

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                               |                                                                                            |                                                                                    |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                 |  92-152846 |  6 |
| JOB ADDRESS<br>100 THUNDER ST                                                                                 |                                                                                            |                                                                                    |
| LOT NO.<br>13                                                                                                 | BLOCK NO.<br>6                                                                             | SUBDIVISION NAME<br>CHARLESTON RAINBOW 12B                                         |
| FIRE DEPT. MAP NO.<br>2418-14                                                                                 | JOB PHONE<br>795-9500                                                                      | CALL-IN DATE<br>09/11/92                                                           |
|                                                                                                               | CALL-IN TIME<br>12:16                                                                      | SCHEDULE DATE<br>09/14/92                                                          |
| INSPECTOR NO.<br>72                                                                                           | INSPECTOR NAME<br>BOB SMITH                                                                |                                                                                    |
|  POOL PRE-PLASTER/FINAL (910) |                                                                                            |                                                                                    |

GASTAG 23830

|                                                                                                                                    |                                                                                                                                        |                                       |                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                        | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                          | PARTIAL DESCRIPTION                   |                                                                                              |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                   | <input type="checkbox"/> STOP WORK (S)                                                                                                 | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL                                      |
|                                                                                                                                    |                                                                                                                                        |                                       | <input type="checkbox"/> HOLD (H)                                                            |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                       | <input type="checkbox"/> PERMIT REQUIRED                                                     |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                                                              |
| INSPECTOR SIGNATURE <i>Robert Smith</i>                                                                                            |                                                                                                                                        | INSPECTION DATE<br>9-14-92            |                                                                                              |
|  PROJECT COMPLETE                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                                                              |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                       |  229-6765 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                       |                                                        |                                            |                           |
|-------------------------------------|-----------------------|--------------------------------------------------------|--------------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER      | 92-152846                                              | INSPECTION<br>NUMBER                       | 5                         |
| JOB ADDRESS<br>100 THUNDER ST       |                       |                                                        |                                            |                           |
| LOT NO.<br>18                       |                       | BLOCK NO.<br>6                                         | SUBDIVISION NAME<br>CHARLESTON RAINBOW 129 |                           |
| FIRE DEPT. MAP NO.<br>2418-14       | JOB PHONE<br>795-9500 | CALL-IN DATE<br>07/31/92                               | CALL-IN TIME<br>09:50                      | SCHEDULE DATE<br>08/03/92 |
| INSPECTOR NO.<br>75 / 71            |                       | INSPECTOR NAME<br><del>RON PATTERSON</del> K. R. BEYER |                                            |                           |
| INSPECTION<br>REQUESTED             |                       | POOL PRE-GUNITE (901)                                  |                                            |                           |

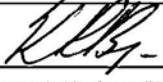
CANCELLED

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input type="checkbox"/> APPROVED<br>(A)                                                                                           | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                        | INSPECTION DATE<br>3 AUG 92              |                                                            |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                          |                                                            | 229-6759                                    |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                 |                                                               |                                                   |                                                              |                                  |
|-----------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>        | 92-152846                                                     |                                                   | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> | 5                                |
| JOB ADDRESS <b>100 THUNDER ST</b>                               |                                                               |                                                   |                                                              |                                  |
| LOT NO<br><b>18</b>                                             | BLOCK NO<br><b>6</b>                                          | SUBDIVISION NAME<br><b>CHARLESTON RAINBOW 12B</b> |                                                              |                                  |
| FIRE DEPT. MAP NO<br><b>2418-14</b>                             | JOB PHONE<br><b>795-9500</b>                                  | CALL-IN DATE<br><b>08/04/92</b>                   | CALL-IN TIME<br><b>10:24</b>                                 | SCHEDULE DATE<br><b>08/05/92</b> |
| INSPECTOR NO.<br><b>75/71</b>                                   | INSPECTOR NAME<br><del>SON PATTERSON</del> <b>K. R. BEYER</b> |                                                   |                                                              |                                  |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b> | <b>POOL PRE-GUNITE (901)</b>                                  |                                                   |                                                              |                                  |

