

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

89-035529

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

238652 9

2071

8 DEVELOPMENT PERMIT  
FOR Swimming Pool or Spa

LOG NO &amp; AREA

DATE

CONST VAL \$

ADDRESS OF  
CONSTRUCTION

2800 EDGEROCK CIR

OWNER

ANGELO DICENSO

PHONE

363-5889

CONTRACTOR

LIFESTYLE POOLS

STATE

LICENSE NO

27942

CITY

LICENSE NO

C11-02843-2-

LOT(s)

BLOCK

SUBDIVISION

Signature @ the John #3

ZONE

038170  
R-P06PLUMBING  
CONTRACTOR

LIFESTYLE POOLS

ELECTRICAL  
CONTRACTOR

An initial GREEN VALLEY ELECTRIC

CIRCLE TYPE OF POOL THAT APPLIES

PRIVATE

SEMI PUBLIC

PUBLIC

SPA

MATERIALS OF CONSTRUCTION

REINFORCED GUNITE

REINFORCED CONCRETE

OTHER

SQUARE FEET OF SURFACE POOL

330

SPA

34

VOLUME IN GALLONS

14,000

finalized 11/13-89

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

I state that I am familiar with the effective ordinances of the City of Las Vegas Nevada and the effective Statutes of the State of Nevada covering construction and use of the above type I agree to perform said construction in conformity therewith I further agree that issuance of a permit on the above application will not excuse me from conforming with the said Ordinances and Statutes despite any errors on the part of the building inspector or engineer in checking plans and application herewith

All swimming pools must be fenced before the pool is filled with water No electrical lines shall cross over a pool Applicants must have separate plot plans showing location of power pole proposed or existing fencing and location of swimming pool I agree to repair any utility line if damaged during excavation work I have read and understand the contents of above application I hereby state that the same are true and correct

SIGNED

CONTRACTOR

BY

AGENT/OWNER

PLANNING DEPT

DATE

BUILDING DEPT

DATE

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

| DESCRIPTION                                        |                                   |                    | FEE   | TOTAL  |
|----------------------------------------------------|-----------------------------------|--------------------|-------|--------|
| ISSUANCE FEE                                       |                                   |                    | 10 00 | 10     |
| SEWER CONNECTION FEE (to 30 000 GALLONS) 7143-2973 |                                   |                    | 58 00 | 60     |
| BUILDING PERMIT POOL & OR SPA                      |                                   |                    |       | 60.60  |
| PLUMBING PERMIT<br>2310-2433                       | PRIVATE POOL OR SPA               | PREFORMED SPA      | 10 00 | 20     |
|                                                    |                                   | OTHERWISE          | 20 00 |        |
|                                                    | PUBLIC OR SEMI PUBLIC POOL OR SPA | PREFORMED SPA      | 20 00 |        |
|                                                    |                                   | OTHERWISE          | 30 00 |        |
|                                                    | FUEL PIPING FOR POOL HEATER       |                    | 6 00  | 6      |
| ELECTRICAL PERMIT<br>2310-2432                     | SPA                               |                    | 8 00  | 8      |
|                                                    | SWIMMING POOL                     | RESIDENTIAL        | 20 00 | 20     |
|                                                    |                                   | PUBLIC SEMI PUBLIC | 30 00 |        |
|                                                    | ELECTRICAL SERVICE CHANGE         |                    | 6 00  |        |
| MISC 2310-2431                                     |                                   |                    |       | 70.60  |
| TOTAL FEES                                         |                                   |                    |       | 184.60 |

RECEIPT

\*\*0004\*\*

|          |        |
|----------|--------|
| POOL     | 70.60  |
| POOL     | 70.60  |
| SEWR     | 60.00  |
| SEWR     | 60.00  |
| FLPG     | 20.10  |
| FLPG     | 20.00  |
| ELEC     | 28.00  |
| ELEC     | 28.00  |
| CHEF     | 309.20 |
| 0402A000 | 00.22  |

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

LOG NO & AREA T10DATE 10/17/88CONST VAL \$ 600DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251 FOR INSPECTIONS CALL 799 2071

## AIR CONDITIONING PERMIT

ADDRESS OF INSTRUCTION 2800 EDGE ROCK CIRCLE OWNER PLASTER DEV.CO. PHONE 385-5031CONTRACTOR Carl's Air Conditioning STATE LICENSE NO 8370 CITY LICENSE NO 230-2-10793LOT(S) \_\_\_\_\_ BLOCK 1 SUBDIVISION SIGNATURE @ THE LAKES UNIT 3 ZONE \_\_\_\_\_PROPOSED CONSTRUCTION Complete installation of A/C and duct workAIR COND PERMIT NO 6719 -6

