                                                                |                                                                                                                                    | <b>SCHEDULE DATE</b><br>06/07/93                                                                                     |                                                                                           |
| <b>INSPECTOR/NAME</b><br>JESSE SCHELL - 67                                                                                                                                                     |                                                                                                                                    | <b>MARKETING/BUSINESS NAME</b>                                                                                       |                                                                                           |
| <b>INSPECTION REQUESTED</b> <div style="display: inline-block; border-left: 2px solid black; padding-left: 10px; margin-left: 10px;">           TOP OUT-WATER, GAS, WASTE (42C)         </div> |                                                                                                                                    |                                                                                                                      |                                                                                           |
| <div style="font-family: cursive; font-size: 1.2em;"> <p>- strap 1/2 water to overhead in garage (insulate if needed)</p> <p>- cap 2" waste some place (2)</p> </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>                                                                                                                                                                 |                                                                                                                                    | <b>INSPECTION DATE</b><br>6-7-93                                                                                     |                                                                                           |
| <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                                                                 |                                                                                                                                    |                                                                                                                      | <div style="border: 1px solid black; padding: 5px; display: inline-block;">229-6769</div> |

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

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

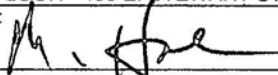
|                                                                                                                                    |                                                                                                                                       |                                          |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | PERMIT<br>NUMBER                                                                                                                      | 93-180364                                | INSPECTION<br>NUMBER                                       | 7                                    |
| JOB ADDRESS                                                                                                                        |                                                                                                                                       | 10121 HOPE ISLAND DR 116396              |                                                            |                                      |
| LOT NO.                                                                                                                            | BLOCK NO.                                                                                                                             | SUBDIVISION NAME                         |                                                            |                                      |
| 159                                                                                                                                | 5                                                                                                                                     | SUN CITY LAS VEGAS 35                    |                                                            |                                      |
| FIRE DEPT. MAP NO                                                                                                                  | JOB PHONE                                                                                                                             | CALL-IN DATE                             | CALL-IN TIME                                               | SCHEDULE DATE                        |
| 2114-69                                                                                                                            | 256-5524                                                                                                                              | 04/21/93                                 | 09:40                                                      | 04/22/93                             |
| INSPECTOR NO                                                                                                                       |                                                                                                                                       | INSPECTOR NAME                           |                                                            |                                      |
| 67                                                                                                                                 |                                                                                                                                       | JESSE SCHELL                             |                                                            |                                      |
| INSPECTION<br>REQUESTED                                                                                                            |                                                                                                                                       | BUILDING SELER (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                                                                                                             |                                                                                                                                       | INSPECTION DATE                          |                                                            |                                      |
| <i>M. Hall</i>                                                                                                                     |                                                                                                                                       | 4-22-93                                  |                                                            |                                      |
| <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>1</b>                    | <b>PERMIT NUMBER</b> | 93-180364                        | <b>APPLICATION NUMBER</b> | 116396-8             |
| <b>JOB ADDRESS</b>          |                      |                                  | <b>INSPECTION NUMBER</b>  |                      |
| 10121 HOPE ISLAND DR        |                      |                                  | 12                        |                      |
| <b>LOT/BLOCK</b>            |                      | <b>RECORDED SUBDIVISION NAME</b> |                           |                      |
| 159 5                       |                      | SUN CITY LAS VEGAS 35            |                           |                      |
| <b>FIRE DEPT MAP NO.</b>    | <b>JOB PHONE</b>     | <b>CALL-IN-DATE</b>              | <b>CALL-IN TIME</b>       | <b>SCHEDULE DATE</b> |
| 2114-69                     | 256-5524             | 07/29/93                         | 07:56                     | 07/30/93             |
| <b>INSPECTOR/NAME</b>       |                      | <b>MARKETING/BUSINESS NAME</b>   |                           |                      |
| JESSE SCHELL - 67           |                      |                                  |                           |                      |
| <b>INSPECTION REQUESTED</b> |                      | <b>BUILDING FINAL (140)</b>      |                           |                      |

