

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

93-177364

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

PLUMBING PERMIT

LOG NO. & AREA P115 DATE \_\_\_\_\_ CONST. VAL. \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION 10009 Hope Island Drive OWNER Del Webb PHONE 876-5952CONTRACTOR Cox & Sons Plumbing & Heating STATE LICENSE NO. 7596A CITY LICENSE NO. 10100LOT(s) 172 BLOCK \_\_\_\_\_ SUBDIVISION Sun City Summerlin S35 ZONE \_\_\_\_\_PROPOSED CONSTRUCTION: SFD USE: RESPLUMBING  
PERMIT NO. \_\_\_\_\_

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

| UNITS                            | DESCRIPTION                                                         | FEE     | TOTAL |
|----------------------------------|---------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                     |         |       |
| 1                                | For Issuing Each Permit                                             | 15 50   | 15.50 |
|                                  | For Issuing Each Supplemental Permit                                | 5 20    |       |
| <b>FIXTURE CHARGE</b>            |                                                                     |         |       |
| 6                                | Bathtub, Shower, Lavatory, Toilet, Urinal                           | EA 2 25 | 13.50 |
|                                  | Floor Drain, Floor Sink, Wash Tray, Sink                            | EA 2 25 | 2.25  |
| 3                                | Garbage Disposal, Clothes Washer, Dishwasher (residential)          | EA 2 25 | 6.25  |
|                                  | Garbage Disposal (commercial)                                       | EA 8 90 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                             | EA 2 25 |       |
|                                  | Clothes Dryer (gas) (venting)                                       | 2 25    |       |
|                                  | Dental Unit                                                         | 8 90    |       |
|                                  | Drinking Fountain                                                   | 2 25    |       |
| 1                                | Refrigerator - Ice Maker, Water Dispenser                           | 2 25    | 2.25  |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers | EA 2 25 |       |
| 1                                | Hot Water Heater (Gas or Electric)                                  | 2 25    | 2.25  |
| <b>SEWER SYSTEM</b>              |                                                                     |         |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                | 11 05   | 11.05 |
|                                  | Grease or Sand Trap or Interceptor                                  | 2 25    |       |
|                                  | Trailer Trap (rental parks)                                         | 5 50    |       |
| <b>WATER SOFTENERS</b>           |                                                                     |         |       |
|                                  | Non Permanent Type (rental)                                         | 2 25    |       |
|                                  | Permanent Type (connected to drain)                                 | 2 25    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                     |         |       |
| 1                                | Single Family Dwelling                                              | 6 70    | 6.70  |
|                                  | Multi-Family Dwelling                                               | 6 70    |       |
|                                  | Plus Each Dwelling Unit                                             | 3 40    |       |
|                                  | Commercial Building per floor                                       | 3 40    |       |
|                                  | Plus Each Unit (leased space or office)                             | 2 25    |       |
|                                  | Hotel or Motel                                                      | 8 90    |       |
|                                  | Plus Each Unit                                                      | 3 40    |       |
|                                  | Trailer Park                                                        | 33 00   |       |
|                                  | Plus Each Space                                                     | 2 25    |       |
|                                  | Irrigation Single Family Dwelling                                   | 8 90    |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart    |         |       |
|                                  | Construction Valuation _____                                        |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                          | FEE            | TOTAL |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                      |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                               | 6 70           | 6.70  |
|                                   | Multi-Family Dwelling                                                                                                                                                                                                | 11.05          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                       | 2 25           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                      | 6 70           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                              | 6 70           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                  | 13.30          |       |
|                                   | Each Gas Appliance (Any Type)                                                                                                                                                                                        | 2 25           |       |
|                                   | Steam Boilers                                                                                                                                                                                                        | 5 80           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                      |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                        | 5 80           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                 | 5.80           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                      |                |       |
|                                   | For Onsite Sewer, Gas or Water Contract Value. Fee based on Building Code Permit Valuation Chart.                                                                                                                    |                |       |
| <b>OTHER INSPECTION AND FEES:</b> |                                                                                                                                                                                                                      |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours).                                                                                                                                           | 40.00 per hour |       |
|                                   | Under provisions of Table 3-A of the Uniform Building Code, work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$40.00 per each inspection during business hours | 40.00 each     |       |
|                                   | Additional plan review required by changes. Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 40.00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                    |                |       |
|                                   | Construction Valuation _____                                                                                                                                                                                         |                |       |

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

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

FEE 66.952310-2403  
PERMIT  
FEE \_\_\_\_\_TOTAL  
FEES 66.95

RECEIPT

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

MUST BE MACHINE VALIDATED

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

Kenneth Cox 197  
SIGNED CONTRACTOR MASTER CARD NO.

Kenneth Cox

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

M. Benbow 2-24-93  
BUILDING DEPT DATE

Permit Expires 180 Days After Abandonment of Work

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

AIR CONDITIONING PERMIT

PLAN CHECK NO. P115 DATE \_\_\_\_\_ CONST. VAL. \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION 10009 Hope Island OWNER Del Webb PHONE 732-2545CONTRACTOR Quality Mechanical STATE LICENSE NO. 10867A CITY LICENSE NO. C11766-200577LOT(s) S 35 BLOCK 172 SUBDIVISION Sun City 93R103 ZONE: \_\_\_\_\_PROPOSED CONSTRUCTION 1-3.5 ton, 3 bath fans, 1 kitchen hood

USE: \_\_\_\_\_

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                            |       |       |
| 1                        | For the issuance of each permit.                                                                                                                                                                                                                           | 15 50 | 15.50 |
|                          | For issuing each supplemental permit                                                                                                                                                                                                                       | 5 20  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                            |       |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h.                                                                          | 10.00 |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance over 100,000 Btu/h                                                                                           | 12 20 |       |
|                          | For the installation or relocation of each floor furnace, including vent                                                                                                                                                                                   | 10 00 |       |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater                                                                                                                                             | 10 00 |       |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit.                                                                                                                                  | 5.20  |       |
|                          | For the repair of, alteration of, or addition to each heating appliance, refrigeration unit, cooling unit, absorption unit, or each heating, cooling absorption, or evaporative cooling system, including installation of controls regulated by this code. | 10 00 |       |
|                          | For the installation or relocation of each boiler or compressor to and including three tons, or each absorption system to and including 100 000 Btu/h.                                                                                                     | 10.00 |       |
| 1                        | For the installation or relocation of each boiler or compressor over three tons to and including 15 tons, or each absorption system over 100,000 Btu/h and including 500,000 Btu/h.                                                                        | 18.20 | 18.20 |
|                          | For the installation or relocation of each boiler or compressor over 15 tons to and including 30 tons, or each absorption system over 500,000 Btu/h to and including 1,000,000 Btu/h                                                                       | 24.95 |       |
|                          | For the installation or relocation of each boiler or compressor over 30 tons to and including 50 tons, or for each absorption system over 1,000,000 Btu/h to and including 1,750,000 Btu/h.                                                                | 37.00 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h.                                                                                                                | 61 90 |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                                 | FEE            | TOTAL |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                    | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br><b>Note:</b> This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code | 7.20           |       |
|                                    | For each air-handling unit over 10,000 cfm                                                                                                                                                                                                                                                                                                  | 12.20          |       |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                       | 7.20           |       |
| 4                                  | For each ventilation fan <b>COMMERCIAL</b>                                                                                                                                                                                                                                                                                                  | 5 20           |       |
|                                    | <b>RESIDENTIAL</b>                                                                                                                                                                                                                                                                                                                          | 2 65           | 10.00 |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                        | 7 20           |       |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                                 | 7 20           |       |
|                                    | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                       | 5 20           |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                             |                |       |
|                                    | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                                                                                                                                                                                 | 40 00 per hour |       |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code                                                                                                                                                                                                                                                        | 40 00 each     |       |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one hour)                                                                                                                                                                                                                                                          | 40 00 per hour |       |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours)                                                                                                                                                                                                                           | 40 00 per hour |       |
|                                    | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                                                                                                                                         |                |       |
|                                    | Gas piping which is directly related and necessary to the repair or replacement of heating, air conditioning, or refrigeration systems not exceeding 500,000 BTU/H.                                                                                                                                                                         | 7.20           |       |

2310-2435

RECEIPT

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

SIGNED \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ MASTER CARD NO \_\_\_\_\_

Quality Mechanical

BY \_\_\_\_\_ Spec. Contr'r or Owner

3/4/93

BUILDING DEPT \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT  
FEETOTAL  
FEES

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

## ELECTRICAL PERMIT

PLAN CHECK NO. P-115 DATE APRIL 06, 1993 CONST. VAL. \$                     ADDRESS OF CONSTRUCTION 10009 HOPE ISLAND DR OWNER DEL WEBB COMMUNITIESCONTRACTOR TIME ELECTRIC, INC STATE LICENSE NO. 020824-A CITY LICENSE NO. 023572(PRINT NAME OF MASTER ELECTRICIAN) JOHN HINKEL MASTER CARD NO. 180 CONTRACTOR PHONE 739-8554PROPOSED CONSTRUCTION: S35 LOT 172 / MODEL H4203 RL103ELECTRIC PERMIT NO.                     

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

| UNITS                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                          | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                    |                                                                                                                                                                                                                                                      |       |       |
| 1                                                                                                                         | For Issuing Each Permit                                                                                                                                                                                                                              | 15.50 | 15.50 |
|                                                                                                                           | Supplemental Fee                                                                                                                                                                                                                                     | 5.20  | 0.00  |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                      |       |       |
| <b>Residential or General Commercial</b>                                                                                  |                                                                                                                                                                                                                                                      |       |       |
| 79                                                                                                                        | Receptacle <u>48</u> Switch <u>31</u>                                                                                                                                                                                                                | 50    | 39.50 |
| 29                                                                                                                        | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                             | .40   | 11.60 |
| 5                                                                                                                         | EACH OUTLET FOR SPECIAL PURPOSE Dishwasher, Garbage Grinder, Trash Compactor, GFI, Clothes Washer, Dryer, Electric Range, Ovens, Water Heater, Space Heater, Blast Coil Heater, (PER KW), Mercury Lamp, Quartz Lamp, Sodium Lamp, 20AMP Sign Circuit | .80   | 4.00  |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                           | 11.05 | 0.00  |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                    | 8.60  | 0.00  |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                          | 3.40  | 0.00  |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                      |       |       |
|                                                                                                                           | First H.P. or Ton For each Unit                                                                                                                                                                                                                      | 3.40  | 0.00  |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                              | 3.40  | 0.00  |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                            | 60    | 0.00  |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                             | 45    | 0.00  |
|                                                                                                                           | Temporary power or Pole                                                                                                                                                                                                                              | 6.70  | 0.00  |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                      |       |       |
| 1                                                                                                                         | Up to 200 AMP                                                                                                                                                                                                                                        | 6.70  | 6.70  |
|                                                                                                                           | 400 AMP And 600 AMP                                                                                                                                                                                                                                  | 13.85 | 0.00  |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                             | 27.65 | 0.00  |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                        | 55.25 | 0.00  |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                         | .60   | 0.00  |
|                                                                                                                           | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                            | 3.40  | 0.00  |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                          | 22.00 | 0.00  |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                          | 33.00 | 0.00  |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                 | 8.90  | 0.00  |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                   | 3.40  | 0.00  |

| UNITS                                                                     | DESCRIPTION                                                                                                                                                             | FEE            | TOTAL |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                           | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                | 3.40           |       |
|                                                                           | Gas Pumps, Dispensers (Each)                                                                                                                                            | 3.40           | 0.00  |
| 1                                                                         | Permanent A/C Unit (5 Tons or Less)                                                                                                                                     | 3.40           | 3.40  |
| 1                                                                         | Each Air Handler                                                                                                                                                        | 1.15           | 1.15  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                              |                                                                                                                                                                         |                |       |
|                                                                           | Speaker Outlets (Each)                                                                                                                                                  | .40            | 0.00  |
|                                                                           | Signal or Alarm Outlets (Each)                                                                                                                                          | .40            | 0.00  |
|                                                                           | Amplifiers                                                                                                                                                              | 2.80           | 0.00  |
|                                                                           | Control Panel                                                                                                                                                           | .60            | 0.00  |
| 5                                                                         | TV Master System                                                                                                                                                        | 40             | 2.00  |
| 8                                                                         | Telephone or Computer Outlet                                                                                                                                            | .40            | 2.40  |
|                                                                           | Wiring                                                                                                                                                                  | 10.00          |       |
| <b>OTHER INSPECTIONS AND FEES: INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                         |                |       |
|                                                                           | Inspections outside of normal business hours (minimum charge — three hours)                                                                                             | 40.00 per hour |       |
|                                                                           | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$40.00 EACH                                                                     | 40.00 each     |       |
|                                                                           | Inspections for which no fee is specifically indicated (minimum charge — one hour)                                                                                      | 40.00 per hour |       |
|                                                                           | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — one hour). After work hours — \$40.00 per hour — minimum 1 hour. | 40.00 per hour |       |
|                                                                           | Starter Permit                                                                                                                                                          | 52.00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                             |                                                                                                                                                                         |                |       |
|                                                                           | Commercial — Burglar Alarms                                                                                                                                             |                |       |
|                                                                           | — Music Systems                                                                                                                                                         |                |       |
|                                                                           | — Data Processing                                                                                                                                                       |                |       |
|                                                                           | — Communication                                                                                                                                                         |                |       |
|                                                                           | Conduit Only—Contract Price                                                                                                                                             |                |       |
|                                                                           | All Misc. Electric                                                                                                                                                      |                |       |

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

# 2310-2432

## RECEIPT

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

SIGNED HOMEOWNER, CONTRACTOR

PERMIT FEE \$86.25LESS STARTER PERMIT                     TOTAL FEES                     PERMIT NO.                     