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                      | FEE   | TOTAL        |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                  |       |              |
| <b>1</b>                 | For the issuance of each permit                                                                                                                                                                                                                  | 15 00 | <b>15.00</b> |
|                          | For issuing each supplemental permit                                                                                                                                                                                                             | 4 50  |              |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                  |       |              |
|                          | For the installation or relocation of each forced air or gravity type furnace or burner including ducts and vents attached to such appliance up to and including 100 000 Btu/h                                                                   | 9 00  |              |
|                          | For the installation or relocation of each forced air or gravity type furnace or burner including ducts and vents attached to such appliance over 100 000 Btu/h                                                                                  | 11 00 |              |
|                          | For the installation or relocation of each floor furnace including vent                                                                                                                                                                          | 9 00  |              |
|                          | For the installation or relocation of each suspended heater recessed wall heater or floor mounted unit heater                                                                                                                                    | 9 00  |              |
|                          | For the installation relocation or replacement of each appliance vent installed and not included in an appliance permit                                                                                                                          | 4 50  |              |
|                          | For the repair of alteration of or addition to each heating appliance refrigeration unit cooling unit absorption unit or each heating cooling absorption or evaporative cooling system including installation of controls regulated by this code | 9 00  |              |
| <b>2</b>                 | For the installation or relocation of each boiler or compressor to and including three horsepower or each absorption system to and including 100 000 Btu/h                                                                                       | 9 00  | <b>18.00</b> |
|                          | For the installation or relocation of each boiler or compressor over three horsepower to and including 15 horsepower or each absorption system over 100 000 Btu/h and including 500 000 Btu/h                                                    | 16 50 |              |
|                          | For the installation or relocation of each boiler or compressor over 15 horsepower to and including 30 horsepower or each absorption system over 500 000 Btu/h to and including 1 000 000 Btu/h                                                  | 22 50 |              |
|                          | For the installation or relocation of each boiler or compressor over 30 horsepower to and including 50 horsepower or for each absorption system over 1 000 000 Btu/h to and including 1 750 000 Btu/h                                            | 33 50 |              |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 horsepower or each absorption system over 1 750 000 Btu/h                                                                                                  | 56 00 |              |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                                                                                                                                            | FEE                                 | TOTAL       |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------|
|                                   | For each air handling unit to and including 10 000 cubic feet per minute including ducts attached thereto<br><b>Note</b> This fee shall not apply to an air handling unit which is a portion of a factory assembled appliance cooling unit evaporative cooler or absorption unit for which a permit is required elsewhere in this code | 6 50                                |             |
|                                   | For each air handling unit over 10 000 cfm                                                                                                                                                                                                                                                                                             | 11 00                               |             |
|                                   | For each evaporative cooler other than portable type                                                                                                                                                                                                                                                                                   | 6 50                                |             |
|                                   | For each ventilation fan                                                                                                                                                                                                                                                                                                               | COMMERCIAL 4 50<br>RESIDENTIAL 2 35 |             |
| <b>3</b>                          | For each ventilation system which is not a portion of any heating or air conditioning system authorized by a permit                                                                                                                                                                                                                    | 6 50                                | <b>7.05</b> |
|                                   | For the installation of each hood which is served by mechanical exhaust including the ducts for such hood                                                                                                                                                                                                                              | 6 50                                |             |
|                                   | For each appliance or piece of equipment regulated by this code but not classed in other appliance categories or for which no other fee is listed in this code                                                                                                                                                                         | 6 50                                |             |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                                                                                                                                        |                                     |             |
|                                   | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                                                                                                                                                                            | 25 00 per hour                      |             |
|                                   | Reinspection fee assessed under provisions of TABLE 3 A of the Uniform Building Code = \$15 00 EACH                                                                                                                                                                                                                                    | 15 00 each                          |             |
|                                   | Inspections for which no fee is specifically indicated (minimum charge — one half hour)                                                                                                                                                                                                                                                | 30 00 per hour                      |             |
|                                   | Additional plan review required by changes additions or revisions to approved plans (minimum charge — two hours)                                                                                                                                                                                                                       | 30 00 per hour                      |             |
|                                   | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                                                                                                                                    |                                     |             |
|                                   | Gas piping which is directly related and necessary to the repair or replacement of heating air conditioning or refrigeration systems not exceeding 500 000 B T U H                                                                                                                                                                     | 6 00                                |             |

