

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

90-000524

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251.

FC

71

## BUILDING PERMIT

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

52084

LOG NO. &amp; AREA

440-571-012

DATE

11/28/90

CONST. VAL. \$

2184

ADDRESS OF  
CONSTRUCTION

8517 SONETO LANE

OWNER

Ann Young

PHONE 255-6703

LOT(s)

4

BLOCK

3

SUBDIVISION

VALLEY WEST II - PHASE I

ZONE

R-1

PROPOSED CONSTRUCTION

patio cover

USE

THIS PERMIT FOR

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

FLOOR AREA

BSMT

1ST

2ND

GARAGE

PORCH

TOTAL

312

CONTRACTOR

owner / Builder

STATE  
LICENSE NO.CITY  
LICENSE NO.

ARCHITECT

ENGINEER

MASTER PLUMBER/  
CONTRACTORMASTER ELECTRICIAN/  
CONTRACTOR

## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT:

- 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.
- I agree that when the job is completed that I will call for final inspection before occupancy.
- I agree to perform all construction in accordance with City Ordinances and Building Codes.
- 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.
- 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.
- 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.
- 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS.

BY: Ann E. Young  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY

OWNER

BY: \_\_\_\_\_  
AGENT

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

PLANNING DEPT.

BUILDING DEPT.

DATE

11/28/90

DATE

11/28/90

DATE

## SPECIAL CONDITIONS:



FRONT

as per City Design  
Sheet not convertible

## RECEIPT

\*\*0006\*\*

SFD 46.00

CHEK 46.00

5377A000 08:28

11/28/90

| PLUMBING                               |       | FEE | ELECTRICAL                                        |       | FEE |
|----------------------------------------|-------|-----|---------------------------------------------------|-------|-----|
| WATER DISTRIBUTION                     | 6.00  |     | RECEPTACLE _____ SWITCH _____                     | .40   |     |
| SEWER SYSTEM - NEW OR MODIFICATION     | 10.00 |     | EACH LIGHT FIXTURE OR SOCKET _____                | .30   |     |
| FIXTURES - WATER SOFTENER, H.W. HEATER | 2.00  |     | SPECIAL OUTLET, APPLIANCE ETC.                    | .70   |     |
| GARBAGE DISPOSAL - WASHER              | 2.00  |     | SERVICE/PANEL - SUB/3.00 - 200A/6.00 - 400A/12.50 |       |     |
| FUEL PIPING                            | 6.00  |     | A.C. UNIT OR MOTORS                               | 3.00  |     |
| IRRIGATION SYSTEM                      | 8.00  |     | 2310 - 2432                                       | TOTAL |     |
| MISC.                                  |       |     | MISC.                                             |       |     |
| 2310 - 2433                            | TOTAL |     | 2310 - 2431 ISSUANCE FEE                          |       |     |
| AIR CONDITIONING                       |       | FEE | 7143 - 2973 SEWER CONNECTION                      |       |     |
| NEW UNIT - 3 TON = 9.00 OVER = 16.50   |       |     | 2310 - 2431 PLAN REVIEW FEE                       |       |     |
| FURNACE TO 100,000/9.00 OVER/11.00     |       |     | 2310 - 2431 BLDG. PERMIT FEE                      |       |     |
| VAPORATIVE COOLER                      | 6.50  |     |                                                   |       |     |
| VENTILATION FAN                        | 2.35  |     |                                                   |       |     |
| 2310 - 2435                            | TOTAL |     |                                                   |       |     |

TOTAL FEES

46.00

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

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

|                                                                                                    |                                |                                                                                                                                        |                                   |
|----------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| JOB ADDRESS<br><b>8517 Soneto Ln</b>                                                               |                                | PERMIT NO.<br><b>033393</b>                                                                                                            |                                   |
| LOT NO.                                                                                            | MAP NO.                        | INSPECTOR<br><b>58</b>                                                                                                                 | DATE                              |
| SUBDIVISION NAME                                                                                   |                                |                                                                                                                                        | PHONE                             |
| INSPECTOR SIGNATURE<br><b>[Signature]</b>                                                          |                                |                                                                                                                                        | INSPECTION DATE<br><b>8/30/89</b> |
| <b>B-2 OK</b>                                                                                      |                                |                                                                                                                                        |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION:                                         |                                |                                                                                                                                        |                                   |
| <input checked="" type="checkbox"/> <b>APPROVED</b>                                                |                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                        |                                   |
| <input type="checkbox"/> <b>REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071</b> |                                | <input type="checkbox"/> <b>STOP WORK</b>                                                                                              |                                   |
| INSPECT                                                                                            | DESCRIPTION                    | INSPECT                                                                                                                                | DESCRIPTION                       |
| <input type="checkbox"/> B-1                                                                       | FOOTING, LAYOUT, REBAR, ZONING | <input type="checkbox"/> P-1                                                                                                           | ON SITE SEWER                     |
| <input checked="" type="checkbox"/> B-2                                                            | STEM WALL - FORMS & REBAR      | <input type="checkbox"/> P-2                                                                                                           | ON SITE WATER                     |
| <input type="checkbox"/> B-3                                                                       | PRE-SLAB                       | <input type="checkbox"/> P-3                                                                                                           | BUILDING SEWER (YARD LINES)       |
| <input type="checkbox"/> B-4                                                                       | ROOF SHEATHING                 | <input type="checkbox"/> P-4                                                                                                           | UNDERSLAB PLUMBING                |
| <input type="checkbox"/> B-5                                                                       | FRAMING                        | <input type="checkbox"/> P-5                                                                                                           | TOP OUT-WATER, GAS, WASTE         |
| <input type="checkbox"/> B-6                                                                       | INSULATION                     | <input type="checkbox"/> P-6                                                                                                           | FINAL GAS TEST                    |
| <input type="checkbox"/> B-7                                                                       | DRYWALL, NAILING               | <input type="checkbox"/> P-7                                                                                                           | FINAL PLUMBING                    |
| <input type="checkbox"/> B-8                                                                       | EXTERIOR LATH/STUCCO           |                                                                                                                                        |                                   |
| <input type="checkbox"/> B-9                                                                       | WALL GROUT & STEEL             | <input type="checkbox"/> M-1                                                                                                           | ROUGH VENT                        |
| <input type="checkbox"/> B-10                                                                      | POOL PRE-GUNITE                | <input type="checkbox"/> M-2                                                                                                           | HOOD                              |
| <input type="checkbox"/> B-11                                                                      | POOL PRE-PLASTER / FINAL       | <input type="checkbox"/> M-3                                                                                                           | FINAL MECHANICAL                  |
| <input type="checkbox"/> B-12                                                                      | BUILDING FINAL                 |                                                                                                                                        |                                   |
| <input type="checkbox"/> B-13                                                                      | CERT. OF OCC.                  | <input type="checkbox"/> X-1                                                                                                           | KICKER / FLUSH                    |
|                                                                                                    |                                | <input type="checkbox"/> X-2                                                                                                           | UNDERGROUND HYDRO                 |
|                                                                                                    |                                | <input type="checkbox"/> X-3                                                                                                           | UNDERGROUND FINAL/FLOW            |
|                                                                                                    |                                | <input type="checkbox"/> X-4                                                                                                           | SPRINKLER SYSTEM HYDRO            |
|                                                                                                    |                                | <input type="checkbox"/> X-5                                                                                                           | FIRE ALARM                        |
|                                                                                                    |                                | <input type="checkbox"/> X-6                                                                                                           | OTHER:                            |
|                                                                                                    |                                | <input type="checkbox"/> X-7                                                                                                           | FINAL FIRE                        |
|                                                                                                    |                                | <input type="checkbox"/> E-1                                                                                                           | UNDERGROUND ELETRICAL             |
|                                                                                                    |                                | <input type="checkbox"/> E-2                                                                                                           | ROUGH ELECTRICAL                  |
|                                                                                                    |                                | <input type="checkbox"/> E-3                                                                                                           | LOW VOLTAGE ELECTRICAL            |
|                                                                                                    |                                | <input type="checkbox"/> E-4                                                                                                           | SIGN INSPECTION                   |
|                                                                                                    |                                | <input type="checkbox"/> E-5                                                                                                           | FINAL ELECTRICAL                  |
|                                                                                                    |                                | <input type="checkbox"/> E-6                                                                                                           | TEMP POWER                        |
| <input type="checkbox"/> <b>FINAL INSPECTION</b>                                                   |                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                   |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                      |         |                        |                                   |
|--------------------------------------|---------|------------------------|-----------------------------------|
| JOB ADDRESS<br><b>8517 SONETO LN</b> |         |                        | PERMIT NO.<br><b>033393</b>       |
| LOT NO.                              | MAP NO. | INSPECTOR<br><b>58</b> | DATE                              |
| SUBDIVISION NAME                     |         |                        | PHONE                             |
| INSPECTOR SIGNATURE<br><b>MDM</b>    |         |                        | INSPECTION DATE<br><b>8/24/89</b> |