- seal around washer box  
cover in garage

|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                   | <b>PARTIAL DESCRIPTION</b>                                                                                                                         |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                          | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                                       | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                         |                                                                                                                                                    |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                    |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                                        |                                                                 |                                                                | <b>INSPECTION DATE</b>                          |
|                                                                                                                                        |                                                                                        |                                                                                                                                                    |                                                                | 7-30-93                                         |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                            |                                                                                        | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                        |                                                                                                                                                    |                                                                | <b>229-6769</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                 |                                                                                                                    |                                                                                                                        |                                                                                        |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>H</b>                                                                                                        | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">93-130364</div> | <b>APPLICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">113396-8</div> |                                                                                        |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px;">10121 HOPE ISLAND DR</div>            |                                                                                                                    | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div>        |                                                                                        |
| <b>LOT/BLOCK</b><br><div style="border: 1px solid black; padding: 2px;">159 5</div>                             |                                                                                                                    | <b>RECORDED SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px;">SUN CITY LAS VEGAS 35</div>    |                                                                                        |
| <b>FIRE DEPT. MAP NO.</b><br><div style="border: 1px solid black; padding: 2px;">2114-69</div>                  | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px;">256-5524</div>                             | <b>CALL-IN DATE</b><br><div style="border: 1px solid black; padding: 2px;">07/29/93</div>                              | <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px;">07:55</div> |
| <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px;">07/30/93</div>                      |                                                                                                                    |                                                                                                                        |                                                                                        |
| <b>INSPECTOR/NAME</b><br><div style="border: 1px solid black; padding: 2px;">JESSE SCHELL - 67</div>            |                                                                                                                    | <b>MARKETING/BUSINESS NAME</b><br><div style="border: 1px solid black; padding: 2px;"></div>                           |                                                                                        |
| <b>INSPECTION REQUESTED</b><br><div style="border: 1px solid black; padding: 2px;">FINAL MECHANICAL (340)</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; 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>                                                                                           | <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                          | <input type="checkbox"/> <b>HOLD (H)</b>                                                 |                                                                                           |
| <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                         |                                                                                                                                                    | <input type="checkbox"/> <b>PERMIT REQUIRED</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: 5px; text-align: center;"> </div>                          | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 5px; text-align: center;">7-30-93</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;">229-6769</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> | 93-130364                        | <b>APPLICATION NUMBER</b> | 116396-8             |
| <b>JOB ADDRESS</b>                  |                      |                                  | <b>INSPECTION NUMBER</b>  |                      |
| 10121 HOPE ISLAND DR                |                      |                                  | 2                         |                      |
| <b>LOT/BLOCK</b>                    |                      | <b>RECORDED SUBDIVISION NAME</b> |                           |                      |
| 159 5                               |                      | SUN CITY LAS VEGAS 35            |                           |                      |
| <b>FIRE DEPT. MAP NO</b>            | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>              | <b>CALL-IN TIME</b>       | <b>SCHEDULE DATE</b> |
| 2114-69                             | 256-5524             | 07/22/93                         | 09:31                     | 07/23/93             |
| <b>INSPECTOR/NAME</b>               |                      | <b>MARKETING/BUSINESS NAME</b>   |                           |                      |
| <del>JESSE SCHELL</del> 67 75       |                      | R. PATTERSON                     |                           |                      |
| <b>INSPECTION REQUESTED</b>         |                      | FINAL GAS TEST (423)             |                           |                      |

H-tee-27645

|                                                                                                                               |                                                                                                                                    |                                       |                                                         |                                          |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                   | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                      | <b>PARTIAL DESCRIPTION</b>            |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                              | <input type="checkbox"/> STOP WORK (S)                                                                                             | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                         | REINSPECTION REQUIRED - CALL * 229-2071                                                                                            |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                            | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                    |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                    |                                                                                                                                    | <b>INSPECTION DATE</b>                |                                                         |                                          |
| R. Patterson                                                                                                                  |                                                                                                                                    | 7-23-93                               |                                                         |                                          |
| <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                                 |