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO. 93-175926

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 2/5/93 CONST. VAL. \$ 46,700.00ADDRESS OF CONSTRUCTION 10009 Hope Island Drive OWNER Del Webb Corporation PHONE 363-2111LOT(s) 172 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 1514 2ND N/A GARAGE 512 PORCH 162 TOTAL 2188CONTRACTOR 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

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 [Signature] DATE 2/10/93PLANNING DEPT. [Signature] DATE 2/10/93BUILDING DEPT. [Signature] DATE 2/8/93

| 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 |     |
| 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 |     |

| 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  |            |
| 1113 - 2437 ZONING                            |        | 17.00      |
| 2310 - 2431 PLAN REVIEW                       |        | 10.00      |
| 2310 - 2401 BLDG PERMIT                       |        | 345.00     |
| 7143 - 2973 SEWER CONNECTION                  |        | 1,100.00   |
| 6122 - 3352 TORTOISE                          |        |            |
| - 2897 P.I.F.                                 |        |            |
| 88100-1232 TRANSPORT                          |        | 500.00     |
| TOTAL FEES                                    |        | \$1,972.00 |

## SPECIAL CONDITIONS

H4203A

RECEIPT  
MUST BE MACHINE VALIDATED

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work



## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

93-183015

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS CALL 229-2074

## ELECTRICAL PERMIT

PLAN CHECK NO. P-115

119794

993 CONST. VAL. \$

ADDRESS OF CONSTRUCTION 10009 HOPE ISLAND DR. OWNER DEL WEBB COMMUNITIES

CONTRACTOR TIME ELECTRIC, INC.

STATE LICENSE NO. 020824-A

CITY LICENSE NO. 023572

JOHN HINKELL

180

739-8554

(PRINT NAME OF MASTER ELECTRICIAN)

MASTER CARD NO.

CONTRACTOR PHONE

PROPOSED CONSTRUCTION: S35 LOT 172 / MODEL H4203 RL103

ELECTRIC PERMIT NO.

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

| UNITS                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                                               | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                    |                                                                                                                                                                                                                                                                           |       |       |
| 1                                                                                                                         | For Issuing Each Permit                                                                                                                                                                                                                                                   | 15 50 | 15.50 |
|                                                                                                                           | Supplemental Fee                                                                                                                                                                                                                                                          | 5 20  | 0.00  |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                                           |       |       |
| <b>Residential or General Commercial</b>                                                                                  |                                                                                                                                                                                                                                                                           |       |       |
| 79                                                                                                                        | Receptacle 48 Switch 31                                                                                                                                                                                                                                                   | 50    | 39.50 |
| 29                                                                                                                        | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                                  | 40    | 11.60 |
| 5                                                                                                                         | EACH OUTLET FOR SPECIAL PURPOSE:<br>Dishwasher, Garbage Grinder, Trash Compactor;<br>G.F.I., Clothes Washer, Dryer, Electric Range,<br>Ovens, Water Heater, Space Heater, Blast Coil<br>Heater, (PER K.W.), Mercury Lamp, Quartz Lamp,<br>Sodium Lamp, 20AMP Sign Circuit | 80    | 4.00  |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                                                | 11 05 | 0.00  |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                                         | 8 60  | 0.00  |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                                               | 3 40  | 0.00  |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                                           |       |       |
|                                                                                                                           | First H.P. or Ton For each Unit                                                                                                                                                                                                                                           | 3 40  | 0.00  |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                                                   | 3 40  | 0.00  |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                                 | .60   | 0.00  |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                                  | .45   | 0.00  |
|                                                                                                                           | Temporary power or Pole                                                                                                                                                                                                                                                   | 6.70  | 0.00  |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                                           |       |       |
| 1                                                                                                                         | Up to 200 AMP                                                                                                                                                                                                                                                             | 6 70  | 6.70  |
|                                                                                                                           | 400 AMP And 600 AMP                                                                                                                                                                                                                                                       | 13.85 | 0.00  |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                                  | 27.65 | 0.00  |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                                             | 55 25 | 0.00  |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                                              | 60    | 0.00  |
|                                                                                                                           | Sub Panel, Motor Control Center<br>Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                              | 3.40  | 0.00  |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                                               | 22.00 | 0.00  |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                               | 33 00 | 0.00  |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                                      | 8 90  | 0.00  |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                                        | 3 40  | 0.00  |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                      | FEE               | TOTAL |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                         | 3.40              |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                     | 3.40              | 0.00  |
| 1                                                                             | Permanent A/C Unit (5 Tons or Less)                                                                                                                                              | 3.40              | 3.40  |
| 1                                                                             | Each Air Handler                                                                                                                                                                 | 1 15              | 1.15  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                                  |                   |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                           | 40                | 0.00  |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                                   | 40                | 0.00  |
|                                                                               | Amplifiers                                                                                                                                                                       | 2 80              | 0.00  |
|                                                                               | Control Panel                                                                                                                                                                    | .60               | 0.00  |
| 5                                                                             | TV Master System                                                                                                                                                                 | .40               | 2.00  |
| 6                                                                             | Telephone or Computer Outlet                                                                                                                                                     | 40                | 2.40  |
|                                                                               | Wiring                                                                                                                                                                           | 10.00             |       |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                  |                   |       |
|                                                                               | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                   | 40 00<br>per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE<br>3-A of the Uniform Building Code = \$40 00 EACH                                                                           | 40 00<br>each     |       |
|                                                                               | Inspections for which no fee is specifically<br>indicated (minimum charge — one hour)                                                                                            | 40 00<br>per hour |       |
|                                                                               | Additional plan review required by changes, additions<br>or revisions to approved plans (minimum charge —<br>one hour). After work hours — \$40 00 per hour —<br>minimum 1 hour. | 40.00<br>per hour |       |
|                                                                               | Starter Permit                                                                                                                                                                   | 52 00             |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                                  |                   |       |
|                                                                               | Commercial —Burglar Alarms                                                                                                                                                       |                   |       |
|                                                                               | —Music Systems                                                                                                                                                                   |                   |       |
|                                                                               | —Data Processing                                                                                                                                                                 |                   |       |
|                                                                               | —Communication                                                                                                                                                                   |                   |       |
|                                                                               | Conduit Only—Contract Price                                                                                                                                                      |                   |       |
|                                                                               | All Misc. Electric                                                                                                                                                               |                   |       |

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

# 2310-2432

## RECEIPT

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

SIGNED HOME OWNER, CONTRACTOR

PERMIT FEE \$86.25

LESS  
STARTER PERMITTOTAL  
FEESPERMIT NO. \_\_\_\_\_  
MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

93-178417

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

F



113930

AIR CONDITIONING PERMIT

PLAN CHECK NO. P115 DATE \_\_\_\_\_ CONST. VAL. \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION 10009 Hope Island OWNER Del Webb PHONE 732-2545CONTRACTOR Quality Mechanical STATE LICENSE NO. 10867A CITY LICENSE NO. C11766-200577LOT(s) S 35 BLOCK 172 SUBDIVISION Sun City 93R103 ZONE: \_\_\_\_\_  
1-3.5 ton, 3 bath fans, 1 kitchen hood

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                            |       |       |
| 1                        | For the issuance of each permit.                                                                                                                                                                                                                           | 15.50 | 15.50 |
|                          | For issuing each supplemental permit.                                                                                                                                                                                                                      | 5.20  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                            |       |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h                                                                           | 10.00 |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance over 100,000 Btu/h                                                                                           | 12.20 |       |
|                          | For the installation or relocation of each floor furnace, including vent.                                                                                                                                                                                  | 10.00 |       |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater                                                                                                                                             | 10.00 |       |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit                                                                                                                                   | 5.20  |       |
|                          | For the repair of, alteration of, or addition to each heating appliance, refrigeration unit, cooling unit, absorption unit, or each heating, cooling absorption, or evaporative cooling system, including installation of controls regulated by this code. | 10.00 |       |
|                          | For the installation or relocation of each boiler or compressor to and including three tons, or each absorption system to and including 100,000 Btu/h                                                                                                      | 10.00 |       |
| 1                        | For the installation or relocation of each boiler or compressor over three tons to and including 15 tons, or each absorption system over 100,000 Btu/h and including 500,000 Btu/h.                                                                        | 18.20 | 18.20 |
|                          | For the installation or relocation of each boiler or compressor over 15 tons to and including 30 tons, or each absorption system over 500,000 Btu/h to and including 1,000,000 Btu/h.                                                                      | 24.95 |       |
|                          | For the installation or relocation of each boiler or compressor over 30 tons to and including 50 tons, or for each absorption system over 1,000,000 Btu/h to and including 1,750,000 Btu/h                                                                 | 37.00 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h                                                                                                                 | 61.90 |       |

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

| UNITS                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                                 | FEE            | TOTAL |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                    | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br><b>Note:</b> This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code | 7.20           |       |
|                                    | For each air-handling unit over 10,000 cfm                                                                                                                                                                                                                                                                                                  | 12.20          |       |
|                                    | For each evaporative cooler other than portable type                                                                                                                                                                                                                                                                                        | 7.20           |       |
| 4                                  | For each ventilation fan. <b>COMMERCIAL</b>                                                                                                                                                                                                                                                                                                 | 5.20           |       |
|                                    | <b>RESIDENTIAL</b>                                                                                                                                                                                                                                                                                                                          | 2.65           | 10.40 |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                        | 7.20           |       |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood                                                                                                                                                                                                                                  | 7.20           |       |
|                                    | For each fire damper installed in an existing system                                                                                                                                                                                                                                                                                        | 5.20           |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                             |                |       |
|                                    | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                                                                                                                                                                                 | 40.00 per hour |       |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code                                                                                                                                                                                                                                                        | 40.00 each     |       |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one hour)                                                                                                                                                                                                                                                          | 40.00 per hour |       |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours)                                                                                                                                                                                                                           | 40.00 per hour |       |
|                                    | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                                                                                                                                         |                |       |
|                                    | Gas piping which is directly related and necessary to the repair or replacement of heating, air conditioning, or refrigeration systems not exceeding 500,000 BTU/H                                                                                                                                                                          | 7.20           |       |

2310-2435

RECEIPT

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

SIGNED \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ MASTER CARD NO \_\_\_\_\_

Quality Mechanical

BY \_\_\_\_\_ Spec. Contr. or Owner

BUILDING DEPT

DATE

PERMIT FEE 4430

TOTAL FEES \_\_\_\_\_

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

93-177364

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

PLUMBING PERMIT



114835

LOG NO. &amp; AREA P115 DATE CONST. VAL. \$

ADDRESS OF CONSTRUCTION 10009 Hope Island Drive OWNER Del Webb PHONE 876-5952

CONTRACTOR Cox &amp; Sons Plumbing &amp; Heating STATE LICENSE NO. 7596A CITY LICENSE NO. 10100

LOT(s) 172 BLOCK SUBDIVISION Sun City Summerlin S35 ZONE:

PROPOSED CONSTRUCTION: SFD USE: RES

PLUMBING PERMIT NO.