B-1 OK

UFR

☐ PARTIAL INSPECTION - DESCRIPTION:

☒ **APPROVED**

☐ **PERMIT REQUIRED**

☐ **STOP WORK**

☐ **REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071**

| INSPECT                                 | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-----------------------------------------|---------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input checked="" type="checkbox"/> B-1 | FOOTING, LAYOUT, REBAR, ZONING  | <input type="checkbox"/> P-1 | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2            | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P-2 | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B-3            | PRE-SLAB                        | <input type="checkbox"/> P-3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4            | ROOF SHEATHING                  | <input type="checkbox"/> P-4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input type="checkbox"/> B-5            | FRAMING                         | <input type="checkbox"/> P-5 | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER:                 |
| <input type="checkbox"/> B-6            | INSULATION                      | <input type="checkbox"/> P-6 | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7            | DRYWALL NAILING                 | <input type="checkbox"/> P-7 | FINAL PLUMBING              |                              |                        |
| <input type="checkbox"/> B-8            | EXTERIOR LATH/STUCCO            |                              |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELETRICAL  |
| <input type="checkbox"/> B-9            | WALL GROUT & STEEL              | <input type="checkbox"/> M-1 | ROUGH VENT                  | <input type="checkbox"/> E-2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10           | <b>POOL</b> PRE-GUNITE          | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11           | <b>POOL</b> PRE-PLASTER / FINAL | <input type="checkbox"/> M-3 | FINAL MECHANICAL            | <input type="checkbox"/> E-4 | SIGN INSPECTION        |
| <input type="checkbox"/> B-12           | BUILDING FINAL                  |                              |                             | <input type="checkbox"/> E-5 | FINAL ELECTRICAL       |
| <input type="checkbox"/> B-13           | CERT. OF OCC.                   | <input type="checkbox"/> X-1 | KICKER / FLUSH              | <input type="checkbox"/> E-6 | TEMP POWER             |

☐ **FINAL INSPECTION**

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

**FOR ASSISTANCE -CALL: 386-8251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                           |         |                         |                                   |
|-------------------------------------------|---------|-------------------------|-----------------------------------|
| JOB ADDRESS<br><b>8517 SONETO</b>         |         |                         | PERMIT NO.<br><b>033393</b>       |
| LOT NO.                                   | MAP NO. | INSPECTOR<br><b>#50</b> | DATE                              |
| SUBDIVISION NAME<br><b>Valley West II</b> |         |                         | PHONE                             |
| INSPECTOR SIGNATURE<br>                   |         |                         | INSPECTION DATE<br><b>12-5-90</b> |

- 11-20-89 WAS THE DATE FOR THE FINAL BY #58

☐ PARTIAL INSPECTION - DESCRIPTION:

☐ APPROVED
 ☐ PERMIT REQUIRED
 ☐ STOP WORK

☐ REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071

| INSPECT                       | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-------------------------------|---------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input type="checkbox"/> B-1  | FOOTING, LAYOUT, REBAR, ZONING  | <input type="checkbox"/> P-1 | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2  | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P-2 | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B-3  | PRE-SLAB                        | <input type="checkbox"/> P-3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4  | ROOF SHEATHING                  | <input type="checkbox"/> P-4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input type="checkbox"/> B-5  | FRAMING                         | <input type="checkbox"/> P-5 | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER:                 |
| <input type="checkbox"/> B-6  | INSULATION                      | <input type="checkbox"/> P-6 | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7  | DRYWALL NAILING                 | <input type="checkbox"/> P-7 | FINAL PLUMBING              |                              |                        |
| <input type="checkbox"/> B-8  | EXTERIOR LATH/STUCCO            |                              |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELECTRICAL |
| <input type="checkbox"/> B-9  | WALL GROUT & STEEL              | <input type="checkbox"/> M-1 | ROUGH VENT                  | <input type="checkbox"/> E-2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10 | <b>POOL</b> PRE-GUNITE          | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11 | <b>POOL</b> PRE-PLASTER / FINAL | <input type="checkbox"/> M-3 | FINAL MECHANICAL            | <input type="checkbox"/> E-4 | SIGN INSPECTION        |
| <input type="checkbox"/> B-12 | BUILDING FINAL                  |                              |                             | <input type="checkbox"/> E-5 | FINAL ELECTRICAL       |
| <input type="checkbox"/> B-13 | CERT. OF OCC                    | <input type="checkbox"/> X-1 | KICKER / FLUSH              | <input type="checkbox"/> E-6 | TEMP POWER             |