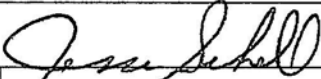
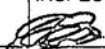
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                    |                                                                                             |                                                                                                                                                  |                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>M</b>                                                                                                                                                                           | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">93-180364</div> | <b>APPLICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">116396-8</div>                                                  |                                                                                        |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px;">10121 HOPE ISLAND DR</div>                                                                               |                                                                                             | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">11</div>                                                         |                                                                                        |
| <b>LOT/BLOCK</b><br><div style="border: 1px solid black; padding: 2px;">159 5</div>                                                                                                |                                                                                             | <b>RECORDED SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px;">SUN CITY LAS VEGAS 35</div>                              |                                                                                        |
| <b>FIRE DEPT MAP NO.</b><br><div style="border: 1px solid black; padding: 2px;">2114-69</div>                                                                                      | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px;">256-5524</div>      | <b>CALL-IN DATE</b><br><div style="border: 1px solid black; padding: 2px;">07/19/93</div>                                                        | <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px;">11:20</div> |
| <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px;">07/20/93</div>                                                                                         |                                                                                             |                                                                                                                                                  |                                                                                        |
| <b>INSPECTOR/NAME</b><br><div style="border: 1px solid black; padding: 2px;"><del>SEAN SCHULTZ</del> 75 R. PATTERSON</div>                                                         |                                                                                             | <b>MARKETING/BUSINESS NAME</b><br><div style="border: 1px solid black; padding: 2px;"></div>                                                     |                                                                                        |
| <div style="border: 1px solid black; padding: 5px;"> <b>INSPECTION REQUESTED</b> <span style="font-size: 1.5em; margin-left: 10px;">➤</span> FINAL ELECTRICAL (240)         </div> |                                                                                             |                                                                                                                                                  |                                                                                        |
| <div style="font-size: 2em; font-family: cursive; margin-bottom: 20px;">E-76 53966</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; 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>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><br><div style="border: 1px solid black; padding: 2px;">R. Patterson</div>                                                                               |                                                                                             | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 2px;">7-20-93</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: 5px; font-size: 1.2em;">229-6769</div>   |

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>                                                                                                                | 93-130364                                                                                  | <b>APPLICATION NUMBER</b>                               | 116396-8                                 |
| <b>JOB ADDRESS</b>                                                                                                              |                                                                                                                                     |                                                                                            | <b>INSPECTION NUMBER</b>                                |                                          |
| 10121 HOPE ISLAND DR                                                                                                            |                                                                                                                                     |                                                                                            | 32                                                      |                                          |
| <b>LOT/BLOCK</b>                                                                                                                |                                                                                                                                     | <b>RECORDED SUBDIVISION NAME</b>                                                           |                                                         |                                          |
| 159 5                                                                                                                           |                                                                                                                                     | SUN CITY LAS VEGAS 35                                                                      |                                                         |                                          |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                       | <b>JOB PHONE</b>                                                                                                                    | <b>CALL-IN DATE</b>                                                                        | <b>CALL-IN TIME</b>                                     | <b>SCHEDULE DATE</b>                     |
| 2114-69                                                                                                                         | 379-1809                                                                                                                            | 06/30/93                                                                                   | 14:48                                                   | 07/01/93                                 |
| <b>INSPECTOR/NAME</b>                                                                                                           |                                                                                                                                     | <b>MARKETING/BUSINESS NAME</b>                                                             |                                                         |                                          |
| JESSE SCHELL - 67                                                                                                               |                                                                                                                                     |                                                                                            |                                                         |                                          |
| <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"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                                                            |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                                                                     | <b>INSPECTION DATE</b>                                                                     |                                                         |                                          |
|                                              |                                                                                                                                     |  7-1-93 |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                                                            |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                                                                            |                                                         | 229-6769                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                          |                              |                               |                 |
|-------------------------------------|--------------------------|------------------------------|-------------------------------|-----------------|
| <input checked="" type="checkbox"/> | <b>PERMIT<br/>NUMBER</b> | <b>93-180364</b>             | <b>APPLICATION<br/>NUMBER</b> | <b>116396</b>   |
| JOB ADDRESS                         |                          |                              | INSPECTION NUMBER             |                 |
| <b>10121 HOPE ISLAND DR</b>         |                          |                              | <b>2</b>                      |                 |
| LOT/BLOCK                           |                          | RECORDED SUBDIVISION NAME    |                               |                 |
| <b>159 5</b>                        |                          | <b>SUN CITY LAS VEGAS 35</b> |                               |                 |
| FIRE DEPT MAP NO                    | JOB PHONE                | CALL-IN-DATE                 | CALL-IN TIME                  | SCHEDULE DATE   |
| <b>2114-69</b>                      | <b>363-2111</b>          | <b>05/21/93</b>              | <b>08:43</b>                  | <b>05/24/93</b> |
| INSPECTOR/NAME                      |                          | MARKETING/BUSINESS NAME      |                               |                 |
| <b>JESSE SCHELL - 67</b>            |                          |                              |                               |                 |
| <b>INSPECTION<br/>REQUESTED</b>     |                          | <b>SHEAR (109)</b>           |                               |                 |