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

| UNITS                            | DESCRIPTION                                                         | FEE     | TOTAL |
|----------------------------------|---------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                     |         |       |
| 1                                | For Issuing Each Permit                                             | 15.50   | 15.50 |
|                                  | For Issuing Each Supplemental Permit                                | 5.20    |       |
| <b>FIXTURE CHARGE</b>            |                                                                     |         |       |
| 6                                | Bathtub, Shower, Lavatory, Toilet, Urinal                           | EA 2.25 | 13.50 |
| 1                                | Floor Drain, Floor Sink, Wash Tray, Sink                            | EA 2.25 | 2.25  |
| 3                                | Garbage Disposal, Clothes Washer, Dishwasher (residential)          | EA 2.25 | 6.75  |
|                                  | Garbage Disposal (commercial)                                       | EA 8.90 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                             | EA 2.25 |       |
|                                  | Clothes Dryer (gas) (venting)                                       | 2.25    |       |
|                                  | Dental Unit                                                         | 8.90    |       |
|                                  | Drinking Fountain                                                   | 2.25    |       |
| 1                                | Refrigerator - Ice Maker, Water Dispenser                           | 2.25    | 2.25  |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers | EA 2.25 |       |
| 1                                | Hot Water Heater (Gas or Electric)                                  | 2.25    | 2.25  |
| <b>SEWER SYSTEM</b>              |                                                                     |         |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                | 11.05   | 11.05 |
|                                  | Grease or Sand Trap or Interceptor                                  | 2.25    |       |
|                                  | Trailer Trap (rental parks)                                         | 5.50    |       |
| <b>WATER SOFTENERS</b>           |                                                                     |         |       |
|                                  | Non Permanent Type (rental)                                         | 2.25    |       |
|                                  | Permanent Type (connected to drain)                                 | 2.25    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                     |         |       |
| 1                                | Single Family Dwelling                                              | 6.70    | 6.70  |
|                                  | Multi-Family Dwelling                                               | 6.70    |       |
|                                  | Plus Each Dwelling Unit                                             | 3.40    |       |
|                                  | Commercial Building per floor                                       | 3.40    |       |
|                                  | Plus Each Unit (leased space or office)                             | 2.25    |       |
|                                  | Hotel or Motel                                                      | 8.90    |       |
|                                  | Plus Each Unit                                                      | 3.40    |       |
|                                  | Trailer Park                                                        | 33.00   |       |
|                                  | Plus Each Space                                                     | 2.25    |       |
|                                  | Irrigation Single Family Dwelling                                   | 8.90    |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart    |         |       |
|                                  | Construction Valuation                                              |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                          | FEE            | TOTAL |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                      |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                               | 6.70           | 6.70  |
|                                   | Multi-Family Dwelling                                                                                                                                                                                                | 11.05          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                       | 2.25           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                      | 6.70           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                              | 6.70           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                  | 13.30          |       |
|                                   | Each Gas Appliance (Any Type)                                                                                                                                                                                        | 2.25           |       |
|                                   | Steam Boilers                                                                                                                                                                                                        | 5.80           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                      |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                        | 5.80           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                 | 5.80           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                      |                |       |
|                                   | For Onsite Sewer, Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart.                                                                                                                     |                |       |
| <b>OTHER INSPECTION AND FEES:</b> |                                                                                                                                                                                                                      |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                            | 40.00 per hour |       |
|                                   | Under provisions of Table 3-A of the Uniform Building Code, work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$40.00 per each inspection during business hours | 40.00 each     |       |
|                                   | Additional plan review required by changes. Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 40.00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                    |                |       |
|                                   | Construction Valuation                                                                                                                                                                                               |                |       |

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

*Kenneth Cox* 197  
SIGNED CONTRACTOR MASTER CARD NO.

Kenneth Cox

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

*M. Bealows* 2-24-93  
BUILDING DEPT DATE

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

FIXTURES X

FEE 66.95

2310-2403  
PERMIT  
FEETOTAL 66.95  
FEES

RECEIPT

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO. 93-175926

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

113071

071

## BUILDING PERMIT

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

PLAN CHECK NO. P-115 DATE 2/5/93 CONST. VAL. \$ 46,700.00

ADDRESS OF CONSTRUCTION 10009 Hope Island Drive OWNER Del Webb Corporation PHONE 363-2111

LOT(s) 172 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 1514 2ND N/A GARAGE 512 PORCH 162 TOTAL 2188

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

## 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:

H4203A

BY:  I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY OWNERBY:  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

## 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

## 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

## 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

1113 - 2437 ZONING 17.00

2310 - 2431 PLAN REVIEW 10.00

2310 - 2401 BLDG PERMIT 345.00

7143 - 2973 SEWER CONNECTION 1,100.00

6122 - 3352 TORTOISE

- 2897 PIF

88100-1232 TRANSPORT 500.00

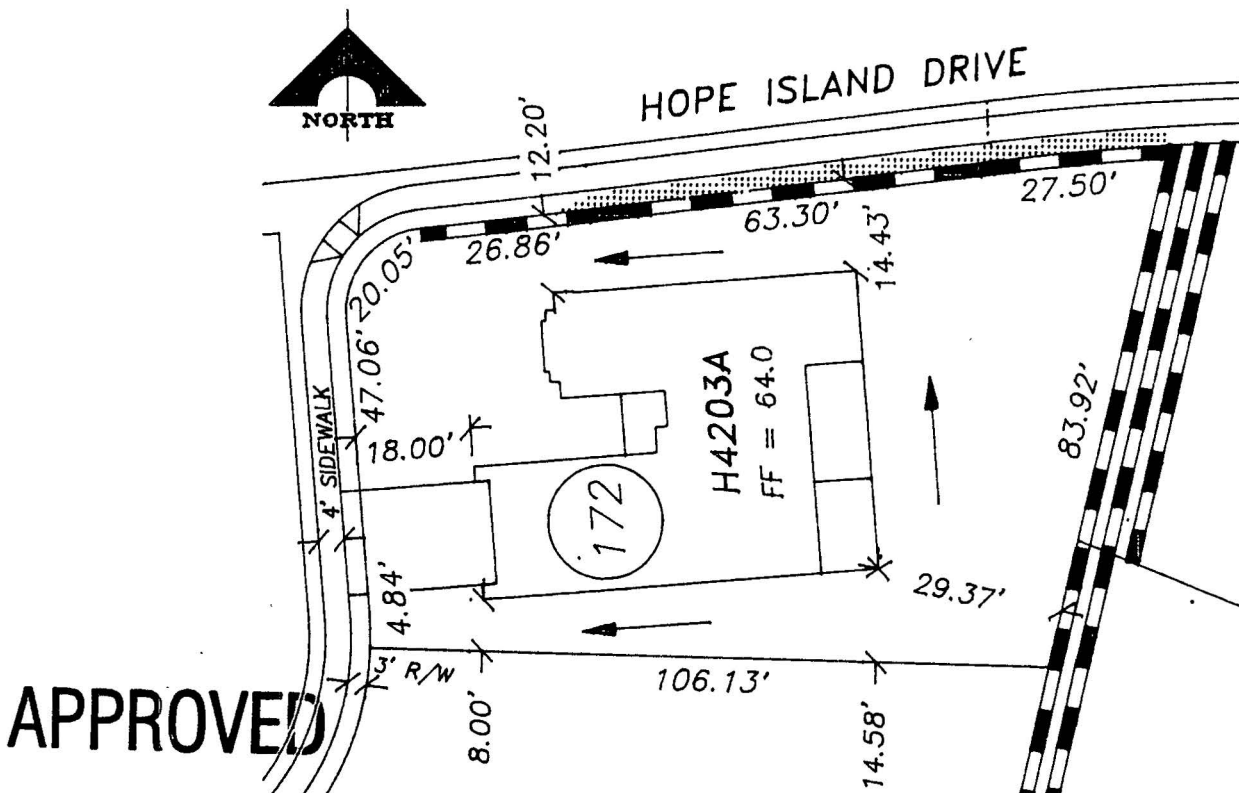
TOTAL FEES \$1,972.00

## RECEIPT

MUST BE MACHINE VALIDATED

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work



By *[Signature]* 2/10/93  
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 2/17/93

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

**SUN CITY LAS VEGAS, NEVADA**

**UNIT #35**

**LOT 172 PLAN H4203A ADDRESS**

**10009 Hope Island Drive**

**DEL E. WEBB COMMUNITIES**



# INSTALLATION CARD

LA HABRA WALL

LA HABRA STUCCO COMPANY

Job Address:

10009 Hope Island

ICBO Evaluation Service, Inc.

Report No. 4226

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

Plastering Contractor:

Name: NEVADA STATE PLASTERING

Telephone

Address: 3308 MEADE AVE.

Number: (     ) \_\_\_\_\_

City: LAS VEGAS, NV 89109

702-373-6110

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.

[Signature]  
Signature of Authorized Representative  
of Plastering Contractor

5/12/67  
Date

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

---

---

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

---

---

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

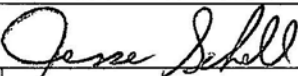
|                                                                                                                                  |                                                                                                                                     |                                       |                                                         |                                   |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <b>1</b>                                                                                                                         | <b>PERMIT NUMBER</b>                                                                                                                | 93-177364                             | <b>APPLICATION NUMBER</b>                               | 114835-4                          |
| <b>JOB ADDRESS</b>                                                                                                               |                                                                                                                                     |                                       | <b>INSPECTION NUMBER</b>                                |                                   |
| 10009 HOPE ISLAND DR                                                                                                             |                                                                                                                                     |                                       | 15                                                      |                                   |
| <b>LOT/BLOCK</b>                                                                                                                 |                                                                                                                                     | <b>RECORDED SUBDIVISION NAME</b>      |                                                         |                                   |
| 172                                                                                                                              |                                                                                                                                     | SUN CITY SUMPERLIN S35                |                                                         |                                   |
| <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                                                                                                                            | 06/18/93                              | 09:26                                                   | 06/21/93                          |
| <b>INSPECTOR NAME</b>                                                                                                            |                                                                                                                                     | <b>MARKETING/BUSINESS NAME</b>        |                                                         |                                   |
| JESSE SCHELL - 47                                                                                                                |                                                                                                                                     | 75 R. PATTERSON                       |                                                         |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                                      |                                                                                                                                     | FINAL PLUMBING (460)                  |                                                         |                                   |
|                                                                                                                                  |                                                                                                                                     |                                       |                                                         |                                   |
| <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                                                                                                                     |                                                                                                                                     | 6-21-93                               |                                                         |                                   |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                             | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O. ISSUANCE (Commercial Only). |                                       |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT. |                                                                                                                                     |                                       |                                                         | 229-6769                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                             |                      |                                  |                           |                      |
|-----------------------------|----------------------|----------------------------------|---------------------------|----------------------|
| <b>X</b>                    | <b>PERMIT NUMBER</b> | 93-177364                        | <b>APPLICATION NUMBER</b> | 114835               |
| <b>JOB ADDRESS</b>          |                      |                                  | <b>INSPECTION NUMBER</b>  |                      |
| 10009 HOPE ISLAND DR        |                      |                                  | 24                        |                      |
| <b>LOT/BLOCK</b>            |                      | <b>RECORDED SUBDIVISION NAME</b> |                           |                      |
| 172                         |                      | SUN CITY SUNPERLIN S35           |                           |                      |
| <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                         | 11:15                     | 06/08/93             |
| <b>INSPECTOR/NAME</b>       |                      | <b>MARKETING/BUSINESS NAME</b>   |                           |                      |
| JESSE SCHELL - 67           |                      |                                  |                           |                      |
| <b>INSPECTION REQUESTED</b> |                      |                                  |                           |                      |
| FINAL GAS TEST (423)        |                      |                                  |                           |                      |