☒ **FINAL INSPECTION**

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

FOR ASSISTANCE -CALL- 388-6251

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                          |         |                        |                                    |
|------------------------------------------|---------|------------------------|------------------------------------|
| JOB ADDRESS<br><b>8512 S. Sarnedo Ln</b> |         |                        | PERMIT NO.<br><b>033393</b>        |
| LOT NO.<br><b>1</b>                      | MAP NO. | INSPECTOR<br><b>58</b> | DATE                               |
| SUBDIVISION NAME                         |         |                        | PHONE<br><b>1</b>                  |
| INSPECTOR SIGNATURE<br>                  |         |                        | INSPECTION DATE<br><b>10/18/89</b> |

B-6  
B-9 OK

☐ PARTIAL INSPECTION - DESCRIPTION:

☒ **APPROVED**
                         
 ☐ **PERMIT REQUIRED**
                         
 ☐ **STOP WORK**

☐ **REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071**

| INSPECT                                 | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-----------------------------------------|---------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input type="checkbox"/> B-1            | FOOTING, LAYOUT, REBAR, ZONING  | <input type="checkbox"/> P-1 | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2            | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P-2 | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B-3            | PRE-SLAB                        | <input type="checkbox"/> P-3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4            | ROOF SHEATHING                  | <input type="checkbox"/> P-4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input type="checkbox"/> B-5            | FRAMING                         | <input type="checkbox"/> P-5 | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER:                 |
| <input type="checkbox"/> B-6            | INSULATION                      | <input type="checkbox"/> P-6 | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7            | DRYWALL NAILING                 | <input type="checkbox"/> P-7 | FINAL PLUMBING              |                              |                        |
| <input checked="" type="checkbox"/> B-8 | EXTERIOR LATH/STUCCO            |                              |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELETTRICAL |
| <input type="checkbox"/> B-9            | WALL GROUT & STEEL              | <input type="checkbox"/> M-1 | ROUGH VENT                  | <input type="checkbox"/> E-2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10           | <b>POOL</b> PRE-GUNITE          | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11           | <b>POOL</b> PRE-PLASTER / FINAL | <input type="checkbox"/> M-3 | FINAL MECHANICAL            | <input type="checkbox"/> E-4 | SIGN INSPECTION        |
| <input type="checkbox"/> B-12           | BUILDING FINAL                  |                              |                             | <input type="checkbox"/> E-5 | FINAL ELECTRICAL       |
| <input type="checkbox"/> B-13           | CERT. OF OCC.                   | <input type="checkbox"/> X-1 | KICKER / FLUSH              | <input type="checkbox"/> E-6 | TEMP POWER             |

☐ **FINAL INSPECTION**

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

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

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

|                                                                                             |                                |                                                                                                                                     |                             |
|---------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| JOB ADDRESS<br>8517 Soneto Ln                                                               |                                | PERMIT NO.<br>033393                                                                                                                |                             |
| LOT NO.                                                                                     | MAP NO.                        | INSPECTOR<br>58                                                                                                                     | DATE                        |
| SUBDIVISION NAME                                                                            |                                |                                                                                                                                     | PHONE                       |
| INSPECTOR SIGNATURE<br>                                                                     |                                |                                                                                                                                     | INSPECTION DATE<br>10/12/89 |
| B-5 OK                                                                                      |                                |                                                                                                                                     |                             |
| <input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION:                                  |                                |                                                                                                                                     |                             |
| <input checked="" type="checkbox"/> APPROVED                                                |                                | <input type="checkbox"/> PERMIT REQUIRED                                                                                            |                             |
|                                                                                             |                                | <input type="checkbox"/> STOP WORK                                                                                                  |                             |
| <input type="checkbox"/> REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071 |                                |                                                                                                                                     |                             |
| INSPECT                                                                                     | DESCRIPTION                    | INSPECT                                                                                                                             | DESCRIPTION                 |
| <input type="checkbox"/> B-1                                                                | FOOTING, LAYOUT, REBAR, ZONING | <input type="checkbox"/> P-1                                                                                                        | ON SITE SEWER               |
| <input type="checkbox"/> B-2                                                                | STEM WALL - FORMS & REBAR      | <input type="checkbox"/> P-2                                                                                                        | ON SITE WATER               |
| <input type="checkbox"/> B-3                                                                | PRE-SLAB                       | <input type="checkbox"/> P-3                                                                                                        | BUILDING SEWER (YARD LINES) |
| <input type="checkbox"/> B-4                                                                | ROOF SHEATHING                 | <input type="checkbox"/> P-4                                                                                                        | UNDERSLAB PLUMBING          |
| <input checked="" type="checkbox"/> B-5                                                     | FRAMING                        | <input type="checkbox"/> P-5                                                                                                        | TOP OUT-WATER, GAS, WASTE   |
| <input type="checkbox"/> B-6                                                                | INSULATION                     | <input type="checkbox"/> P-6                                                                                                        | FINAL GAS TEST              |
| <input type="checkbox"/> B-7                                                                | DRYWALL NAILING                | <input type="checkbox"/> P-7                                                                                                        | FINAL PLUMBING              |
| <input type="checkbox"/> B-8                                                                | EXTERIOR LATH/STUCCO           |                                                                                                                                     |                             |
| <input type="checkbox"/> B-9                                                                | WALL GROUT & STEEL             | <input type="checkbox"/> M-1                                                                                                        | ROUGH VENT                  |
| <input type="checkbox"/> B-10                                                               | POOL PRE-GUNITE                | <input type="checkbox"/> M-2                                                                                                        | HOOD                        |
| <input type="checkbox"/> B-11                                                               | POOL PRE-PLASTER / FINAL       | <input type="checkbox"/> M-3                                                                                                        | FINAL MECHANICAL            |
| <input type="checkbox"/> B-12                                                               | BUILDING FINAL                 |                                                                                                                                     |                             |
| <input type="checkbox"/> B-13                                                               | CERT. OF OCC.                  | <input type="checkbox"/> X-1                                                                                                        | KICKER / FLUSH              |
|                                                                                             |                                | <input type="checkbox"/> X-2                                                                                                        | UNDERGROUND HYDRO           |
|                                                                                             |                                | <input type="checkbox"/> X-3                                                                                                        | UNDERGROUND FINAL/FLOW      |
|                                                                                             |                                | <input type="checkbox"/> X-4                                                                                                        | SPRINKLER SYSTEM HYDRO      |
|                                                                                             |                                | <input type="checkbox"/> X-5                                                                                                        | FIRE ALARM                  |
|                                                                                             |                                | <input type="checkbox"/> X-6                                                                                                        | OTHER:                      |
|                                                                                             |                                | <input type="checkbox"/> X-7                                                                                                        | FINAL FIRE                  |
|                                                                                             |                                |                                                                                                                                     |                             |
|                                                                                             |                                | <input type="checkbox"/> E-1                                                                                                        | UNDERGROUND ELETRICAL       |
|                                                                                             |                                | <input type="checkbox"/> E-2                                                                                                        | ROUGH ELECTRICAL            |
|                                                                                             |                                | <input type="checkbox"/> E-3                                                                                                        | LOW VOLTAGE ELECTRICAL      |
|                                                                                             |                                | <input type="checkbox"/> E-4                                                                                                        | SIGN INSPECTION             |
|                                                                                             |                                | <input type="checkbox"/> E-5                                                                                                        | FINAL ELECTRICAL            |
|                                                                                             |                                | <input type="checkbox"/> E-6                                                                                                        | TEMP POWER                  |
| <input type="checkbox"/> FINAL INSPECTION                                                   |                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                             |