2310-2405

RECEIPT

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

Sheree Nutter  
D CONTRACTOR MASTER CARD NO

PERMIT FEE **\$15.00**

BY Donna Hoesly Spec Cont or Owner  
BUILDING DEPT 10/17/88 DATE

TOTAL FEES **\$40.05**

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

# FENCE & RETAINING WALLS

|                                                                                               |                   |                     |
|-----------------------------------------------------------------------------------------------|-------------------|---------------------|
| OWNER<br>Plaster Dev                                                                          |                   | DATE<br>12-19-88    |
| ADDRESS<br>2800 Edge Rock Ct                                                                  |                   |                     |
| CONTRACTOR<br>Youngs Mas                                                                      | PERMIT NO<br>9298 | LOG NO<br>M-1841-88 |
| LEGAL<br><i>Signature at the Lakes Unit 3</i>                                                 |                   |                     |
| <br>238651 2 |                   | 45/1                |

## FENCES (wire wood block & retaining walls)

| 1 | Location & Footing                     |     |     |
|---|----------------------------------------|-----|-----|
|   | 1st                                    | 2nd | 3rd |
| 2 | Horiz & Vert Steel<br><i>9/1/25/89</i> |     |     |
|   | 1st                                    | 2nd | 3rd |
| 3 | Grout<br><i>9/1/25/89</i>              |     |     |
|   | 1st                                    | 2nd | 3rd |
| 4 | Bond Beam                              |     |     |
|   | 1st                                    | 2nd |     |
| 5 | Final<br><i>JK 7-12-89</i>             |     |     |

Specify Type Of Fence

OWNER Plaster Dev

ADDRESS 2800 Edge Rock Cir

DATE 9-20-88

GEN CONT Plaster

BUILD TYPE SFD w/fp

PERMIT N 5472

LEGAL Lot 45 B-1

LOG N P-10 '88

## BUILDING

## MECHANICAL

Pl Loc & Ft ☐

Pl mb g Co t

Locatio & Footi g ☐

P m t N

St mw ll ☐

A/C Co t

Co c ete Slab Fl o ☐

Pe m t N

Ch m y Ste l ☐

S w Fe

Fi eplace Footing ☐

l g C t

Ve t Steel Re f ☐

P m t N

D t

Ho Ste l R i f ☐

Hood Co t

R f She thing

Pe m t N

D t

I lat on

R gh Sol ☐

F am g

Ro gh W t ☐

E t L th

T p O t

E t Sc at h

R gh Ga

E t Brow

A/C Ro gh D c

Dryw ll

F l Pl mb g

F al B ld g

F l Gas

App fo Oc F l B ldi g

F al A C nd

F al Sewe

## ELECTRICAL

Ro gh Hood ☐

El t l Co t

F al Hood ☐

P m t N

F l l g

PTR gh

G d Elect od

Temp ry Powe

M t T g

F l El t al

l pe to

D t



238649-8

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

[illegible]

**FOR ASSISTANCE CALL 386-6251**

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

[illegible]

|                          |                    |             |
|--------------------------|--------------------|-------------|
| <input type="checkbox"/> | 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 | <input type="checkbox"/> POOL | PRE GUNITE          | <input type="checkbox"/> M 2 | HOOD                        | <input type="checkbox"/> E 3            | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11 | <input type="checkbox"/> 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 checked="" 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>2800 EDGE ROCK</b>            |        |                        | PERMIT NO<br><b>35329</b>         |
| LOT NO                                          | MAP NO | INSPECTOR<br><b>65</b> | DATE                              |
| SUBDIVISION NAME<br><b>STYLE - SUNSET PT. ?</b> |        |                        | PHONE                             |
| INSPECTOR SIGNATURE<br><b>LB65</b>              |        |                        | INSPECTION DATE<br><b>11-2-89</b> |