g tag 30628

|                                                                                                                                 |                                               |                                                                                                                                    |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P) | <b>PARTIAL DESCRIPTION</b>                                                                                                         |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)        | <input type="checkbox"/> COMMENTS (C)                                                                                              | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                           |                                               | REINSPECTION REQUIRED - CALL * 229-2071                                                                                            |                                                         |                                          |
| <input type="checkbox"/> REFEE (F)                                                                                              |                                               | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                    |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                               |                                                 |                                                         | <b>INSPECTION DATE</b>                   |
|                                                                                                                                 |                                               |                                                                                                                                    |                                                         | 6-8-93                                   |
| <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> | 93-177364                                                                                                                           | <b>INSPECTION NUMBER</b> | 38                                       |
| <b>JOB ADDRESS</b>                                                                                                              |                      |                                                                                                                                     |                          |                                          |
| 10009 HOPE ISLAND DR 114835                                                                                                     |                      |                                                                                                                                     |                          |                                          |
| <b>LOT NO.</b>                                                                                                                  |                      | <b>BLOCK NO.</b>                                                                                                                    |                          | <b>SUBDIVISION NAME</b>                  |
| 172                                                                                                                             |                      |                                                                                                                                     |                          | SUN CITY SUMMERLIN S35                   |
| <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             | 04/28/93                                                                                                                            | 11:37                    | 04/29/93                                 |
| <b>INSPECTOR NO.</b>                                                                                                            |                      | <b>INSPECTOR NAME</b>                                                                                                               |                          |                                          |
| 67                                                                                                                              |                      | JESSE SCHELL                                                                                                                        |                          |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                      | TOP OUT-WATER, GAS, WASTE (420)                                                                                                     |                          |                                          |
|                                                                                                                                 |                      |                                                                                                                                     |                          |                                          |
| <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"/> REJECTED (R)                                                                                           |                      | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL                                                                             |                          | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REFEE (F)                                                                                              |                      | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                          | <input type="checkbox"/> PERMIT REQUIRED |
|                                                                                                                                 |                      | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                          |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                      | <i>Jesse Schell</i>                                                                                                                 |                          | <b>INSPECTION DATE</b>                   |
|                                                                                                                                 |                      |                                                                                                                                     |                          | 4-29-93                                  |
| <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>H</b>                    | <b>PERMIT NUMBER</b> | 93-177364                                | <b>INSPECTION NUMBER</b> | 46                      |
| <b>JOB ADDRESS</b>          |                      |                                          |                          |                         |
| 10009 MOPE ISLAND DR        |                      |                                          | 114935                   |                         |
| <b>LOT NO.</b>              |                      | <b>BLOCK NO.</b>                         |                          | <b>SUBDIVISION NAME</b> |
| 172                         |                      |                                          |                          | SUN CITY SUMMERLIN S35  |
| <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             | 03/15/93                                 | 13:27                    | 03/16/93                |
| <b>INSPECTOR NO.</b>        |                      | <b>INSPECTOR NAME</b>                    |                          |                         |
| 64                          |                      | DON HARRIS                               |                          |                         |
| <b>INSPECTION REQUESTED</b> |                      | <b>BUILDING SENER (YARD LINES) (405)</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>                |                                                         |                                          |
|                                              |                                                                                                                                     | 3/16/93                               |                                                         |                                          |
| <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>         | <b>93-178417</b>                               | <b>APPLICATION NUMBER</b>      | <b>113930-3</b>                  |
| JOB ADDRESS<br><b>10009 HOPE ISLAND DR</b>    |                              |                                                | INSPECTION NUMBER<br><b>14</b> |                                  |
| LOT/BLOCK<br><b>35 172</b>                    |                              | RECORDED SUBDIVISION NAME<br><b>SUN CITY</b>   |                                |                                  |
| FIRE DEPT MAP NO<br><b>2114-69</b>            | JOB PHONE<br><b>256-5524</b> | CALL-IN-DATE<br><b>06/18/93</b>                | CALL-IN TIME<br><b>09:26</b>   | SCHEDULE DATE<br><b>06/21/93</b> |
| INSPECTOR/NAME<br><b>JESSE SCHELL - 67 79</b> |                              | MARKETING/BUSINESS NAME<br><i>R. Patterson</i> |                                |                                  |
| <b>INSPECTION REQUESTED</b>                   |                              | <b>FINAL MECHANICAL (340)</b>                  |                                |                                  |

|                                                                                                                                 |                                                                                                                                     |                                          |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C)    | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R) REINSPECTION REQUIRED - CALL * 229-2071                                                   |                                                                                                                                     | <input type="checkbox"/> PERMIT REQUIRED |                                                         |                                   |
| <input type="checkbox"/> REFEE (F) REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.              |                                                                                                                                     |                                          |                                                         |                                   |
| INSPECTOR SIGNATURE<br><i>R. Patterson</i>                                                                                      | INSPECTION DATE<br><b>6-21-93</b>                                                                                                   |                                          |                                                         |                                   |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                            | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                          |                                                         | <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>N</b>                    | <b>PERMIT NUMBER</b> | 93-178417                        | <b>APPLICATION NUMBER</b> | 113030-3             |
| <b>JOB ADDRESS</b>          |                      |                                  | <b>INSPECTION NUMBER</b>  |                      |
| 10009 HOPE ISLAND DR        |                      |                                  | 94                        |                      |
| <b>LOT/BLOCK</b>            |                      | <b>RECORDED SUBDIVISION NAME</b> |                           |                      |
| 35 172                      |                      | SUN CITY                         |                           |                      |
| <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             | 06/18/93                         | 09:26                     | 06/21/93             |
| <b>INSPECTOR/NAME</b>       |                      | <b>MARKETING/BUSINESS NAME</b>   |                           |                      |
| <del>JOHN SCHULZ</del> 77   |                      | <i>R. Patterson</i>              |                           |                      |
| <b>INSPECTION REQUESTED</b> |                      | <b>FINAL MECHANICAL (340)</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>                                                                                                              |                                                         |                                          |
| <i>R. Patterson</i>                                                                                                             |                                                                                 | 6-21-93                                                                                                                             |                                                         |                                          |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                            |                                                                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                 |                                                                                                                                     |                                                         | 229-6769                                 |

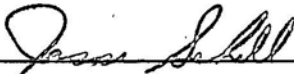
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                             |                      |                               |                          |                      |
|-----------------------------|----------------------|-------------------------------|--------------------------|----------------------|
| <input type="checkbox"/>    | <b>PERMIT NUMBER</b> | 93-178417                     | <b>INSPECTION NUMBER</b> | 36                   |
| <b>JOB ADDRESS</b>          |                      |                               |                          |                      |
| 10009 HOPE ISLAND DR        |                      |                               | 113930                   |                      |
| <b>LOT NO.</b>              |                      | <b>BLOCK NO</b>               | <b>SUBDIVISION NAME</b>  |                      |
| 35                          |                      | 172                           | SUN CITY                 |                      |
| <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             | 04/28/93                      | 11:36                    | 04/29/93             |
| <b>INSPECTOR NO.</b>        |                      | <b>INSPECTOR NAME</b>         |                          |                      |
| 67                          |                      | JESSE SCHELL                  |                          |                      |
| <b>INSPECTION REQUESTED</b> |                      | <b>ROUGH MECHANICAL (320)</b> |                          |                      |

① cut out For cold Air  
return top chord Laundry

② complete Fireplace

|                                                                                                                                    |                                                                                                                                        |                                       |                                                         |                                          |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                         |                                                                                                                                        | <b>INSPECTION DATE</b>                |                                                         |                                          |
|                                                 |                                                                                                                                        | 4-29-93                               |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                          | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                       |                                                         | 229-6769                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <b>11</b>                                                                                                                       | <b>PERMIT NUMBER</b>                                                            | 93-183015                                                                                                                           | <b>APPLICATION NUMBER</b>                               | 119794                                   |
| <b>JOB ADDRESS</b>                                                                                                              |                                                                                 |                                                                                                                                     | <b>INSPECTION NUMBER</b>                                |                                          |
| 10009 HOPE ISLAND DR                                                                                                            |                                                                                 |                                                                                                                                     | 21                                                      |                                          |
| <b>LOT/BLOCK</b>                                                                                                                |                                                                                 | <b>RECORDED SUBDIVISION NAME</b>                                                                                                    |                                                         |                                          |
| 172                                                                                                                             |                                                                                 |                                                                                                                                     |                                                         |                                          |
| <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                                                                                                                         | 739-8554                                                                        | 06/07/93                                                                                                                            | 11:14                                                   | 06/08/93                                 |
| <b>INSPECTOR/NAME</b>                                                                                                           |                                                                                 | <b>MARKETING/BUSINESS NAME</b>                                                                                                      |                                                         |                                          |
| JESSE SCHELL - 67                                                                                                               |                                                                                 |                                                                                                                                     |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                 |                                                                                                                                     |                                                         |                                          |
| FINAL ELECTRICAL (240)                                                                                                          |                                                                                 |                                                                                                                                     |                                                         |                                          |
| <p style="font-size: 2em;">e tag 53448</p>                                                                                      |                                                                                 |                                                                                                                                     |                                                         |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |                                                                                 | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                                                         | <b>PARTIAL DESCRIPTION</b>               |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                          | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                         |                                                                                                                                     |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                     |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                 | <b>INSPECTION DATE</b>                                                                                                              |                                                         |                                          |
| Jesse Schell                                                                                                                    |                                                                                 | 6-8-93                                                                                                                              |                                                         |                                          |
| <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> | 93-153015                        | <b>APPLICATION NUMBER</b> | 119796               |
| <b>JOB ADDRESS</b>                           |                      |                                  | <b>INSPECTION NUMBER</b>  |                      |
| 10009 HOPE ISLAND DR                         |                      |                                  | 15                        |                      |
| <b>LOT/BLOCK</b>                             |                      | <b>RECORDED SUBDIVISION NAME</b> |                           |                      |
| 172                                          |                      |                                  |                           |                      |
| <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             | 06/03/93                         | 19:01                     | 06/04/93             |
| <b>INSPECTOR NAME</b>                        |                      | <b>MARKETING/BUSINESS NAME</b>   |                           |                      |
| <del>JESSE SCHELL</del><br>R. BATTERSON - 25 |                      |                                  |                           |                      |
| <b>INSPECTION REQUESTED</b>                  |                      | FINAL ELECTRICAL (240)           |                           |                      |

Exposed wiring under kitchen cabinets (outer jacket missing on Romex)

|                                                                                                                                 |                                               |                                                                                                                                     |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P) | <b>PARTIAL DESCRIPTION</b>                                                                                                          |                                                         |                                          |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)        | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                |                                               | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                                         |                                          |
| <input type="checkbox"/> REFEE (F)                                                                                              |                                               | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                               | <b>INSPECTION DATE</b>                                                                                                              |                                                         |                                          |
| R. BATTERSON                                                                                                                    |                                               | 6-4-93                                                                                                                              |                                                         |                                          |
| <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> | 93-133095              | <b>INSPECTION NUMBER</b> | 37                      |
| <b>JOB ADDRESS</b>          |                      |                        |                          |                         |
| 10009 HOPE ISLAND DR 119794 |                      |                        |                          |                         |
| <b>LOT NO.</b>              |                      | <b>BLOCK NO.</b>       |                          | <b>SUBDIVISION NAME</b> |
| 172                         |                      |                        |                          |                         |
| <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             | 04/28/93               | 11:37                    | 04/29/93                |
| <b>INSPECTOR NO.</b>        |                      | <b>INSPECTOR NAME</b>  |                          |                         |
| 67                          |                      | JESSE SCHELL           |                          |                         |
| <b>INSPECTION REQUESTED</b> |                      | ROUGH ELECTRICAL (220) |                          |                         |