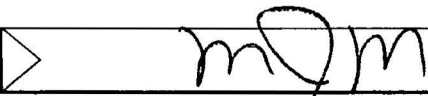
**FOR ASSISTANCE -CALL: 386-6251**

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

|                                                                                                          |                                |                                                                                                                                        |                                   |
|----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| JOB ADDRESS<br><b>8517 Saveto Ln</b>                                                                     |                                | PERMIT NO.<br><b>033393</b>                                                                                                            |                                   |
| LOT NO.                                                                                                  | MAP NO.                        | INSPECTOR<br><b>58</b>                                                                                                                 | DATE                              |
| SUBDIVISION NAME                                                                                         |                                |                                                                                                                                        | PHONE                             |
| INSPECTOR SIGNATURE<br> |                                |                                                                                                                                        | INSPECTION DATE<br><b>9/26/89</b> |
| <p><b>B-4 OK</b></p>                                                                                     |                                |                                                                                                                                        |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION:                                               |                                |                                                                                                                                        |                                   |
| <input checked="" type="checkbox"/> <b>APPROVED</b>                                                      |                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                        |                                   |
| <input type="checkbox"/> <b>REJECTED - CORRECTION NOTICE</b>                                             |                                | <input type="checkbox"/> <b>STOP WORK</b>                                                                                              |                                   |
| <input type="checkbox"/> <b>REINSPECTION REQUIRED CALL 799-2071</b>                                      |                                |                                                                                                                                        |                                   |
| INSPECT                                                                                                  | DESCRIPTION                    | INSPECT                                                                                                                                | DESCRIPTION                       |
| <input type="checkbox"/> B-1                                                                             | FOOTING, LAYOUT, REBAR, ZONING | <input type="checkbox"/> P-1                                                                                                           | ON SITE SEWER                     |
| <input type="checkbox"/> B-2                                                                             | STEM WALL - FORMS & REBAR      | <input type="checkbox"/> P-2                                                                                                           | ON SITE WATER                     |
| <input type="checkbox"/> B-3                                                                             | PRE-SLAB                       | <input type="checkbox"/> P-3                                                                                                           | BUILDING SEWER (YARD LINES)       |
| <input checked="" type="checkbox"/> B-4                                                                  | ROOF SHEATHING                 | <input type="checkbox"/> P-4                                                                                                           | UNDERSLAB PLUMBING                |
| <input type="checkbox"/> B-5                                                                             | FRAMING                        | <input type="checkbox"/> P-5                                                                                                           | TOP OUT-WATER, GAS, WASTE         |
| <input type="checkbox"/> B-6                                                                             | INSULATION                     | <input type="checkbox"/> P-6                                                                                                           | FINAL GAS TEST                    |
| <input type="checkbox"/> B-7                                                                             | DRYWALL NAILING                | <input type="checkbox"/> P-7                                                                                                           | FINAL PLUMBING                    |
| <input type="checkbox"/> B-8                                                                             | EXTERIOR LATH/STUCCO           |                                                                                                                                        |                                   |
| <input type="checkbox"/> B-9                                                                             | WALL GROUT & STEEL             | <input type="checkbox"/> M-1                                                                                                           | ROUGH VENT                        |
| <input type="checkbox"/> B-10                                                                            | POOL PRE-GUNITE                | <input type="checkbox"/> M-2                                                                                                           | HOOD                              |
| <input type="checkbox"/> B-11                                                                            | POOL PRE-PLASTER / FINAL       | <input type="checkbox"/> M-3                                                                                                           | FINAL MECHANICAL                  |
| <input type="checkbox"/> B-12                                                                            | BUILDING FINAL                 |                                                                                                                                        |                                   |
| <input type="checkbox"/> B-13                                                                            | CERT. OF OCC.                  | <input type="checkbox"/> X-1                                                                                                           | KICKER / FLUSH                    |
|                                                                                                          |                                | <input type="checkbox"/> X-2                                                                                                           | UNDERGROUND HYDRO                 |
|                                                                                                          |                                | <input type="checkbox"/> X-3                                                                                                           | UNDERGROUND FINAL/FLOW            |
|                                                                                                          |                                | <input type="checkbox"/> X-4                                                                                                           | SPRINKLER SYSTEM HYDRO            |
|                                                                                                          |                                | <input type="checkbox"/> X-5                                                                                                           | FIRE ALARM                        |
|                                                                                                          |                                | <input type="checkbox"/> X-6                                                                                                           | OTHER:                            |
|                                                                                                          |                                | <input type="checkbox"/> X-7                                                                                                           | FINAL FIRE                        |
|                                                                                                          |                                | <input type="checkbox"/> E-1                                                                                                           | UNDERGROUND ELETRICAL             |
|                                                                                                          |                                | <input type="checkbox"/> E-2                                                                                                           | ROUGH ELECTRICAL                  |
|                                                                                                          |                                | <input type="checkbox"/> E-3                                                                                                           | LOW VOLTAGE ELECTRICAL            |
|                                                                                                          |                                | <input type="checkbox"/> E-4                                                                                                           | SIGN INSPECTION                   |
|                                                                                                          |                                | <input type="checkbox"/> E-5                                                                                                           | FINAL ELECTRICAL                  |
|                                                                                                          |                                | <input type="checkbox"/> E-6                                                                                                           | TEMP POWER                        |
| <input type="checkbox"/> <b>FINAL INSPECTION</b>                                                         |                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                   |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                          |         |                        |                                   |
|----------------------------------------------------------------------------------------------------------|---------|------------------------|-----------------------------------|
| JOB ADDRESS<br><b>8510 Soneto Ln</b>                                                                     |         |                        | PERMIT NO.<br><b>033393</b>       |
| LOT NO.                                                                                                  | MAP NO. | INSPECTOR<br><b>58</b> | DATE                              |
| SUBDIVISION NAME                                                                                         |         |                        | PHONE                             |
| INSPECTOR SIGNATURE<br> |         |                        | INSPECTION DATE<br><b>9/11/89</b> |