**SWIM - POOL**

**NO Elect INSP.  
DRAIN spa & Remove Life**

**- ISSUED - G. TAG #**

☐ 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 checked="" type="checkbox"/> P 6 | <del>FINAL GAS TEST</del>   | <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            | <del>POOL</del> PRE GUNITE                   | <input type="checkbox"/> M 2            | HOOD                        | <input type="checkbox"/> E 3 | LOW VOLTAGE ELECTRICAL |
| <input checked="" type="checkbox"/> B 11 | <del>POOL</del> PRE PLASTER <del>FINAL</del> | <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  
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>2800 EDGE ROCK</b>                                                                                                                                 |                               |                                                                                                                                     | PERMIT NO<br><b>35529</b>   |                                    |                                    |
| LOT NO                                                                                                                                                               |                               | MAP NO                                                                                                                              |                             | INSPECTOR<br><b>65</b>             |                                    |
| SUBDIVISION NAME<br><b>Westport - PLASTER</b>                                                                                                                        |                               |                                                                                                                                     |                             |                                    | PHONE                              |
| INSPECTOR SIGNATURE<br>                                                                                                                                              |                               |                                                                                                                                     |                             |                                    | INSPECTION DATE<br><b>11-13-89</b> |
| <b>LIFESTYLE POOL</b>                                                                                                                                                |                               |                                                                                                                                     |                             |                                    |                                    |
| <b>(2) 817 - 363-5889</b>                                                                                                                                            |                               |                                                                                                                                     |                             |                                    |                                    |
| <b>LAPIE CARLO</b>                                                                                                                                                   |                               |                                                                                                                                     |                             |                                    |                                    |
| <b>SWIM - POOL ?</b>                                                                                                                                                 |                               |                                                                                                                                     |                             |                                    |                                    |
| <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <b>DOG LOCKED UP, SHE GAVE PERMISSION TO ENTER REAR YARD</b> </div> |                               |                                                                                                                                     |                             |                                    |                                    |
| <b>* PERMIT CARD TO REMAIN ON JOB SITE!</b><br><b>- ISSUED 6 - TAB # 03166 LB</b>                                                                                    |                               |                                                                                                                                     |                             |                                    |                                    |
| <input type="checkbox"/> PARTIAL INSPECTION    DESCRIPTION                                                                                                           |                               |                                                                                                                                     |                             |                                    |                                    |
| <input checked="" type="checkbox"/> <b>APPROVED</b>                                                                                                                  |                               | <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 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 checked="" 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                         |
| <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 388 6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                      |        |                        |                                    |
|----------------------------------------------------------------------------------------------------------------------|--------|------------------------|------------------------------------|
| JOB ADDRESS<br><b>2800 EDGE ROCK</b>                                                                                 |        |                        | PERMIT NO                          |
| LOT NO                                                                                                               | MAP NO | INSPECTOR<br><b>65</b> | DATE                               |
| SUBDIVISION NAME<br><b>Westport - Plaster</b>                                                                        |        |                        | PHONE                              |
| INSPECTOR SIGNATURE<br> <b>LB65</b> |        |                        | INSPECTION DATE<br><b>11-14-89</b> |

**SWIM - POOL**

**363 - 5889, "CALL HER"**

**"WANTS HER JUZZI HOOKED UP"**

**"DOG WILL NOT BE IN YARD"**

**= INVESTIGATION = SIGNED OFF  
ON 11-13-89**

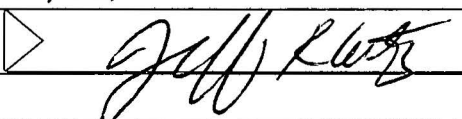
|                                                                                         |                                          |                                    |
|-----------------------------------------------------------------------------------------|------------------------------------------|------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION DESCRIPTION                                 |                                          |                                    |
| <input 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 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 checked="" type="checkbox"/> P 6 | FINAL GAS TEST <b>A.S.</b>  | <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             |

|                                                  |                                                                                                                                     |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <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 &amp; SAFETY CITY OF LAS VEGAS

|                                                                                                                                            |                                   |                                                                                                                                  |                             |                                         |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|------------------------|
| JOB ADDRESS<br><b>2800 EDGE ROCK</b>                                                                                                       |                                   | PERMIT NO<br><b>88-009298</b>                                                                                                    |                             |                                         |                        |
| LOT NO                                                                                                                                     | MAP NO                            | INSPECTOR<br><b>#150</b>                                                                                                         | DATE<br><b>238651-2</b>     |                                         |                        |
| SUBDIVISION NAME<br><b>WEST PORT</b>                                                                                                       |                                   |                                                                                                                                  | PHONE                       |                                         |                        |
| INSPECTOR SIGNATURE<br>                                   | INSPECTION DATE<br><b>7-12-89</b> |                                                                                                                                  |                             |                                         |                        |
| <b>BLOCK WALL FINAL</b>                                                                                                                    |                                   |                                                                                                                                  |                             |                                         |                        |
| <input type="checkbox"/> PARTIAL INSPECTION DESCRIPTION                                                                                    |                                   |                                                                                                                                  |                             |                                         |                        |
| <input checked="" type="checkbox"/> <b>APPROVED</b> <b>X-6</b> <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 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 checked="" type="checkbox"/> X 6 | OTHER <b>SEE ABOVE</b> |
| <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             |
| <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**