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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>                |                                                         |                                          |
| <i>Jesse Schell</i>                                                                                                             |                                                                                                                                     | 4-29-93                               |                                                         |                                          |
| <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> | 93-175926                        | <b>APPLICATION NUMBER</b> | 113071-0             |
| <b>JOB ADDRESS</b>                     |                      |                                  | <b>INSPECTION NUMBER</b>  |                      |
| 10000 HOPE ISLAND DR                   |                      |                                  | 13                        |                      |
| <b>LOT/BLOCK</b>                       |                      | <b>RECORDED SUBDIVISION NAME</b> |                           |                      |
| 172 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             | 06/18/93                         | 09:25                     | 06/21/93             |
| <b>INSPECTOR/NAME</b>                  |                      | <b>MARKETING/BUSINESS NAME</b>   |                           |                      |
| <del>JESSE SCHELL - 67</del> <i>TS</i> |                      | <i>R. PATTERSON</i>              |                           |                      |
| <b>INSPECTION REQUESTED</b>            |                      | <b>BUILDING FINAL (140)</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>                                                                                                   | <i>R. Patterson</i>                                                                                                                 |                                          | <b>INSPECTION DATE</b>                                  |                                   |
| <i>6-21-93</i>                                                                                                               |                                                                                                                                     |                                          |                                                         |                                   |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                         | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7.00 A.M. - 7.15 A.M OR 2:45 P.M - 3:00 P.M AT |                                                                                                                                     |                                          |                                                         | <b>229-6769</b>                   |

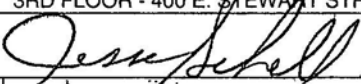
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY - CITY OF LAS VEGAS

|                                                                                                                                  |                                                                                 |                                                                                                                                        |                                                         |                                          |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <b>1</b>                                                                                                                         | <b>PERMIT NUMBER</b>                                                            | 93-175926                                                                                                                              | <b>APPLICATION NUMBER</b>                               | 113071-0                                 |
| <b>JOB ADDRESS</b>                                                                                                               |                                                                                 |                                                                                                                                        | <b>INSPECTION NUMBER</b>                                |                                          |
| 10009 HOPE ISLAND DR                                                                                                             |                                                                                 |                                                                                                                                        | 13                                                      |                                          |
| <b>LOT/BLOCK</b>                                                                                                                 |                                                                                 | <b>RECORDED SUBDIVISION NAME</b>                                                                                                       |                                                         |                                          |
| 172 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                                                                        | 06/18/93                                                                                                                               | 09:25                                                   | 06/21/93                                 |
| <b>INSPECTOR/NAME</b>                                                                                                            |                                                                                 | <b>MARKETING/BUSINESS NAME</b>                                                                                                         |                                                         |                                          |
| <del>VEGAS SCHILL</del> <i>TS</i>                                                                                                |                                                                                 | <i>R. PATTERSON</i>                                                                                                                    |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                      |                                                                                 | <b>BUILDING FINAL (160)</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>                                                                                                       | <i>R. Patterson</i>                                                             |                                                                                                                                        | <b>INSPECTION DATE</b>                                  |                                          |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                             |                                                                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M OR 2 45 P.M - 3 00 P.M. AT |                                                                                 |                                                                                                                                        |                                                         | <b>229-6769</b>                          |

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

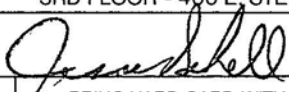
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                    |                                       |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <b>1</b>                                                                                                                        | <b>PERMIT NUMBER</b>                                                                                                               | 93-17526                              | <b>APPLICATION NUMBER</b>                               | 113071                            |
| <b>JOB ADDRESS</b>                                                                                                              |                                                                                                                                    |                                       | <b>INSPECTION NUMBER</b>                                |                                   |
| 10009 HOPE ISLAND DR                                                                                                            |                                                                                                                                    |                                       | 50                                                      |                                   |
| <b>LOT/BLOCK</b>                                                                                                                |                                                                                                                                    | <b>RECORDED SUBDIVISION NAME</b>      |                                                         |                                   |
| 172 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                                                                                                                           | 05/13/93                              | 13:04                                                   | 05/14/93                          |
| <b>INSPECTOR/NAME</b>                                                                                                           |                                                                                                                                    | <b>MARKETING/BUSINESS NAME</b>        |                                                         |                                   |
| JESSE SCHELL - 67                                                                                                               |                                                                                                                                    |                                       |                                                         |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                                                                    | EXTERIOR LATH/STUCCO (129)            |                                                         |                                   |
|                                                                                                                                 |                                                                                                                                    |                                       |                                                         |                                   |
| <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>                                  |                                   |
|                                                                                                                                 |                                                                                                                                    |                                       | 5-14-93                                                 |                                   |
| <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>H</b>                                            | <b>PERMIT NUMBER</b>         | 93-175926                             | <b>INSPECTION NUMBER</b>                         | 49                               |  |
| <b>JOB ADDRESS</b><br>10009 HOPE ISLAND DR 113071   |                              |                                       |                                                  |                                  |  |
| <b>LOT NO</b><br>172                                |                              | <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>363-2111 | <b>CALL-IN DATE</b><br>05/12/93       | <b>CALL-IN TIME</b><br>14:25                     | <b>SCHEDULE DATE</b><br>05/13/93 |  |
| <b>INSPECTOR NO</b><br>67                           |                              | <b>INSPECTOR NAME</b><br>JESSE SCHELL |                                                  |                                  |  |
| <b>INSPECTION REQUESTED</b>                         |                              | EXTERIOR LATH/STUCCO (129)            |                                                  |                                  |  |

- ① Fireplace not Nailed off
- ② Nail wire to concrete - patio

|                                                                                                                                    |                                                      |                                                                                                                                        |                                                                |                                                 |          |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|----------|
| <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 type="checkbox"/> <b>REFEE (F)</b>                                                                                          |                                                      | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                                |                                                 |          |
| <b>INSPECTOR SIGNATURE</b><br>                  |                                                      |                                                                                                                                        | <b>INSPECTION DATE</b><br>5-13-93                              |                                                 |          |
| <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 |                                                      |                                                                                                                                        |                                                                |                                                 | 229-6769 |

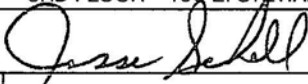
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

|                             |                                   |                              |                     |
|-----------------------------|-----------------------------------|------------------------------|---------------------|
| <b>PERMIT NUMBER</b>        | <b>93-175925</b>                  | <b>INSPECTION NUMBER</b>     | <b>26</b>           |
| <b>JOB ADDRESS</b>          |                                   |                              |                     |
| <b>10009 HOPE ISLAND DR</b> |                                   | <b>113071</b>                |                     |
| <b>LOT NO.</b>              | <b>BLOCK NO.</b>                  | <b>SUBDIVISION NAME</b>      |                     |
| <b>172</b>                  | <b>5</b>                          | <b>SUN CITY LAS VEGAS 35</b> |                     |
| <b>FIRE DEPT. MAP NO</b>    | <b>JOB PHONE</b>                  | <b>CALL-IN DATE</b>          | <b>CALL-IN TIME</b> |
| <b>2114-69</b>              | <b>256-5524</b>                   | <b>05/11/93</b>              | <b>11:45</b>        |
| <b>SCHEDULE DATE</b>        | <b>05/12/93</b>                   |                              |                     |
| <b>INSPECTOR NO</b>         | <b>INSPECTOR NAME</b>             |                              |                     |
| <b>67</b>                   | <b>JESSE SCHELL</b>               |                              |                     |
| <b>INSPECTION REQUESTED</b> | <b>EXTERIOR LATH/STUCCO (129)</b> |                              |                     |

*not Nailed off complete*

|                                                                                                                                 |                                                                                                                                                    |                                              |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                              | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |
| <input type="checkbox"/> <b>APPROVED (A)</b>                                                                                    | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |
| <input type="checkbox"/> <b>HOLD (H)</b>                                                                                        |                                                                                                                                                    |                                              |                                                                |
| <input checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                         | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                                                                                      |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                       | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              |                                                                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      | <i>Jesse Schell</i>                                                                                                                                |                                              | <b>INSPECTION DATE</b>                                         |
|                                                                                                                                 |                                                                                                                                                    |                                              | <b>5-12-93</b>                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |
| 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>                                                |

# DEPARTMENT OF BUILDING & SAFETY, CITY OF LAS VEGAS

|                                                                                                                                        |                                                                                        |                                                                                                                                                  |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <b>1</b>                                                                                                                               | <b>PERMIT NUMBER</b>                                                                   | <b>93-175926</b>                                                                                                                                 | <b>INSPECTION NUMBER</b>                                       | <b>6</b>                                        |
| <b>JOB ADDRESS</b>                                                                                                                     |                                                                                        |                                                                                                                                                  |                                                                |                                                 |
| <b>10009 HOPE ISLAND DR</b>                                                                                                            |                                                                                        |                                                                                                                                                  | <b>113079</b>                                                  |                                                 |
| <b>LOT NO</b>                                                                                                                          |                                                                                        | <b>BLOCK NO.</b>                                                                                                                                 | <b>SUBDIVISION NAME</b>                                        |                                                 |
| <b>172</b>                                                                                                                             |                                                                                        | <b>5</b>                                                                                                                                         | <b>SUN CITY LAS VEGAS 35</b>                                   |                                                 |
| <b>FIRE DEPT MAP NO.</b>                                                                                                               | <b>JOB PHONE</b>                                                                       | <b>CALL-IN DATE</b>                                                                                                                              | <b>CALL-IN TIME</b>                                            | <b>SCHEDULE DATE</b>                            |
| <b>2114-69</b>                                                                                                                         | <b>256-5524</b>                                                                        | <b>05/07/93</b>                                                                                                                                  | <b>10:37</b>                                                   | <b>05/10/93</b>                                 |
| <b>INSPECTOR NO.</b>                                                                                                                   |                                                                                        | <b>INSPECTOR NAME</b>                                                                                                                            |                                                                |                                                 |
| <b>67</b>                                                                                                                              |                                                                                        | <b>JESSE SCHELL</b>                                                                                                                              |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                            |                                                                                        | <b>DRYHALL NAILING (125)</b>                                                                                                                     |                                                                |                                                 |
|                                                                                                                                        |                                                                                        |                                                                                                                                                  |                                                                |                                                 |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     |                                                                                        | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                             |                                                                | <b>PARTIAL DESCRIPTION</b>                      |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                          | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                                     | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) — UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                          |                                                                                                                                                  |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                                                                                                  |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                                        |                                                               |                                                                | <b>INSPECTION DATE</b>                          |
|                                                                                                                                        |                                                                                        |                                                                                                                                                  |                                                                | <b>5-10-93</b>                                  |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       |                                                                                        | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                        |                                                                                                                                                  |                                                                | <b>229-6769</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

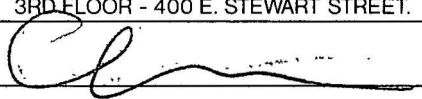
|                                                                                                                              |                      |                                                                                                                                     |                          |                                       |
|------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|
| <b>1</b>                                                                                                                     | <b>PERMIT NUMBER</b> | 93-175926                                                                                                                           | <b>INSPECTION NUMBER</b> | 53                                    |
| <b>JOB ADDRESS</b>                                                                                                           |                      |                                                                                                                                     |                          |                                       |
| 10009 HOPE ISLAND DR                                                                                                         |                      |                                                                                                                                     | 113071                   |                                       |
| <b>LOT NO</b>                                                                                                                |                      | <b>BLOCK NO.</b>                                                                                                                    |                          | <b>SUBDIVISION NAME</b>               |
| 172                                                                                                                          |                      | 5                                                                                                                                   |                          | SUN CITY LAS VEGAS 35                 |
| <b>FIRE DEPT. MAP NO</b>                                                                                                     |                      | <b>JOB PHONE</b>                                                                                                                    |                          | <b>CALL-IN DATE</b>                   |
| 2114-69                                                                                                                      |                      | 256-5524                                                                                                                            |                          | 05/04/93                              |
|                                                                                                                              |                      | <b>CALL-IN TIME</b>                                                                                                                 |                          | <b>SCHEDULE DATE</b>                  |
|                                                                                                                              |                      | 14:16                                                                                                                               |                          | 05/05/93                              |
| <b>INSPECTOR NO</b>                                                                                                          |                      | <b>INSPECTOR NAME</b>                                                                                                               |                          |                                       |
| 67/69                                                                                                                        |                      | JESSE SCHELL / SA BALLARD                                                                                                           |                          |                                       |
| <b>INSPECTION REQUESTED</b>                                                                                                  |                      | INSULATION (123)                                                                                                                    |                          |                                       |
|                                                                                                                              |                      |                                                                                                                                     |                          |                                       |
| <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)                                                                                     |                          | <input type="checkbox"/> HOLD (H)     |
| <input type="checkbox"/> REJECTED (R)                                                                                        |                      | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                          |                                       |
| <input type="checkbox"/> REFEE (F)                                                                                           |                      | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                          |                                       |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                     |                      |                                                                                                                                     |                          |                                       |
| <b>INSPECTOR SIGNATURE</b>                                                                                                   |                      | <b>INSPECTION DATE</b>                                                                                                              |                          |                                       |
| [Signature]                                                                                                                  |                      | 5-5                                                                                                                                 |                          |                                       |
| <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> | 93-175926               | <b>INSPECTION NUMBER</b> | 15                      |
| <b>JOB ADDRESS</b>          |                      |                         |                          |                         |
| 10009 HOPE ISLAND DR 113071 |                      |                         |                          |                         |
| <b>LOT NO</b>               |                      | <b>BLOCK NO.</b>        |                          | <b>SUBDIVISION NAME</b> |
| 172                         |                      | 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             | 05/03/93                | 10:12                    | 05/04/93                |
| <b>INSPECTOR NO.</b>        |                      | <b>INSPECTOR NAME</b>   |                          |                         |
| 67 MB                       |                      | JESSE SCHELL            |                          |                         |
| <b>INSPECTION REQUESTED</b> |                      | <b>INSULATION (123)</b> |                          |                         |