**B-3 OK**

☐ PARTIAL INSPECTION - DESCRIPTION:

☒ **APPROVED**      ☐ **PERMIT REQUIRED**      ☐ **STOP WORK**

☐ **REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071**

| INSPECT                                 | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-----------------------------------------|---------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input type="checkbox"/> B-1            | FOOTING, LAYOUT, REBAR, ZONING  | <input type="checkbox"/> P-1 | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2            | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P-2 | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input checked="" type="checkbox"/> B-3 | PRE-SLAB                        | <input type="checkbox"/> P-3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4            | ROOF SHEATHING                  | <input type="checkbox"/> P-4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input type="checkbox"/> B-5            | FRAMING                         | <input type="checkbox"/> P-5 | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER:                 |
| <input type="checkbox"/> B-6            | INSULATION                      | <input type="checkbox"/> P-6 | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7            | DRYWALL NAILING                 | <input type="checkbox"/> P-7 | FINAL PLUMBING              |                              |                        |
| <input type="checkbox"/> B-8            | EXTERIOR LATH/STUCCO            |                              |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELETRICAL  |
| <input type="checkbox"/> B-9            | WALL GROUT & STEEL              | <input type="checkbox"/> M-1 | ROUGH VENT                  | <input type="checkbox"/> E-2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10           | <b>POOL</b> PRE-GUNITE          | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11           | <b>POOL</b> PRE-PLASTER / FINAL | <input type="checkbox"/> M-3 | FINAL MECHANICAL            | <input type="checkbox"/> E-4 | SIGN INSPECTION        |
| <input type="checkbox"/> B-12           | BUILDING FINAL                  |                              |                             | <input type="checkbox"/> E-5 | FINAL ELECTRICAL       |
| <input type="checkbox"/> B-13           | CERT. OF OCC.                   | <input type="checkbox"/> X-1 | KICKER / FLUSH              | <input type="checkbox"/> E-6 | TEMP POWER             |

☐ **FINAL INSPECTION**

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

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

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

|                                                                                                    |                                |                                                                                                                                        |                                   |
|----------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| JOB ADDRESS<br><b>8517. Soneto Ln</b>                                                              |                                | PERMIT NO.<br><b>033393</b>                                                                                                            |                                   |
| LOT NO.                                                                                            | MAP NO.                        | INSPECTOR<br><b>58</b>                                                                                                                 | DATE                              |
| SUBDIVISION NAME                                                                                   |                                |                                                                                                                                        | PHONE                             |
| INSPECTOR SIGNATURE<br><b>MDM</b>                                                                  |                                |                                                                                                                                        | INSPECTION DATE<br><b>8/30/85</b> |
| <b>B-2 OK</b>                                                                                      |                                |                                                                                                                                        |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION:                                         |                                |                                                                                                                                        |                                   |
| <input checked="" type="checkbox"/> <b>APPROVED</b>                                                |                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                        |                                   |
| <input type="checkbox"/> <b>REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071</b> |                                | <input type="checkbox"/> <b>STOP WORK</b>                                                                                              |                                   |
| INSPECT                                                                                            | DESCRIPTION                    | INSPECT                                                                                                                                | DESCRIPTION                       |
| <input type="checkbox"/> B-1                                                                       | FOOTING, LAYOUT, REBAR, ZONING | <input type="checkbox"/> P-1                                                                                                           | ON SITE SEWER                     |
| <input checked="" type="checkbox"/> B-2                                                            | STEM WALL - FORMS & REBAR      | <input type="checkbox"/> P-2                                                                                                           | ON SITE WATER                     |
| <input type="checkbox"/> B-3                                                                       | PRE-SLAB                       | <input type="checkbox"/> P-3                                                                                                           | BUILDING SEWER (YARD LINES)       |
| <input type="checkbox"/> B-4                                                                       | ROOF SHEATHING                 | <input type="checkbox"/> P-4                                                                                                           | UNDERSLAB PLUMBING                |
| <input type="checkbox"/> B-5                                                                       | FRAMING                        | <input type="checkbox"/> P-5                                                                                                           | TOP OUT-WATER, GAS, WASTE         |
| <input type="checkbox"/> B-6                                                                       | INSULATION                     | <input type="checkbox"/> P-6                                                                                                           | FINAL GAS TEST                    |
| <input type="checkbox"/> B-7                                                                       | DRYWALL NAILING                | <input type="checkbox"/> P-7                                                                                                           | FINAL PLUMBING                    |
| <input type="checkbox"/> B-8                                                                       | EXTERIOR LATH/STUCCO           |                                                                                                                                        |                                   |
| <input type="checkbox"/> B-9                                                                       | WALL GROUT & STEEL             | <input type="checkbox"/> M-1                                                                                                           | ROUGH VENT                        |
| <input type="checkbox"/> B-10                                                                      | POOL PRE-GUNITE                | <input type="checkbox"/> M-2                                                                                                           | HOOD                              |
| <input type="checkbox"/> B-11                                                                      | POOL PRE-PLASTER / FINAL       | <input type="checkbox"/> M-3                                                                                                           | FINAL MECHANICAL                  |
| <input type="checkbox"/> B-12                                                                      | BUILDING FINAL                 |                                                                                                                                        |                                   |
| <input type="checkbox"/> B-13                                                                      | CERT. OF OCC.                  | <input type="checkbox"/> X-1                                                                                                           | KICKER / FLUSH                    |
|                                                                                                    |                                | <input type="checkbox"/> X-2                                                                                                           | UNDERGROUND HYDRO                 |
|                                                                                                    |                                | <input type="checkbox"/> X-3                                                                                                           | UNDERGROUND FINAL/FLOW            |
|                                                                                                    |                                | <input type="checkbox"/> X-4                                                                                                           | SPRINKLER SYSTEM HYDRO            |
|                                                                                                    |                                | <input type="checkbox"/> X-5                                                                                                           | FIRE ALARM                        |
|                                                                                                    |                                | <input type="checkbox"/> X-6                                                                                                           | OTHER:                            |
|                                                                                                    |                                | <input type="checkbox"/> X-7                                                                                                           | FINAL FIRE                        |
|                                                                                                    |                                | <input type="checkbox"/> E-1                                                                                                           | UNDERGROUND ELECTRICAL            |
|                                                                                                    |                                | <input type="checkbox"/> E-2                                                                                                           | ROUGH ELECTRICAL                  |
|                                                                                                    |                                | <input type="checkbox"/> E-3                                                                                                           | LOW VOLTAGE ELECTRICAL            |
|                                                                                                    |                                | <input type="checkbox"/> E-4                                                                                                           | SIGN INSPECTION                   |
|                                                                                                    |                                | <input type="checkbox"/> E-5                                                                                                           | FINAL ELECTRICAL                  |
|                                                                                                    |                                | <input type="checkbox"/> E-6                                                                                                           | TEMP POWER                        |
| <input type="checkbox"/> <b>FINAL INSPECTION</b>                                                   |                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                   |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                      |         |                             |                                   |
|--------------------------------------|---------|-----------------------------|-----------------------------------|
| JOB ADDRESS<br><b>8517 SOWETO LN</b> |         | PERMIT NO.<br><b>033393</b> |                                   |
| LOT NO.                              | MAP NO. | INSPECTOR<br><b>58</b>      | DATE                              |
| SUBDIVISION NAME                     |         |                             | PHONE                             |
| INSPECTOR SIGNATURE<br><b>MDM</b>    |         |                             | INSPECTION DATE<br><b>8/24/89</b> |