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |                                                                                                     |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)                                                                   |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED                                                            |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                                                                     | <b>INSPECTION DATE</b>                |                                                         |                                                                                                     |
|                                              |                                                                                                                                     | <b>5 AUG 92</b>                       |                                                         |                                                                                                     |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |                                                         |  <b>229-6769</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                                |                                                          |                                     |
|----------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>92-152846</b>                               | <b>INSPECTION NUMBER</b>                                 | <b>9</b>                            |
| <b>JOB ADDRESS</b><br><b>100 THUNDER ST</b>              |                                                |                                                          |                                     |
| <b>LOT NO</b><br><b>18</b>                               | <b>BLOCK NO</b><br><b>6</b>                    | <b>SUBDIVISION NAME</b><br><b>CHARLESTON RAINBOW 123</b> |                                     |
| <b>FIRE DEPT MAP NO</b><br><b>2418-14</b>                | <b>JOB PHONE</b><br><b>795-9500</b>            | <b>CALL-IN DATE</b><br><b>08/10/92</b>                   | <b>CALL-IN TIME</b><br><b>17:29</b> |
| <b>SCHEDULE DATE</b><br><b>08/12/92</b>                  |                                                |                                                          |                                     |
| <b>INSPECTOR NO</b><br><b>51</b>                         | <b>INSPECTOR NAME</b><br><b>GREG SHOEMAKER</b> |                                                          |                                     |
| <b>INSPECTION REQUESTED</b>                              | <b>FINAL GAS TEST (423)</b>                    |                                                          |                                     |

① IF this is For  
Pool — call For  
901 - Insp.

|                                                                                                                                        |                                                                                                                                                    |                                                                                        |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                                                             |                                                                |
| <input type="checkbox"/> <b>APPROVED (A)</b>                                                                                           | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b>                                           | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) — UNTIL</b> |
|                                                                                                                                        |                                                                                                                                                    | <input type="checkbox"/> <b>HOLD (H)</b>                                               |                                                                |
| <input checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                                |                                                                                                                                                    | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                         |                                                                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              |                                                                                                                                                    | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                        |                                                                                                                                                    |                                                                                        |                                                                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             | <i>G. Shoemaker</i>                                                                                                                                |                                                                                        | <b>INSPECTION DATE</b><br><b>8-12-92</b>                       |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                                                        |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                                                                        | <b>229-6765</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



PERMIT  
NUMBER

92-152846

INSPECTION  
NUMBER

10

JOB ADDRESS

100 THUNDER ST

LOT NO.

18

BLOCK NO.

6

SUBDIVISION NAME

CHARLESTON RAINBOW 12B

FIRE DEPT. MAP NO.

2418-14

JOB PHONE

795-9500

CALL-IN DATE

08/10/92

CALL-IN TIME

17:30

SCHEDULE DATE

08/12/92

INSPECTOR NO.

51

INSPECTOR NAME

GREG SHOEMAKER

INSPECTION  
REQUESTED

TOP OUT-WATER, GAS, WASTE (420)

① IF this is for  
Pool — call for  
901 Insp.

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☒ REJECTED (R)

REINSPECTION REQUIRED - CALL \* 229-2071

☐ REFEE (F)

REINSPECTION FEE REQUIRED - PAY AT CITY HALL  
3RD FLOOR - 400 E. STEWART STREET

☐ PERMIT  
REQUIRED

INSPECTOR  
SIGNATURE

*G. Shoemaker*

INSPECTION DATE

8-12-92

☐ PROJECT  
COMPLETE

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

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY  
CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT



229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

1

PERMIT  
NUMBER

92-152846

INSPECTION  
NUMBER

3

JOB ADDRESS

100 THUNDER ST

LOT NO

18

BLOCK NO

6

SUBDIVISION NAME

CHARLESTON RAINBOW 12B

FIRE DEPT MAP NO

2418-14

JOB PHONE

795-9500

CALL-IN DATE

08/13/92

CALL-IN TIME

09:20

SCHEDULE DATE

08/14/92

INSPECTOR NO.

75

INSPECTOR NAME

RON PATTERSON

INSPECTION  
REQUESTED

POOL PRE-GUNITE (901)

201 + 420

☒ PARTIAL  
INSPECTION

☒ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

201

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \*229-2071

☐ REFEE (F)

REINSPECTION FEE REQUIRED - PAY AT CITY HALL  
3RD FLOOR - 400 E. STEWART STREET.

☐ PERMIT  
REQUIRED

INSPECTOR  
SIGNATURE

*R. Patterson*

INSPECTION DATE

8-14-92

☐ PROJECT  
COMPLETE

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

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY  
CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT

229-6769

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |  |                                                                                                                                     |  |                                                   |  |                                                          |                 |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|----------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                                            |  | 92-152846                                                                                                                           |  | <b>INSPECTION NUMBER</b>                          |  | 2                                                        |                 |
| JOB ADDRESS<br><b>100 THUNDER ST</b>                                                                                            |  |                                                                                                                                     |  |                                                   |  |                                                          |                 |
| LOT NO<br><b>18</b>                                                                                                             |  | BLOCK NO.<br><b>6</b>                                                                                                               |  | SUBDIVISION NAME<br><b>CHARLESTON RAINBOW 123</b> |  |                                                          |                 |
| FIRE DEPT MAP NO<br><b>2418-14</b>                                                                                              |  | JOB PHONE<br><b>795-9500</b>                                                                                                        |  | CALL-IN DATE<br><b>09/03/92</b>                   |  | CALL-IN TIME<br><b>11:11</b>                             |                 |
| SCHEDULE DATE<br><b>09/04/92</b>                                                                                                |  |                                                                                                                                     |  |                                                   |  |                                                          |                 |
| INSPECTOR NO<br><b>72</b>                                                                                                       |  | INSPECTOR NAME<br><b>BOB SMITH</b>                                                                                                  |  |                                                   |  |                                                          |                 |
| <b>INSPECTION REQUESTED</b>                                                                                                     |  | <b>POOL PRE-PLASTER/FINAL (910)</b>                                                                                                 |  |                                                   |  |                                                          |                 |
| <p><i>all Metal within 5' of Water line Required to be Bonded.</i></p> <p><i>Gas OK</i></p> <p><i>GFI OK</i></p>                |  |                                                                                                                                     |  |                                                   |  |                                                          |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | PARTIAL DESCRIPTION                               |  |                                                          |                 |
| <input type="checkbox"/> APPROVED (A)                                                                                           |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C)             |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) -- UNTIL |                 |
| <input type="checkbox"/> REJECTED (R)                                                                                           |  | <input type="checkbox"/> REFEED (F)                                                                                                 |  | <input type="checkbox"/> HOLD (H)                 |  |                                                          |                 |
| <input checked="" type="checkbox"/>                                                                                             |  | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |  |                                                   |  | <input type="checkbox"/> PERMIT REQUIRED                 |                 |
|                                                                                                                                 |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                                   |  |                                                          |                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |  | <i>Robert Smith</i>                                                                                                                 |  |                                                   |  | <b>INSPECTION DATE</b><br><i>9-4-92</i>                  |                 |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |                                                   |  |                                                          |                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                     |  |                                                   |  |                                                          | <b>229-6765</b> |

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

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

T NO. 92-152846

DEVELOPMENT PERMIT  
FOR: Swimming Pool or SpaLOG NO. & AREA M-4626 DATE \_\_\_\_\_ CONST. VAL. \$ 4360ADDRESS OF CONSTRUCTION 100 Thunder St OWNER Domingo Perez PHONE 363-7721CONTRACTOR BLUE HAVEN POOLS STATE LICENSE NO. 31928 CITY LICENSE NO. 2-045385LOT(s) 18 BLOCK 6 SUBDIVISION Chun Ranch 12B ZONE R-1PLUMBING CONTRACTOR \_\_\_\_\_ ELECTRICAL CONTRACTOR WHITE EAGLE ELECTRIC 29110

CIRCLE TYPE OF POOL THAT APPLIES: PRIVATE SEMI-PUBLIC PUBLIC SPA

MATERIALS OF CONSTRUCTION: REINFORCED GUNITÉ REINFORCED CONCRETE OTHER \_\_\_\_\_

SQUARE FEET OF SURFACE POOL 310 SPA 26 VOLUME IN GALLONS 10000

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 [Signature] CONTRACTORBY [Signature] AGENT/OWNERPLANNING DEPT. 7/15/92 DATEBUILDING DEPT. 7-15-92 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 | 10.70    |
| SEWER CONNECTION FEE (to 30,000 GALLONS) |                                   |                    | 60.00 | 110      |
| BUILDING PERMIT - POOL & OR SPA          |                                   |                    |       | 67       |
| PLUMBING PERMIT                          | PRIVATE POOL OR SPA               | PREFORMED SPA      | 10.00 |          |
|                                          |                                   | OTHERWISE          | 20.00 | 21.40    |
|                                          | PUBLIC OR SEMI-PUBLIC POOL OR SPA | PREFORMED SPA      | 20.00 |          |
|                                          |                                   | OTHERWISE          | 30.00 | 07/1     |
|                                          | FUEL PIPING FOR POOL HEATER       |                    | 6.00  | 6.40     |
| ELECTRICAL PERMIT                        | SPA                               |                    | 8.00  | 8.50     |
|                                          | SWIMMING POOL                     | RESIDENTIAL        | 20.00 | 21.40    |
|                                          |                                   | PUBLIC-SEMI-PUBLIC | 30.00 |          |
|                                          | ELECTRICAL SERVICE CHANGE         |                    | 6.00  |          |
| MISC.                                    |                                   |                    |       |          |
| TOTAL FEES                               |                                   |                    |       | \$245.40 |

## RECEIPT

\*\*0002\*\*

POOL 77.70  
SEWR 110.00  
PLBG 27.80  
ELEC 29.90  
CHEK 245.40  
9576A000 12:45

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work