BLOWN OUT OF WALLS

|                                                                                                                                 |                                               |                                                                                                                                                    |                                                                |                                          |          |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|----------|
| <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 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>                                                             |                                                                |                                          |          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                               |                                                                 |                                                                | <b>INSPECTION DATE</b>                   |          |
| 5493                                                                                                                            |                                               |                                                                                                                                                    |                                                                |                                          |          |
| <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 |                                               |                                                                                                                                                    |                                                                |                                          | 229-6769 |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                   |                                |                                           |                       |
|---------------------------------------------------|--------------------------------|-------------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> PERMIT NUMBER | 93-173926                      | INSPECTION NUMBER                         | 31                    |
| JOB ADDRESS<br>10009 W OPE ISLAND DR / 013071     |                                |                                           |                       |
| LOT NO.<br>172                                    | BLOCK NO.<br>5                 | SUBDIVISION NAME<br>SUN CITY LAS VEGAS 35 |                       |
| FIRE DEPT. MAP NO.<br>2114-69                     | JOB PHONE<br>256-5524          | CALL-IN DATE<br>04/30/93                  | CALL-IN TIME<br>13:29 |
| SCHEDULE DATE<br>05/03/93                         |                                |                                           |                       |
| INSPECTOR NO.<br>67                               | INSPECTOR NAME<br>JESSE SCHELL |                                           |                       |
| INSPECTION REQUESTED                              | INSULATION (123)               |                                           |                       |

Cancelled by mike

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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

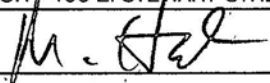
|                             |                  |                       |                      |               |
|-----------------------------|------------------|-----------------------|----------------------|---------------|
| <input type="checkbox"/>    | PERMIT<br>NUMBER | 93-175926             | INSPECTION<br>NUMBER | 35            |
| JOB ADDRESS                 |                  |                       |                      |               |
| 10009 HOPE ISLAND DR 113071 |                  |                       |                      |               |
| LOT NO.                     | BLOCK NO.        | SUBDIVISION NAME      |                      |               |
| 172                         | 5                | SUN CITY LAS VEGAS 35 |                      |               |
| FIRE DEPT. MAP NO.          | JOB PHONE        | CALL-IN DATE          | CALL-IN TIME         | SCHEDULE DATE |
| 2114-69                     | 256-5524         | 04/28/93              | 11:36                | 04/29/93      |
| INSPECTOR NO.               | INSPECTOR NAME   |                       |                      |               |
| 67                          | JESSE SCHELL     |                       |                      |               |
| INSPECTION<br>REQUESTED     | FRAMING (13C)    |                       |                      |               |

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <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                                            |                                             |
|                                                                                                                                    |                                                                                                                                        |                                          | 4-29-93                                                    |                                             |
| <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>M</b>                    | <b>PERMIT NUMBER</b> | 93-775926               | <b>INSPECTION NUMBER</b> | 7                    |
| <b>JOB ADDRESS</b>          |                      |                         |                          |                      |
| 10009 HOPE ISLAND DR        |                      |                         | 113071                   |                      |
| <b>LOT NO</b>               | <b>BLOCK NO.</b>     | <b>SUBDIVISION NAME</b> |                          |                      |
| 172                         | 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             | 04/22/93                | 10:16                    | 04/23/93             |
| <b>INSPECTOR NO</b>         |                      | <b>INSPECTOR NAME</b>   |                          |                      |
| 67                          |                      | JESSE SCHELL            |                          |                      |
| <b>INSPECTION REQUESTED</b> |                      | SHEAR (109)             |                          |                      |

|                                                                                                                                 |                                                                                                                                                    |                                              |                                                                |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <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>                       |                                                                |                                                 |
|                                              |                                                                                                                                                    | 4-23-93                                      |                                                                |                                                 |
| <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 C. 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 |                                                                                                                                                    |                                              |                                                                | 229-6769                                        |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                |                                                       |                       |
|----------------------------------------------------------|--------------------------------|-------------------------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> PERMIT NUMBER        | 93-175926                      | <input checked="" type="checkbox"/> INSPECTION NUMBER | 66                    |
| JOB ADDRESS                                              |                                | 10009 HOPE ISLAND DR 113071                           |                       |
| LOT NO.<br>172                                           | BLOCK NO.<br>5                 | SUBDIVISION NAME<br>SUN CITY LAS VEGAS 35             |                       |
| FIRE DEPT. MAP NO.<br>2114-69                            | JOB PHONE<br>256-5526          | CALL-IN DATE<br>04/16/93                              | CALL-IN TIME<br>13:05 |
| SCHEDULE DATE<br>06/19/93                                |                                |                                                       |                       |
| INSPECTOR NO.<br>67                                      | INSPECTOR NAME<br>JESSE SCHELL |                                                       |                       |
| <input checked="" type="checkbox"/> INSPECTION REQUESTED |                                | SHEAR (109)                                           |                       |

① no Anchor Bolts patio columns

② Nail All holes All holdowns  
Also under Front elevations

③ need nuts on Bolts elevations

(Recall)

|                                                                                                                                    |                                                                                                                                        |                                       |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                        | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                          | PARTIAL DESCRIPTION                   |                                                         |
| <input type="checkbox"/> APPROVED (A)                                                                                              | <input type="checkbox"/> STOP WORK (S)                                                                                                 | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
| <input type="checkbox"/> HOLD (H)                                                                                                  | <input checked="" type="checkbox"/> REJECTED (R)                                                                                       |                                       | REINSPECTION REQUIRED - CALL *229-2071                  |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       | <input type="checkbox"/> PERMIT REQUIRED                |
| INSPECTOR SIGNATURE<br><i>Jesse Schell</i>                                                                                         |                                                                                                                                        | INSPECTION DATE<br>4-19-93            |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                          | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                       | 229-6769                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                     |  |                             |  |                              |  |                     |  |
|-----------------------------------------------------------------------------------------------------|--|-----------------------------|--|------------------------------|--|---------------------|--|
|  <b>PERMIT NUMBER</b> |  | <b>93-175928</b>            |  | <b>INSPECTION NUMBER</b>     |  | <b>65</b>           |  |
| <b>JOB ADDRESS</b>                                                                                  |  |                             |  |                              |  |                     |  |
| <b>10009 HOPE ISLAND DR 113071</b>                                                                  |  |                             |  |                              |  |                     |  |
| <b>LOT NO.</b>                                                                                      |  | <b>BLOCK NO</b>             |  | <b>SUBDIVISION NAME</b>      |  |                     |  |
| <b>172</b>                                                                                          |  | <b>5</b>                    |  | <b>SUN CITY LAS VEGAS 35</b> |  |                     |  |
| <b>FIRE DEPT. MAP NO</b>                                                                            |  | <b>JOB PHONE</b>            |  | <b>CALL-IN DATE</b>          |  | <b>CALL-IN TIME</b> |  |
| <b>2114-69</b>                                                                                      |  | <b>256-5524</b>             |  | <b>04/16/93</b>              |  | <b>13:05</b>        |  |
| <b>SCHEDULE DATE</b>                                                                                |  | <b>04/19/93</b>             |  |                              |  |                     |  |
| <b>INSPECTOR NO</b>                                                                                 |  | <b>INSPECTOR NAME</b>       |  |                              |  |                     |  |
| <b>67</b>                                                                                           |  | <b>JESSE SCHELL</b>         |  |                              |  |                     |  |
| <b>INSPECTION REQUESTED</b>                                                                         |  | <b>ROOF SHEATHING (107)</b> |  |                              |  |                     |  |

- ① Bottom chord truss # 40  
wrong Lamber needs 2400  
have 1800 #
- ② Lateral Brace web girder trusses  
provide engineered fix
- Recall

|                                                                                                                                    |  |                                                                                                                                        |  |                                       |  |                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|--|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                        |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                          |  | PARTIAL DESCRIPTION                   |  |                                                         |  |
| <input type="checkbox"/> APPROVED (A)                                                                                              |  | <input type="checkbox"/> STOP WORK (S)                                                                                                 |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |  |
| <input type="checkbox"/> HOLD (H)                                                                                                  |  |                                                                                                                                        |  |                                       |  |                                                         |  |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                   |  | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |  |                                       |  |                                                         |  |
| <input type="checkbox"/> REFEE (F)                                                                                                 |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                       |  |                                                         |  |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                           |  |                                                                                                                                        |  |                                       |  |                                                         |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                                         |  |                                                     |  |                                       |  | <b>INSPECTION DATE</b>                                  |  |
| <b>4-19-93</b>                                                                                                                     |  |                                                                                                                                        |  |                                       |  |                                                         |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                          |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |                                       |  |                                                         |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7.00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                        |  |                                       |  | <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>        |  | <b>93-175928</b>      |  | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> |  | <b>35</b>           |  |
| <b>JOB ADDRESS</b>                                              |  |                       |  |                                                              |  |                     |  |
| <b>10009 HOPE ISLAND DR</b>                                     |  |                       |  |                                                              |  | <b>113071</b>       |  |
| <b>LOT NO</b>                                                   |  | <b>BLOCK NO</b>       |  | <b>SUBDIVISION NAME</b>                                      |  |                     |  |
| <b>172</b>                                                      |  | <b>5</b>              |  | <b>SUN CITY LAS VEGAS 35</b>                                 |  |                     |  |
| <b>FIRE DEPT MAP NO</b>                                         |  | <b>JOB PHONE</b>      |  | <b>CALL-IN DATE</b>                                          |  | <b>CALL-IN TIME</b> |  |
| <b>2114-69</b>                                                  |  | <b>000-0369</b>       |  | <b>03/16/93</b>                                              |  | <b>13:01</b>        |  |
| <b>INSPECTOR NO.</b>                                            |  | <b>INSPECTOR NAME</b> |  |                                                              |  |                     |  |
| <b>64</b>                                                       |  | <b>DON HARRIS</b>     |  |                                                              |  |                     |  |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b> |  | <b>PRE-SLAB (105)</b> |  |                                                              |  |                     |  |

PROPERTY LINE & SETBACKS VERIFIED BY:

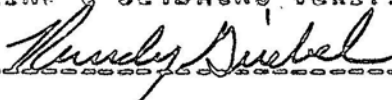
*Andy Kruebel*

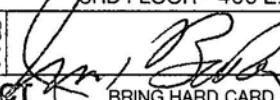
|                                                                                                                                        |  |                                                                                                                                                    |  |                                              |  |                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|----------------------------------------------------------------|--|
| <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>                                                                                                             |  |                                                                                                                                                    |  |                                              |  | <b>INSPECTION DATE</b>                                         |  |
|                                                     |  |                                                                                                                                                    |  |                                              |  | <b>3/17/93</b>                                                 |  |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       |  | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |  |                                              |  |                                                                |  |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |  |                                                                                                                                                    |  |                                              |  |                                                                |  |
|  <b>229-6769</b>                                    |  |                                                                                                                                                    |  |                                              |  |                                                                |  |