(1) Nail holdown - East side

|                                                                                                                                     |                                                                                 |                                       |                                                         |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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                                                                                                                 |                                                                                 |                                       |                                                         | INSPECTION DATE                          |
| <b>PROJECT COMPLETE</b>                                                                                                             |                                                                                 |                                       |                                                         | <b>5-24-93</b>                           |
| BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                                                 |                                       |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT     |                                                                                 |                                       |                                                         | <b>229-6769</b>                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                  |                                |                     |
|----------------------------------------------------------|----------------------------------|--------------------------------|---------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | 93-180364                        | <b>APPLICATION NUMBER</b>      | 116396              |
| <b>JOB ADDRESS</b>                                       |                                  | <b>INSPECTION NUMBER</b>       |                     |
| 10121 HOPE ISLAND DR                                     |                                  | 7                              |                     |
| <b>LOT/BLOCK</b>                                         | <b>RECORDED SUBDIVISION NAME</b> |                                |                     |
| 159 5                                                    | SUN CITY LAS VEGAS 35            |                                |                     |
| <b>FIRE DEPT MAP NO</b>                                  | <b>JOB PHONE</b>                 | <b>CALL-IN-DATE</b>            | <b>CALL-IN TIME</b> |
| 2114-69                                                  | 256-5524                         | 06/04/93                       | 09:20               |
| <b>SCHEDULE DATE</b>                                     |                                  | 06/07/93                       |                     |
| <b>INSPECTOR/NAME</b>                                    |                                  | <b>MARKETING/BUSINESS NAME</b> |                     |
| JESSE SCHELL - 67                                        |                                  |                                |                     |
| <b>INSPECTION REQUESTED</b>                              | FRAPING (120)                    |                                |                     |

- Need fix for trass next to West wall - broken

|                                                                                                                                   |                                                                                                                 |                                                 |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| <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>[Signature]</i>                                                                                              |                                                 | <b>INSPECTION DATE</b>                                         |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                  | 6-1-93                                                                                                          |                                                 |                                                                |
| BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                                                                                                 |                                                 |                                                                |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7.00 A.M. - 7.15 A.M. OR 2.45 P.M. - 3.00 P.M. AT   |                                                                                                                 |                                                 | <b>229-6769</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

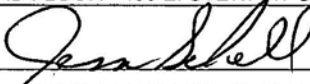
|                                                                                                                                    |                          |                                                                                                                                        |                                          |                                                            |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | <b>PERMIT<br/>NUMBER</b> | 93-180364                                                                                                                              | <b>APPLICATION<br/>NUMBER</b>            | 116396                                                     |
| JOB ADDRESS                                                                                                                        |                          |                                                                                                                                        | INSPECTION NUMBER                        |                                                            |
| 10121 HOPE ISLAND DR                                                                                                               |                          |                                                                                                                                        | 10                                       |                                                            |
| LOT/BLOCK                                                                                                                          |                          | RECORDED SUBDIVISION NAME                                                                                                              |                                          |                                                            |
| 159.5                                                                                                                              |                          | SUN CITY LAS VEGAS 35                                                                                                                  |                                          |                                                            |
| FIRE DEPT. MAP NO                                                                                                                  | JOB PHONE                | CALL-IN-DATE                                                                                                                           | CALL-IN TIME                             | SCHEDULE DATE                                              |
| 2114-69                                                                                                                            | 256-5524                 | 06/04/93                                                                                                                               | 09:21                                    | 06/07/93                                                   |
| INSPECTOR/NAME                                                                                                                     |                          | MARKETING/BUSINESS NAME                                                                                                                |                                          |                                                            |
| JESSE SCHELL - 67                                                                                                                  |                          |                                                                                                                                        |                                          |                                                            |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                          | TOP OUT-WATER, GAS, WASTE (420)                                                                                                        |                                          |                                                            |
| <p>- strap 1/2 water TO overhead<br/>in garage (insulate if needed)</p> <p>- cap 2" waste some place (2)</p>                       |                          |                                                                                                                                        |                                          |                                                            |
| <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"/> REJECTED (R)                                                                                              |                          | <input type="checkbox"/> HOLD<br>(H)                                                                                                   |                                          |                                                            |
| <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                |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                     |                          | <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 |                          |                                                                                                                                        |                                          | 229-6769                                                   |