B-1 OK

UFR

☐ PARTIAL INSPECTION - DESCRIPTION:

☒ **APPROVED**

☐ **PERMIT REQUIRED**

☐ **STOP WORK**

☐ **REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071**

| INSPECT                                 | DESCRIPTION                    | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-----------------------------------------|--------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input checked="" type="checkbox"/> B-1 | FOOTING, LAYOUT, REBAR, ZONING | <input type="checkbox"/> P-1 | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2            | STEM WALL - FORMS & REBAR      | <input type="checkbox"/> P-2 | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B-3            | PRE-SLAB                       | <input type="checkbox"/> P-3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4            | ROOF SHEATHING                 | <input type="checkbox"/> P-4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input type="checkbox"/> B-5            | FRAMING                        | <input type="checkbox"/> P-5 | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER:                 |
| <input type="checkbox"/> B-6            | INSULATION                     | <input type="checkbox"/> P-6 | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7            | DRYWALL NAILING                | <input type="checkbox"/> P-7 | FINAL PLUMBING              |                              |                        |
| <input type="checkbox"/> B-8            | EXTERIOR LATH/STUCCO           |                              |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELETRICAL  |
| <input type="checkbox"/> B-9            | WALL GROUT & STEEL             | <input type="checkbox"/> M-1 | ROUGH VENT                  | <input type="checkbox"/> E-2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10           | POOL PRE-GUNITE                | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11           | POOL PRE-PLASTER / FINAL       | <input type="checkbox"/> M-3 | FINAL MECHANICAL            | <input type="checkbox"/> E-4 | SIGN INSPECTION        |
| <input type="checkbox"/> B-12           | BUILDING FINAL                 |                              |                             | <input type="checkbox"/> E-5 | FINAL ELECTRICAL       |
| <input type="checkbox"/> B-13           | CERT. OF OCC.                  | <input type="checkbox"/> X-1 | KICKER / FLUSH              | <input type="checkbox"/> E-6 | TEMP POWER             |

☐ **FINAL INSPECTION**

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

**FOR ASSISTANCE -CALL: 386-8251**

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

|                                                                                                                                                                                                                                                     |                                                                                                  |                                                                                                                                           |                             |                                    |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|-----------------------------------|
| JOB ADDRESS<br><b>8517 Soneto Ln</b>                                                                                                                                                                                                                |                                                                                                  |                                                                                                                                           | PERMIT NO.<br><b>033393</b> |                                    |                                   |
| LOT NO.                                                                                                                                                                                                                                             |                                                                                                  | MAP NO.                                                                                                                                   |                             | INSPECTOR<br><b>58</b>             |                                   |
| SUBDIVISION NAME                                                                                                                                                                                                                                    |                                                                                                  |                                                                                                                                           |                             |                                    | DATE                              |
| <div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 10px;">INSPECTOR SIGNATURE</div> <div style="border: 1px solid black; padding: 10px; flex-grow: 1;"> </div> </div> |                                                                                                  |                                                                                                                                           |                             |                                    | PHONE                             |
|                                                                                                                                                                                                                                                     |                                                                                                  |                                                                                                                                           |                             |                                    | INSPECTION DATE<br><b>9/11/89</b> |
| <p style="font-size: 2em;">B-3 OK</p>                                                                                                                                                                                                               |                                                                                                  |                                                                                                                                           |                             |                                    |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION:                                                                                                                                                                                          |                                                                                                  |                                                                                                                                           |                             |                                    |                                   |
| <input checked="" type="checkbox"/> APPROVED                                                                                                                                                                                                        |                                                                                                  | <input type="checkbox"/> PERMIT REQUIRED                                                                                                  |                             | <input type="checkbox"/> STOP WORK |                                   |
| <input type="checkbox"/> REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071                                                                                                                                                         |                                                                                                  |                                                                                                                                           |                             |                                    |                                   |
| INSPECT                                                                                                                                                                                                                                             | DESCRIPTION                                                                                      | INSPECT                                                                                                                                   | DESCRIPTION                 | INSPECT                            | DESCRIPTION                       |
| <input type="checkbox"/> B-1                                                                                                                                                                                                                        | FOOTING, LAYOUT, REBAR, ZONING                                                                   | <input type="checkbox"/> P-1                                                                                                              | ON SITE SEWER               | <input type="checkbox"/> X-2       | UNDERGROUND HYDRO                 |
| <input type="checkbox"/> B-2                                                                                                                                                                                                                        | STEM WALL - FORMS & REBAR                                                                        | <input type="checkbox"/> P-2                                                                                                              | ON SITE WATER               | <input type="checkbox"/> X-3       | UNDERGROUND FINAL/FLOW            |
| <input checked="" type="checkbox"/> B-3                                                                                                                                                                                                             | PRE-SLAB                                                                                         | <input type="checkbox"/> P-3                                                                                                              | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4       | SPRINKLER SYSTEM HYDRO            |
| <input type="checkbox"/> B-4                                                                                                                                                                                                                        | ROOF SHEATHING                                                                                   | <input type="checkbox"/> P-4                                                                                                              | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5       | FIRE ALARM                        |
| <input type="checkbox"/> B-5                                                                                                                                                                                                                        | FRAMING                                                                                          | <input type="checkbox"/> P-5                                                                                                              | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6       | OTHER:                            |
| <input type="checkbox"/> B-6                                                                                                                                                                                                                        | INSULATION                                                                                       | <input type="checkbox"/> P-6                                                                                                              | FINAL GAS TEST              | <input type="checkbox"/> X-7       | FINAL FIRE                        |
| <input type="checkbox"/> B-7                                                                                                                                                                                                                        | DRYWALL NAILING                                                                                  | <input type="checkbox"/> P-7                                                                                                              | FINAL PLUMBING              |                                    |                                   |
| <input type="checkbox"/> B-8                                                                                                                                                                                                                        | EXTERIOR LATH/STUCCO                                                                             |                                                                                                                                           |                             | <input type="checkbox"/> E-1       | UNDERGROUND ELECTRICAL            |
| <input type="checkbox"/> B-9                                                                                                                                                                                                                        | WALL GROUT & STEEL                                                                               | <input type="checkbox"/> M-1                                                                                                              | ROUGH VENT                  | <input type="checkbox"/> E-2       | ROUGH ELECTRICAL                  |
| <input type="checkbox"/> B-10                                                                                                                                                                                                                       | <div style="background-color: black; color: white; padding: 2px;">POOL</div> PRE-GUNITE          | <input type="checkbox"/> M-2                                                                                                              | HOOD                        | <input type="checkbox"/> E-3       | LOW VOLTAGE ELECTRICAL            |
| <input type="checkbox"/> B-11                                                                                                                                                                                                                       | <div style="background-color: black; color: white; padding: 2px;">POOL</div> PRE-PLASTER / FINAL | <input type="checkbox"/> M-3                                                                                                              | FINAL MECHANICAL            | <input type="checkbox"/> E-4       | SIGN INSPECTION                   |
| <input type="checkbox"/> B-12                                                                                                                                                                                                                       | BUILDING FINAL                                                                                   |                                                                                                                                           |                             | <input type="checkbox"/> E-5       | FINAL ELECTRICAL                  |
| <input type="checkbox"/> B-13                                                                                                                                                                                                                       | CERT. OF OCC.                                                                                    | <input type="checkbox"/> X-1                                                                                                              | KICKER / FLUSH              | <input type="checkbox"/> E-6       | TEMP POWER                        |
| <input type="checkbox"/> FINAL INSPECTION                                                                                                                                                                                                           |                                                                                                  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS...<br>SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                             |                                    |                                   |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                           |                         |                            |                                    |
|-------------------------------------------|-------------------------|----------------------------|------------------------------------|
| JOB ADDRESS<br><i>8517 Longto</i>         |                         | PERMIT NO.<br><i>90524</i> |                                    |
| LOT NO.<br><i>413</i>                     | MAP NO.<br><i>6-128</i> | INSPECTOR<br><i>63</i>     | DATE<br><i>11-29-90</i>            |
| SUBDIVISION NAME<br><i>Valley West #2</i> |                         |                            | PHONE                              |
| INSPECTOR SIGNATURE<br><i>R. Carson</i>   |                         |                            | INSPECTION DATE<br><i>11-30-90</i> |