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

|                                       |                                      |                       |                      |               |
|---------------------------------------|--------------------------------------|-----------------------|----------------------|---------------|
| <input checked="" type="checkbox"/> H | PERMIT<br>NUMBER                     | 93-17-5926            | INSPECTION<br>NUMBER | 31            |
| JOB ADDRESS                           |                                      |                       |                      |               |
| 10009 HOPE ISLAND DR                  |                                      |                       | 115071               |               |
| LOT NO.                               | BLOCK NO.                            | SUBDIVISION NAME      |                      |               |
| 172                                   | 5                                    | SUN CITY LAS VEGAS 35 |                      |               |
| FIRE DEPT MAP NO                      | JOB PHONE                            | CALL-IN DATE          | CALL-IN TIME         | SCHEDULE DATE |
| 2114-69                               | 256-5524                             | 03/05/93              | 10:31                | 03/08/93      |
| INSPECTOR NO                          | INSPECTOR NAME                       |                       |                      |               |
| 64                                    | DON HARRIS                           |                       |                      |               |
| INSPECTION<br>REQUESTED               | FOOTING, LAYOUT, REBAR, ZONING (101) |                       |                      |               |

PROPERTY LINE &amp; SETBACKS VERIFIED BY:



|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL *229-2071                                                                                                 |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                     |                                          |                                                            | INSPECTION DATE                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7 15 A.M. OR 2.45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                          |                                                            | 229-6769                                    |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                        |                              |                                 |                                |                                  |
|------------------------------------------------------------------------|------------------------------|---------------------------------|--------------------------------|----------------------------------|
| <input checked="" type="checkbox"/>                                    | <b>PERMIT NUMBER</b>         | <b>93-183015</b>                | <b>APPLICATION NUMBER</b>      | <b>119794</b>                    |
| JOB ADDRESS<br><b>10009 HOPE ISLAND DR</b>                             |                              |                                 | INSPECTION NUMBER<br><b>15</b> |                                  |
| LOT/BLOCK<br><b>172</b>                                                |                              | RECORDED SUBDIVISION NAME       |                                |                                  |
| FIRE DEPT MAP NO<br><b>2114-69</b>                                     | JOB PHONE<br><b>256-5524</b> | CALL-IN-DATE<br><b>06/03/93</b> | CALL-IN TIME<br><b>09:01</b>   | SCHEDULE DATE<br><b>06/04/93</b> |
| INSPECTOR/NAME<br><b>JESSE SCHELL - 67</b><br><i>R. PATTERSON - 25</i> |                              | MARKETING/BUSINESS NAME         |                                |                                  |
| <b>INSPECTION REQUESTED</b>                                            |                              | <b>FINAL ELECTRICAL (240)</b>   |                                |                                  |

Exposed wiring under kitchen cabinets (cabinet jacket missing on Annex)

|                                                                                                                                 |                                                                                                                                    |                                          |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                      | PARTIAL DESCRIPTION                      |                                                         |                                   |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)                                                                                             | <input type="checkbox"/> COMMENTS (C)    | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H) |
| <input checked="" type="checkbox"/> REJECTED (R) REINSPECTION REQUIRED - CALL * 229-2071                                        |                                                                                                                                    | <input type="checkbox"/> PERMIT REQUIRED |                                                         |                                   |
| <input type="checkbox"/> REFEE (F) REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.              |                                                                                                                                    |                                          |                                                         |                                   |
| INSPECTOR SIGNATURE <i>R. Patterson</i>                                                                                         |                                                                                                                                    | INSPECTION DATE <b>6-4-93</b>            |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C OF O. ISSUANCE (Commercial Only) |                                          |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2 45 P.M. - 3:00 P.M. AT |                                                                                                                                    |                                          |                                                         | <b>229-6769</b>                   |

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



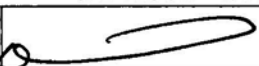
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                       |                         |                          |                      |
|-------------------------------------|-----------------------|-------------------------|--------------------------|----------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b>  | 93-175926               | <b>INSPECTION NUMBER</b> | 35                   |
| <b>JOB ADDRESS</b>                  |                       |                         |                          |                      |
| 10009 HOPE ISLAND DR                |                       |                         | 113071                   |                      |
| <b>LOT NO</b>                       | <b>BLOCK NO.</b>      | <b>SUBDIVISION NAME</b> |                          |                      |
| 172                                 | 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                             | 500-0369              | 03/16/93                | 13:01                    | 03/17/93             |
| <b>INSPECTOR NO</b>                 | <b>INSPECTOR NAME</b> |                         |                          |                      |
| 64                                  | DON HARRIS            |                         |                          |                      |
| <b>INSPECTION REQUESTED</b>         |                       | PRE-SLAB (105)          |                          |                      |

**PROPERTY LINE & SETBACKS VERIFIED BY:**

*Andy Kruebel*

---

|                                                                                                                                 |                                                                                                                                   |                                              |                                                                |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <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>                                                                                    | REINSPECTION REQUIRED - CALL * 229-2071                                                                                           |                                              |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                     |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                       | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                   |                                              |                                                                |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                                                                   |                                              | <b>INSPECTION DATE</b>                                         |                                                                                                     |
|                                              |                                                                                                                                   |                                              | 3/17/93                                                        |                                                                                                     |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                              |                                                                |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                   |                                              |                                                                |  <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> | <b>93-175926</b>      | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> | <b>66</b>           |
| <b>JOB ADDRESS</b>                                       |                       | <b>10009 HOPE ISLAND DR 113071</b>                           |                     |
| <b>LOT NO.</b>                                           | <b>BLOCK NO.</b>      | <b>SUBDIVISION NAME</b>                                      |                     |
| <b>172</b>                                               | <b>5</b>              | <b>SUN CITY LAS VEGAS 35</b>                                 |                     |
| <b>FIRE DEPT. MAP NO.</b>                                | <b>JOB PHONE</b>      | <b>CALL-IN DATE</b>                                          | <b>CALL-IN TIME</b> |
| <b>2114-69</b>                                           | <b>256-5524</b>       | <b>04/16/93</b>                                              | <b>13:05</b>        |
| <b>SCHEDULE DATE</b>                                     |                       | <b>04/19/93</b>                                              |                     |
| <b>INSPECTOR NO.</b>                                     | <b>INSPECTOR NAME</b> |                                                              |                     |
| <b>67</b>                                                | <b>JESSE SCHELL</b>   |                                                              |                     |
| <b>INSPECTION REQUESTED</b>                              |                       | <b>SHEAR (109)</b>                                           |                     |

① NO Anchor Bolts patio columns

② Nail All holes All holdowns  
Also under Front elevations

③ need nuts on Bolts elevations

(Recall)

|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <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 checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                                | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                                                                                      |                                              | <input type="checkbox"/> <b>HOLD (H)</b>                       |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                                                                                                    | <b>INSPECTION DATE</b>                       |                                                                |
| <i>Jesse Schell</i>                                                                                                                    |                                                                                                                                                    | <b>4-19-93</b>                               |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                              | <b>229-6769</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                  |                                                              |                     |
|----------------------------------------------------------|------------------|--------------------------------------------------------------|---------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>93-175926</b> | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> | <b>65</b>           |
| <b>JOB ADDRESS</b>                                       |                  | <b>10009 HOPE ISLAND DR 113071</b>                           |                     |
| <b>LOT NO</b>                                            | <b>BLOCK NO</b>  | <b>SUBDIVISION NAME</b>                                      |                     |
| <b>172</b>                                               | <b>5</b>         | <b>SUN CITY LAS VEGAS 35</b>                                 |                     |
| <b>FIRE DEPT. MAP NO</b>                                 | <b>JOB PHONE</b> | <b>CALL-IN DATE</b>                                          | <b>CALL-IN TIME</b> |
| <b>2114-69</b>                                           | <b>256-5524</b>  | <b>04/16/93</b>                                              | <b>13:05</b>        |
| <b>INSPECTOR NO.</b>                                     |                  | <b>INSPECTOR NAME</b>                                        |                     |
| <b>67</b>                                                |                  | <b>JESSE SCHELL</b>                                          |                     |
| <b>INSPECTION REQUESTED</b>                              |                  | <b>ROOF SHEATHING (107)</b>                                  |                     |

① Bottom chord truss # 40  
wrong Lumber needs 2400  
have 1800 #

② Lateral Brace web girder trusses  
provide engineered fix

Recall

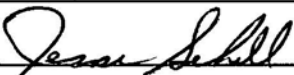
|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <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 checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                                | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |                                              | <input type="checkbox"/> <b>HOLD (H)</b>                       |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                                                                                                    | <b>INSPECTION DATE</b>                       |                                                                |
| <i>Jesse Schell</i>                                                                                                                    |                                                                                                                                                    | <b>4-19-93</b>                               |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                              | <b>229-6769</b>                                                |

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                     |                          |                               |                              |                      |
|-------------------------------------|--------------------------|-------------------------------|------------------------------|----------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT<br/>NUMBER</b> | <b>93-178417</b>              | <b>INSPECTION<br/>NUMBER</b> | <b>36</b>            |
| <b>JOB ADDRESS</b>                  |                          |                               |                              |                      |
| <b>10009 HOPE ISLAND DR</b>         |                          |                               | <b>113930</b>                |                      |
| <b>LOT NO</b>                       | <b>BLOCK NO.</b>         | <b>SUBDIVISION NAME</b>       |                              |                      |
| <b>35</b>                           | <b>172</b>               | <b>SUN CITY</b>               |                              |                      |
| <b>FIRE DEPT. MAP NO.</b>           | <b>JOB PHONE</b>         | <b>CALL-IN DATE</b>           | <b>CALL-IN TIME</b>          | <b>SCHEDULE DATE</b> |
| <b>2114-69</b>                      | <b>256-5524</b>          | <b>04/28/93</b>               | <b>11:36</b>                 | <b>04/29/93</b>      |
| <b>INSPECTOR NO</b>                 | <b>INSPECTOR NAME</b>    |                               |                              |                      |
| <b>67</b>                           | <b>JESSE SCHELL</b>      |                               |                              |                      |
| <b>INSPECTION<br/>REQUESTED</b>     |                          | <b>ROUGH MECHANICAL (320)</b> |                              |                      |

① cut out For cold Air  
return top chord Laundry

② complete Fireplace

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | <b>PARTIAL DESCRIPTION</b>               |                                                            |                                             |
| <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.                                                     |                                          |                                                            |                                             |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                     |                                                                                                                                        | <b>INSPECTION DATE</b>                   |                                                            |                                             |
|                                                 |                                                                                                                                        | <b>4-29-93</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 |                                                                                                                                        |                                          |                                                            | <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>PERMIT NUMBER</b>                                                                                                                            |  | <b>93-175926</b>                                                                                                                    |  | <b>INSPECTION NUMBER</b>              |  | <b>31</b>                                               |  |
| <b>JOB ADDRESS</b>                                                                                                                              |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| <b>10009 HOPE ISLAND DR</b>                                                                                                                     |  |                                                                                                                                     |  |                                       |  | <b>113071</b>                                           |  |
| <b>LOT NO.</b>                                                                                                                                  |  | <b>BLOCK NO.</b>                                                                                                                    |  | <b>SUBDIVISION NAME</b>               |  |                                                         |  |
| <b>172</b>                                                                                                                                      |  | <b>5</b>                                                                                                                            |  | <b>SUN CITY LAS VEGAS 35</b>          |  |                                                         |  |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                                       |  | <b>JOB PHONE</b>                                                                                                                    |  | <b>CALL-IN DATE</b>                   |  | <b>CALL-IN TIME</b>                                     |  |
| <b>2114-69</b>                                                                                                                                  |  | <b>256-5524</b>                                                                                                                     |  | <b>04/30/93</b>                       |  | <b>13:29</b>                                            |  |
| <b>SCHEDULE DATE</b>                                                                                                                            |  | <b>05/03/93</b>                                                                                                                     |  |                                       |  |                                                         |  |
| <b>INSPECTOR NO.</b>                                                                                                                            |  | <b>INSPECTOR NAME</b>                                                                                                               |  |                                       |  |                                                         |  |
| <b>67</b>                                                                                                                                       |  | <b>JESSE SCHELL</b>                                                                                                                 |  |                                       |  |                                                         |  |
| <b>INSPECTION REQUESTED</b>                                                                                                                     |  | <b>INSULATION (123)</b>                                                                                                             |  |                                       |  |                                                         |  |
| <p><i>Cancelled by mike</i></p>                                                                                                                 |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | PARTIAL DESCRIPTION                   |  |                                                         |  |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                                |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |  |
| <input type="checkbox"/> HOLD (H)                                                                                                               |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                                |  | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |  |                                       |  |                                                         |  |
| <input type="checkbox"/> REFEE (F)                                                                                                              |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                       |  |                                                         |  |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                                        |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                      |  | <i>Jesse Schell</i>                                                                                                                 |  |                                       |  | <b>INSPECTION DATE</b>                                  |  |
|                                                                                                                                                 |  |                                                                                                                                     |  |                                       |  | <b>5-3-93</b>                                           |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                       |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |                                       |  |                                                         |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7 00 A.M. - 7 15 A.M. OR 2:45 P.M. - 3:00 P.M. AT <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>           | 93-175926                                 | <b>INSPECTION NUMBER</b> | 15                        |
| <b>JOB ADDRESS</b>                  |                                |                                           |                          |                           |
| 10009 HOPE ISLAND DR                |                                |                                           | 113071                   |                           |
| LOT NO<br>172                       | BLOCK NO<br>5                  | SUBDIVISION NAME<br>SUN CITY LAS VEGAS 35 |                          |                           |
| FIRE DEPT. MAP NO<br>2114-69        | JOB PHONE<br>256-5524          | CALL-IN DATE<br>05/03/93                  | CALL-IN TIME<br>10:12    | SCHEDULE DATE<br>05/04/93 |
| INSPECTOR NO.<br>67                 | INSPECTOR NAME<br>JESSE SCHELL |                                           |                          |                           |
| <b>INSPECTION REQUESTED</b>         | INSULATION (123)               |                                           |                          |                           |