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> | 93-180364                        | <b>APPLICATION<br/>NUMBER</b> | 116396               |
| <b>JOB ADDRESS</b>              |                          |                                  | <b>INSPECTION NUMBER</b>      |                      |
| 10121 HOPE ISLAND DR            |                          |                                  | 4                             |                      |
| <b>LOT/BLOCK</b>                |                          | <b>RECORDED SUBDIVISION NAME</b> |                               |                      |
| 159 5                           |                          | SUN CITY LAS VEGAS 35            |                               |                      |
| <b>FIRE DEPT. MAP NO.</b>       | <b>JOB PHONE</b>         | <b>CALL-IN DATE</b>              | <b>CALL-IN TIME</b>           | <b>SCHEDULE DATE</b> |
| 2114-69                         | 256-5524                 | 06/10/93                         | 07:46                         | 06/11/93             |
| <b>INSPECTOR/NAME</b>           |                          | <b>MARKETING/BUSINESS NAME</b>   |                               |                      |
| JESSE SCHELL - 67               |                          |                                  |                               |                      |
| <b>INSPECTION<br/>REQUESTED</b> |                          | INSULATION (123)                 |                               |                      |

Cancel

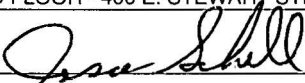
|                                                                                                                                    |                                                  |                                                                                                                                      |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P) | <b>PARTIAL DESCRIPTION</b>                                                                                                           |                                                            |                                             |
| <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><br>6-11-93           |
| <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 &amp; SAFETY CITY OF LAS VEGAS

|                                     |                  |                           |                       |               |
|-------------------------------------|------------------|---------------------------|-----------------------|---------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER | 93-180364                 | APPLICATION<br>NUMBER | 116396        |
| JOB ADDRESS                         |                  |                           | INSPECTION NUMBER     |               |
| 10121 HOPE ISLAND DR                |                  |                           | 35                    |               |
| LOT/BLOCK                           |                  | RECORDED SUBDIVISION NAME |                       |               |
| 159 5                               |                  | SUN CITY LAS VEGAS 35     |                       |               |
| FIRE DEPT MAP NO.                   | JOB PHONE        | CALL-IN-DATE              | CALL-IN TIME          | SCHEDULE DATE |
| 2114-69                             | 256-5524         | 06/07/93                  | 13:52                 | 06/08/93      |
| INSPECTOR/NAME                      |                  | MARKETING/BUSINESS NAME   |                       |               |
| JESSE SCHELL - 67                   |                  |                           |                       |               |
| INSPECTION<br>REQUESTED             | INSULATION (123) |                           |                       |               |

Cancel

|                                                                                                                                    |                                                                                                                                        |                                                                                     |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                                                                 |                                                            |                                             |
| <input type="checkbox"/> APPROVED<br>(A)                                                                                           | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C)                                            | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                   | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                                                                     |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                                                     |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                        |  |                                                            | INSPECTION DATE                             |
|                                                                                                                                    |                                                                                                                                        |                                                                                     |                                                            | 6-8-93                                      |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                                                     |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                                                                     |                                                            | 229-6769                                    |