*patio cover*

*(B-1) Existing column footings verified*

*(B-5) Rejected*

*1) Rafters and roof are bearing on 24" existing overhang.*

*(a) Columns shall be installed to carry new roof at overhang*

*(b) OR Rebuild and place rafters on existing bearing wall*

**PARTIAL INSPECTION - DESCRIPTION:**

*See Above*

☐ **APPROVED**
☐ **PERMIT REQUIRED**
☐ **STOP WORK**

**REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071**

| INSPECT                                 | DESCRIPTION                   | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-----------------------------------------|-------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input checked="" type="checkbox"/> B-1 | FOOTING LAYOUT, REBAR, ZONING | <input type="checkbox"/> P-1 | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2            | STEM WALL - FORMS & REBAR     | <input type="checkbox"/> P-2 | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B-3            | PRE-SLAB                      | <input type="checkbox"/> P-3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4            | ROOF SHEATHING                | <input type="checkbox"/> P-4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input checked="" type="checkbox"/> B-5 | <i>Rejected</i>               | <input type="checkbox"/> P-5 | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER:                 |
| <input type="checkbox"/> B-6            | INSULATION                    | <input type="checkbox"/> P-6 | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7            | DRYWALL NAILING               | <input type="checkbox"/> P-7 | FINAL PLUMBING              |                              |                        |
| <input type="checkbox"/> B-8            | EXTERIOR LATH/STUCCO          |                              |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELECTRICAL |
| <input type="checkbox"/> B-9            | WALL GROUT & STEEL            | <input type="checkbox"/> M-1 | ROUGH VENT                  | <input type="checkbox"/> E-2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10           | POOL PRE-GUNITE               | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11           | POOL PRE-PLASTER / FINAL      | <input type="checkbox"/> M-3 | FINAL MECHANICAL            | <input type="checkbox"/> E-4 | SIGN INSPECTION        |
| <input type="checkbox"/> B-12           | BUILDING FINAL                |                              |                             | <input type="checkbox"/> E-5 | FINAL ELECTRICAL       |
| <input type="checkbox"/> B-13           | CERT. OF OCC.                 | <input type="checkbox"/> X-1 | KICKER / FLUSH              | <input type="checkbox"/> E-6 | TEMP POWER             |

☐ **FINAL INSPECTION**

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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                           |                     |                            |                                   |
|-------------------------------------------|---------------------|----------------------------|-----------------------------------|
| JOB ADDRESS<br><i>8517 Soneta</i>         |                     | PERMIT NO.<br><i>80524</i> |                                   |
| LOT NO.                                   | MAP NO.<br><i>5</i> | INSPECTOR<br><i>50</i>     | DATE<br><i>12-4-90</i>            |
| SUBDIVISION NAME<br><i>Valley West II</i> |                     |                            | PHONE                             |
| INSPECTOR SIGNATURE<br><i>[Signature]</i> |                     |                            | INSPECTION DATE<br><i>12-5-90</i> |

*patio cover*

— UNABLE TO VERIFY FRAMING CONNECTIONS COMPLETION

— RECALL INSPECTION AND GIVE PERMISSION TO ENTER

☐ PARTIAL INSPECTION - DESCRIPTION:

☐ APPROVED
 ☐ PERMIT REQUIRED
 ☐ STOP WORK

☒ **REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071**

| INSPECT                       | DESCRIPTION                    | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-------------------------------|--------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input type="checkbox"/> B-1  | FOOTING, LAYOUT, REBAR, ZONING | <input type="checkbox"/> P-1 | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2  | STEM WALL - FORMS & REBAR      | <input type="checkbox"/> P-2 | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B-3  | PRE-SLAB                       | <input type="checkbox"/> P-3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4  | ROOF SHEATHING                 | <input type="checkbox"/> P-4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input type="checkbox"/> B-5  | FRAMING                        | <input type="checkbox"/> P-5 | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER:                 |
| <input type="checkbox"/> B-6  | INSULATION                     | <input type="checkbox"/> P-6 | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7  | DRYWALL NAILING                | <input type="checkbox"/> P-7 | FINAL PLUMBING              |                              |                        |
| <input type="checkbox"/> B-8  | EXTERIOR LATH/STUCCO           |                              |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELECTRICAL |
| <input type="checkbox"/> B-9  | WALL GROUT & STEEL             | <input type="checkbox"/> M-1 | ROUGH VENT                  | <input type="checkbox"/> E-2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10 | POOL PRE-GUNITE                | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11 | POOL PRE-PLASTER / FINAL       | <input type="checkbox"/> M-3 | FINAL MECHANICAL            | <input type="checkbox"/> E-4 | SIGN INSPECTION        |
| <input type="checkbox"/> B-12 | BUILDING FINAL                 |                              |                             | <input type="checkbox"/> E-5 | FINAL ELECTRICAL       |
| <input type="checkbox"/> B-13 | CERT. OF OCC                   | <input type="checkbox"/> X-1 | KICKER / FLUSH              | <input type="checkbox"/> E-6 | TEMP POWER             |

☐ **FINAL INSPECTION**

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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                           |         |                         |                                   |
|-------------------------------------------|---------|-------------------------|-----------------------------------|
| JOB ADDRESS<br><b>.8517 SONETO CANYE</b>  |         |                         | PERMIT NO.<br><b>90524</b>        |
| LOT NO.                                   | MAP NO. | INSPECTOR<br><b>#50</b> | DATE                              |
| SUBDIVISION NAME<br><b>Valley West II</b> |         |                         | PHONE                             |
| INSPECTOR SIGNATURE<br><b>J. M. King</b>  |         |                         | INSPECTION DATE<br><b>12-6-90</b> |

**- PATIO COVER**

**- PREVIOUS FRAMING ITEMS CORRECTED**

**- NO PERMIT IN MY FILE**

☐ PARTIAL INSPECTION - DESCRIPTION:

☒ **APPROVED**

☐ **PERMIT REQUIRED**

☐ **STOP WORK**

☐ **REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071**

| INSPECT                                  | DESCRIPTION                    | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|------------------------------------------|--------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input type="checkbox"/> B-1             | FOOTING, LAYOUT, REBAR, ZONING | <input type="checkbox"/> P-1 | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2             | STEM WALL - FORMS & REBAR      | <input type="checkbox"/> P-2 | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B-3             | PRE-SLAB                       | <input type="checkbox"/> P-3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4             | ROOF SHEATHING                 | <input type="checkbox"/> P-4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input checked="" type="checkbox"/> B-5  | FRAMING                        | <input type="checkbox"/> P-5 | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER:                 |
| <input type="checkbox"/> B-6             | INSULATION                     | <input type="checkbox"/> P-6 | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7             | DRYWALL NAILING                | <input type="checkbox"/> P-7 | FINAL PLUMBING              |                              |                        |
| <input type="checkbox"/> B-8             | EXTERIOR LATH/STUCCO           |                              |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELECTRICAL |
| <input type="checkbox"/> B-9             | WALL GROUT & STEEL             | <input type="checkbox"/> M-1 | ROUGH VENT                  | <input type="checkbox"/> E-2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10            | POOL PRE-GUNITE                | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11            | POOL PRE-PLASTER / FINAL       | <input type="checkbox"/> M-3 | FINAL MECHANICAL            | <input type="checkbox"/> E-4 | SIGN INSPECTION        |
| <input checked="" type="checkbox"/> B-12 | BUILDING FINAL                 |                              |                             | <input type="checkbox"/> E-5 | FINAL ELECTRICAL       |
| <input type="checkbox"/> B-13            | CERT. OF OCC                   | <input type="checkbox"/> X-1 | KICKER / FLUSH              | <input type="checkbox"/> E-6 | TEMP POWER             |

☒ **FINAL INSPECTION**

BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS  
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**FOR ASSISTANCE -CALL- 388-6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                           |                           |                            |                                   |
|-------------------------------------------|---------------------------|----------------------------|-----------------------------------|
| JOB ADDRESS<br><b>8517 Soneto</b>         |                           | PERMIT NO.<br><b>90524</b> |                                   |
| LOT NO.                                   | MAP NO.<br><b>14-954a</b> | INSPECTOR<br><b>SO</b>     | DATE<br><b>12-6-90</b>            |
| SUBDIVISION NAME<br><b>Valley West II</b> |                           |                            | PHONE                             |
| INSPECTOR SIGNATURE<br><b>Jeff Kuntz</b>  |                           |                            | INSPECTION DATE<br><b>12-7-90</b> |

final patio cover - ok to enter gate

- PREVIOUSLY APPROVED FOR FINAL on 12-6-90

☐ PARTIAL INSPECTION - DESCRIPTION:

☒ **APPROVED**

☐ **PERMIT REQUIRED**

☐ **STOP WORK**

☐ **REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071**

| INSPECT                       | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-------------------------------|---------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input type="checkbox"/> B-1  | FOOTING, LAYOUT, REBAR, ZONING  | <input type="checkbox"/> P-1 | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2  | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P-2 | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B-3  | PRE-SLAB                        | <input type="checkbox"/> P-3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4  | ROOF SHEATHING                  | <input type="checkbox"/> P-4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input type="checkbox"/> B-5  | FRAMING                         | <input type="checkbox"/> P-5 | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER:                 |
| <input type="checkbox"/> B-6  | INSULATION                      | <input type="checkbox"/> P-6 | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7  | DRYWALL NAILING                 | <input type="checkbox"/> P-7 | FINAL PLUMBING              |                              |                        |
| <input type="checkbox"/> B-8  | EXTERIOR LATH/STUCCO            |                              |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELECTRICAL |
| <input type="checkbox"/> B-9  | WALL GROUT & STEEL              | <input type="checkbox"/> M-1 | ROUGH VENT                  | <input type="checkbox"/> E-2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10 | <b>POOL</b> PRE-GUNITE          | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11 | <b>POOL</b> PRE-PLASTER / FINAL | <input type="checkbox"/> M-3 | FINAL MECHANICAL            | <input type="checkbox"/> E-4 | SIGN INSPECTION        |
| <input type="checkbox"/> B-12 | BUILDING FINAL                  |                              |                             | <input type="checkbox"/> E-5 | FINAL ELECTRICAL       |
| <input type="checkbox"/> B-13 | CERT. OF OCC.                   | <input type="checkbox"/> X-1 | KICKER / FLUSH              | <input type="checkbox"/> E-6 | TEMP POWER             |

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