BLOWN OUT OF WALLS

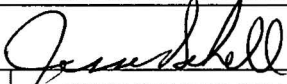
|                                                                                                                                 |                                                                                                                                    |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                      | PARTIAL DESCRIPTION                   |                                                         |                                          |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)                                                                                             | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                | REINSPECTION REQUIRED - CALL * 229-2071                                                                                            |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                    |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                                                                    |                                       | INSPECTION DATE<br>5-4-93                               |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                    |                                       |                                                         | 229-6769                                 |

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

|                                                          |                                       |                                                  |                              |
|----------------------------------------------------------|---------------------------------------|--------------------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>93-175926</b>                      | <b>INSPECTION NUMBER</b>                         | <b>49</b>                    |
| JOB ADDRESS<br><b>10009 HOPE ISLAND DR 113071</b>        |                                       |                                                  |                              |
| LOT NO<br><b>172</b>                                     | BLOCK NO.<br><b>5</b>                 | SUBDIVISION NAME<br><b>SUN CITY LAS VEGAS 35</b> |                              |
| FIRE DEPT MAP NO<br><b>2114-69</b>                       | JOB PHONE<br><b>363-2111</b>          | CALL-IN DATE<br><b>05/12/93</b>                  | CALL-IN TIME<br><b>14:25</b> |
| SCHEDULE DATE<br><b>05/13/93</b>                         |                                       |                                                  |                              |
| INSPECTOR NO.<br><b>67</b>                               | INSPECTOR NAME<br><b>JESSE SCHELL</b> |                                                  |                              |
| <b>INSPECTION REQUESTED</b>                              | <b>EXTERIOR LATH/STUCCO (129)</b>     |                                                  |                              |

① Fireplace not Nailed off

② Nail wire to concrete - patio

|                                                                                                                                    |                                                                                                                                        |                                       |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                        | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                          | PARTIAL DESCRIPTION                   |                                                         |
| <input type="checkbox"/> APPROVED (A)                                                                                              | <input type="checkbox"/> STOP WORK (S)                                                                                                 | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
| <input type="checkbox"/> HOLD (H)                                                                                                  |                                                                                                                                        |                                       |                                                         |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                   | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                       | <input type="checkbox"/> PERMIT REQUIRED                |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |
| INSPECTOR SIGNATURE<br>                         | INSPECTION DATE<br><b>5-13-93</b>                                                                                                      |                                       |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                          | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                       | <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>                                                                                                            | 93-177364                             | <b>INSPECTION<br/>NUMBER</b>                            | 46                                |
| JOB ADDRESS                                                                                                                                                                                                                                            |                                                                                                                                     |                                       |                                                         |                                   |
| 10009 HOPE ISLAND DR                                                                                                                                                                                                                                   |                                                                                                                                     |                                       | 114835                                                  |                                   |
| LOT NO                                                                                                                                                                                                                                                 |                                                                                                                                     | BLOCK NO                              | SUBDIVISION NAME                                        |                                   |
| 172                                                                                                                                                                                                                                                    |                                                                                                                                     |                                       | SUN CITY SUMMERLIN S35                                  |                                   |
| FIRE DEPT. MAP NO                                                                                                                                                                                                                                      | JOB PHONE                                                                                                                           | CALL-IN DATE                          | CALL-IN TIME                                            | SCHEDULE DATE                     |
| 2114-69                                                                                                                                                                                                                                                | 256-5524                                                                                                                            | 03/15/93                              | 13:27                                                   | 03/16/93                          |
| INSPECTOR NO.                                                                                                                                                                                                                                          |                                                                                                                                     | INSPECTOR NAME                        |                                                         |                                   |
| 64                                                                                                                                                                                                                                                     |                                                                                                                                     | DON HARRIS                            |                                                         |                                   |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px; text-align: center;">INSPECTION<br/>REQUESTED</div> <div style="flex-grow: 1;">BUILDING SEWER (YARD LINES) (405)</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                                         |                                   |
|                                                                                                                                                                     |                                                                                                                                     |                                       | 3/16/93                                                 |                                   |
| <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> | <b>93-175926</b>                                                                                                                  | <b>INSPECTION NUMBER</b> | <b>31</b>                             |
| <b>JOB ADDRESS</b>                                                                                                          |                       |                                                                                                                                   |                          |                                       |
| <b>10009 HOPE ISLAND DR</b>                                                                                                 |                       |                                                                                                                                   | <b>113071</b>            |                                       |
| <b>LOT NO.</b>                                                                                                              |                       | <b>BLOCK NO</b>                                                                                                                   |                          | <b>SUBDIVISION NAME</b>               |
| <b>172</b>                                                                                                                  |                       | <b>5</b>                                                                                                                          |                          | <b>SUN CITY LAS VEGAS 35</b>          |
| <b>FIRE DEPT. MAP NO</b>                                                                                                    |                       | <b>JOB PHONE</b>                                                                                                                  |                          | <b>CALL-IN DATE</b>                   |
| <b>2114-69</b>                                                                                                              |                       | <b>256-5524</b>                                                                                                                   |                          | <b>03/05/93</b>                       |
|                                                                                                                             |                       | <b>CALL-IN TIME</b>                                                                                                               |                          | <b>SCHEDULE DATE</b>                  |
|                                                                                                                             |                       | <b>10:31</b>                                                                                                                      |                          | <b>03/08/93</b>                       |
| <b>INSPECTOR NO.</b>                                                                                                        |                       | <b>INSPECTOR NAME</b>                                                                                                             |                          |                                       |
| <b>64</b>                                                                                                                   |                       | <b>DON HARRIS</b>                                                                                                                 |                          |                                       |
| <b>4203 A</b>                                                                                                               |                       |                                                                                                                                   |                          |                                       |
| <b>INSPECTION REQUESTED</b>                                                                                                 |                       | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b>                                                                                       |                          |                                       |
| <b>PROPERTY LINE &amp; SETBACKS VERIFIED BY:</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)                                                                                   |                          | <input type="checkbox"/> HOLD (H)     |
| <input type="checkbox"/> REJECTED (R)                                                                                       |                       | <input type="checkbox"/> REINSPECTION REQUIRED - CALL * 229-2071                                                                  |                          |                                       |
| <input type="checkbox"/> REFEE (F)                                                                                          |                       | <input type="checkbox"/> REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                          |                          |                                       |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                    |                       |                                                                                                                                   |                          |                                       |
| <b>INSPECTOR SIGNATURE</b>                                                                                                  |                       |                                                                                                                                   | <b>INSPECTION DATE</b>   |                                       |
|                                          |                       |                                                                                                                                   |                          |                                       |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                   |                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                          |                                       |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7 00 A M - 7 15 A M OR 2:45 P.M - 3 00 P M AT |                       |                                                                                                                                   |                          | <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>1</b>                    | <b>PERMIT NUMBER</b> | 93-177364                | <b>INSPECTION NUMBER</b> | 47                      |
| <b>JOB ADDRESS</b>          |                      |                          |                          |                         |
| 10009 MOPE ISLAND DR        |                      |                          | 114835                   |                         |
| <b>LOT NO.</b>              |                      | <b>BLOCK NO.</b>         |                          | <b>SUBDIVISION NAME</b> |
| 172                         |                      |                          |                          | SUN CITY SUMNERLIN S35  |
| <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             | 03/15/93                 | 13:28                    | 03/16/93                |
| <b>INSPECTOR NO.</b>        |                      | <b>INSPECTOR NAME</b>    |                          |                         |
| 64                          |                      | DON HARRIS               |                          |                         |
| <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>                |                                                         |                                          |
|                                              |                                                                                                                                     | 3/16/93                               |                                                         |                                          |
| <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 |                                                                                                                                     |                                       |                                                         | 229-6739                                 |

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> | 93-177364                 | <b>APPLICATION<br/>NUMBER</b> | 114835-4      |
| JOB ADDRESS                         |                          |                           | INSPECTION NUMBER             |               |
| 10009 HOPE ISLAND DR                |                          |                           | -15                           |               |
| LOT/BLOCK                           |                          | RECORDED SUBDIVISION NAME |                               |               |
| 172                                 |                          | SUN CITY SUMMERLIN S35    |                               |               |
| FIRE DEPT MAP NO                    | JOB PHONE                | CALL-IN-DATE              | CALL-IN TIME                  | SCHEDULE DATE |
| 2114-69                             | 256-5524                 | 06/18/93                  | 09:26                         | 06/21/93      |
| INSPECTOR/NAME                      |                          | MARKETING/BUSINESS NAME   |                               |               |
| <del>JESSE SCHELL - 67</del> 75     |                          | R. PATTERSON              |                               |               |
| <b>INSPECTION<br/>REQUESTED</b>     |                          | FINAL PLUMBING (440)      |                               |               |

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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                                                                                                                     |                                                         |                                          |
| R. Patterson                                                                                                                    |                                                                                 | 6-21-93                                                                                                                             |                                                         |                                          |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                            |                                                                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                 |                                                                                                                                     |                                                         | 229-6769                                 |

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

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

|                                     |                  |                            |                       |              |
|-------------------------------------|------------------|----------------------------|-----------------------|--------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER | 93-175926                  | INSPECTION<br>NUMBER  | 26           |
| JOB ADDRESS                         |                  |                            |                       |              |
| 10009 HOPE ISLAND DR                |                  |                            | 113071                |              |
| LOT NO.                             |                  | BLOCK NO.                  | SUBDIVISION NAME      |              |
| 172                                 |                  | 5                          | SUN CITY LAS VEGAS 35 |              |
| FIRE DEPT MAP NO                    |                  | JOB PHONE                  | CALL-IN DATE          | CALL-IN TIME |
| 2114-69                             |                  | 256-5524                   | 05/11/93              | 11:45        |
| SCHEDULE DATE                       |                  |                            |                       |              |
| 05/12/93                            |                  |                            |                       |              |
| INSPECTOR NO.                       |                  | INSPECTOR NAME             |                       |              |
| 67                                  |                  | JESSE SCHELL               |                       |              |
| INSPECTION<br>REQUESTED             |                  | EXTERIOR LATH/STUCCO (129) |                       |              |

not waited off complete

|                                                                                                                                    |                                                                                                                                       |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <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                          |                                                            |                                             |
| <i>Jesse Schell</i>                                                                                                                |                                                                                                                                       | 5-12-93                                  |                                                            |                                             |
| <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.