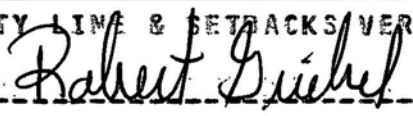
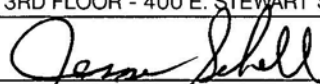
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                              |                                                                                            |                                                                                                                                                        |                                                                    |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                          | <b>PERMIT<br/>NUMBER</b>                                                                   | <b>93-180364</b>                                                                                                                                       | <b>INSPECTION<br/>NUMBER</b>                                       | <b>39</b>                                               |
| <b>JOB ADDRESS</b> <b>10121 HOPE ISLAND DR</b> <b>116396</b>                                                                                 |                                                                                            |                                                                                                                                                        |                                                                    |                                                         |
| <b>LOT NO.</b><br><b>159</b>                                                                                                                 |                                                                                            | <b>BLOCK NO.</b><br><b>5</b>                                                                                                                           |                                                                    | <b>SUBDIVISION NAME</b><br><b>SUN CITY LAS VEGAS 35</b> |
| <b>FIRE DEPT. MAP NO.</b><br><b>2114-69</b>                                                                                                  | <b>JOB PHONE</b><br><b>000-0369</b>                                                        | <b>CALL-IN DATE</b><br><b>04/12/93</b>                                                                                                                 | <b>CALL-IN TIME</b><br><b>14:38</b>                                | <b>SCHEDULE DATE</b><br><b>04/13/93</b>                 |
| <b>INSPECTOR NO.</b><br><b>67/64</b>                                                                                                         |                                                                                            | <b>INSPECTOR NAME</b><br><b>JESSE SCHELL</b>                                                                                                           |                                                                    |                                                         |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                              |                                                                                            | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b>                                                                                                            |                                                                    |                                                         |
| <b>PROPERTY LINE &amp; SETBACKS VERIFIED BY:</b><br><div style="text-align: center; font-size: 1.5em; margin-top: 10px;"><i>Murphy</i></div> |                                                                                            |                                                                                                                                                        |                                                                    |                                                         |
|                                                                                                                                              |                                                                                            |                                                                                                                                                        |                                                                    |                                                         |
| <input type="checkbox"/> <b>PARTIAL<br/>INSPECTION</b>                                                                                       | <input type="checkbox"/> <b>PARTIAL<br/>APPROVAL (P)</b>                                   | <b>PARTIAL DESCRIPTION</b>                                                                                                                             |                                                                    |                                                         |
| <input checked="" type="checkbox"/> <b>APPROVED<br/>(A)</b>                                                                                  | <input type="checkbox"/> <b>STOP<br/>WORK (S)</b>                                          | <input type="checkbox"/> <b>COMMENTS<br/>(C)</b>                                                                                                       | <input type="checkbox"/> <b>TEMPORARY<br/>APPROVAL (T) — UNTIL</b> | <input type="checkbox"/> <b>HOLD<br/>(H)</b>            |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                                 | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                             |                                                                                                                                                        |                                                                    | <input type="checkbox"/> <b>PERMIT<br/>REQUIRED</b>     |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                    | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br/>3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                        |                                                                    |                                                         |
| <b>INSPECTOR<br/>SIGNATURE</b>                            |                                                                                            |                                                                                                                                                        | <b>INSPECTION DATE</b><br><b>4/13/93</b>                           |                                                         |
| <input type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                                         |                                                                                            | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS<br/>SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                                    |                                                         |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br/>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b>   |                                                                                            |                                                                                                                                                        |                                                                    | <b>229-6769</b>                                         |

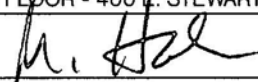
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                       |                                                                                                                                     |                                       |                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                   | <b>PERMIT NUMBER</b>                                                                                                                | 93-130364                             | <b>INSPECTION NUMBER</b>                                | 44                                                                                           |
| <b>JOB ADDRESS</b> 10121 HOPE ISLAND DR 116396                                                                                        |                                                                                                                                     |                                       |                                                         |                                                                                              |
| <b>LOT NO.</b><br>159                                                                                                                 |                                                                                                                                     | <b>BLOCK NO.</b><br>5                 |                                                         | <b>SUBDIVISION NAME</b><br>SUN CITY LAS VEGAS 35                                             |
| <b>FIRE DEPT. MAP NO.</b><br>2114-69                                                                                                  | <b>JOB PHONE</b><br>000-0369                                                                                                        | <b>CALL-IN DATE</b><br>04/23/93       | <b>CALL-IN TIME</b><br>14:27                            | <b>SCHEDULE DATE</b><br>04/26/93                                                             |
| <b>INSPECTOR NO.</b><br>67                                                                                                            |                                                                                                                                     | <b>INSPECTOR NAME</b><br>JESSE SCHELL |                                                         |                                                                                              |
| <b>INSPECTION REQUESTED</b> PRE-SLAB (105)                                                                                            |                                                                                                                                     |                                       |                                                         |                                                                                              |
| <b>PROPERTY LINE &amp; SETBACKS VERIFIED BY:</b><br> |                                                                                                                                     |                                       |                                                         |                                                                                              |
|                                                                                                                                       |                                                                                                                                     |                                       |                                                         |                                                                                              |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                           | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | <b>PARTIAL DESCRIPTION</b>            |                                                         |                                                                                              |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                      | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)                                                            |
| <input type="checkbox"/> REJECTED (R)                                                                                                 | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED                                                     |
| <input type="checkbox"/> REFEE (F)                                                                                                    | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                                                                              |
| <b>INSPECTOR SIGNATURE</b><br>                     |                                                                                                                                     | <b>INSPECTION DATE</b><br>4-26-93     |                                                         |                                                                                              |
| <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>1</b>                                                                                                                        | <b>PERMIT NUMBER</b>                                                                                                                | 93-180364                             | <b>INSPECTION NUMBER</b>                                | 8                                 |
| <b>JOB ADDRESS</b>                                                                                                              |                                                                                                                                     |                                       |                                                         |                                   |
| 10121 HOPE ISLAND DR                                                                                                            |                                                                                                                                     |                                       | 116396                                                  |                                   |
| <b>LOT NO</b>                                                                                                                   | <b>BLOCK NO.</b>                                                                                                                    | <b>SUBDIVISION NAME</b>               |                                                         |                                   |
| 159                                                                                                                             | 5                                                                                                                                   | SUN CITY LAS VEGAS 35                 |                                                         |                                   |
| <b>FIRE DEPT. MAP NO</b>                                                                                                        | <b>JOB PHONE</b>                                                                                                                    | <b>CALL-IN DATE</b>                   | <b>CALL-IN TIME</b>                                     | <b>SCHEDULE DATE</b>              |
| 2114-69                                                                                                                         | 256-5524                                                                                                                            | 04/21/93                              | 09:40                                                   | 04/22/93                          |
| <b>INSPECTOR NO</b>                                                                                                             | <b>INSPECTOR NAME</b>                                                                                                               |                                       |                                                         |                                   |
| 67                                                                                                                              | JESSE SCHELL                                                                                                                        |                                       |                                                         |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                                     | UNDERSLAB PLUMBING (407)                                                                                                            |                                       |                                                         |                                   |
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | <b>PARTIAL DESCRIPTION</b>            |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                  |                                       | <b>INSPECTION DATE</b>                                  |                                   |
|                                                                                                                                 |                                                                                                                                     |                                       | 4-22-93                                                 |                                   |
| <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                          |

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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                              |                                                                                                                                    |                                       |                                                         |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                                                          | <b>PERMIT NUMBER</b>                                                                                                               | 93-180364                             | <b>APPLICATION NUMBER</b>                               | 116396-8                          |
| JOB ADDRESS                                                                                                                                                                                                                                  |                                                                                                                                    |                                       | INSPECTION NUMBER                                       |                                   |
| 10121 HOPE ISLAND DR                                                                                                                                                                                                                         |                                                                                                                                    |                                       | 11                                                      |                                   |
| LOT/BLOCK                                                                                                                                                                                                                                    |                                                                                                                                    | RECORDED SUBDIVISION NAME             |                                                         |                                   |
| 159 5                                                                                                                                                                                                                                        |                                                                                                                                    | SUN CITY LAS VEGAS 35                 |                                                         |                                   |
| FIRE DEPT MAP NO.                                                                                                                                                                                                                            | JOB PHONE                                                                                                                          | CALL-IN DATE                          | CALL-IN TIME                                            | SCHEDULE DATE                     |
| 2114-69                                                                                                                                                                                                                                      | 256-5524                                                                                                                           | 07/29/93                              | 07:56                                                   | 07/30/93                          |
| INSPECTOR/NAME                                                                                                                                                                                                                               |                                                                                                                                    | MARKETING/BUSINESS NAME               |                                                         |                                   |
| JESSE SCHELL - 67                                                                                                                                                                                                                            |                                                                                                                                    |                                       |                                                         |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                                                                  |                                                                                                                                    | <b>FINAL PLUMBING (440)</b>           |                                                         |                                   |
| <div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 10%; left: 10%; font-size: 2em; opacity: 0.5;">             10121<br/>HOPE ISLAND<br/>DR<br/>SUN CITY LAS VEGAS 35           </div> </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"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                                                                                                                                        | REINSPECTION REQUIRED - CALL * 229-2071                                                                                            |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                                                                                                                                           | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                    |                                       |                                                         |                                   |
| INSPECTOR SIGNATURE                                                                                                                                                                                                                          |                                                                                                                                    | INSPECTION DATE                       |                                                         |                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                    | 7-30-93                               |                                                         |                                   |
| <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                          |

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