

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

MIT NO.

93-180437

## BUILDING PERMIT

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

PLAN CHECK NO.

R-8 93 - attached 1/20/93

DATE

CONST. VAL. \$ 153,000

ADDRESS OF

CONSTRUCTION

7940 Marbella Circle

OWNER

Dr. Rubin

PHONE

234-7158

LOT(s)

11

BLOCK

1

SUBDIVISION

Mediterranean Cove (Pelican Point)

ZONE

R-PD5

PROPOSED CONSTRUCTION

Single Family Residence + 3 FPS

USE

THIS PERMIT FOR

BLDG. ☒A/C ☒ELEC. ☒PLBG. ☒OTHER PERMITS REQD.: FENCE. ☐

OFF

SITE ☐

SWIM

POOL ☐

FLOOR AREA

BSMT

1ST 1,391

2ND 1,288

GARAGE

685

PORCH

260

TOTAL

3,324

CONTRACTOR

Tracy Spadafora (Genesis Development)

STATE

LICENSE NO. 27056

CITY

LICENSE NO.

3624

ARCHITECT

Bob Sherman, Sherman Architecture

ENGINEER

Michael A. Keegan

MASTER PLUMBER/

CONTRACTOR

Randy Cook

MASTER ELECTRICIAN/

CONTRACTOR

Larry Buchman

## OTHER INSPECTIONS AND FEES

1. Inspections outside of normal business hours = \$40.00 per hour (minimum charge three hours).
2. Re-inspection fee during normal business hours assessed under provisions of TABLE 3-A of the Uniform Building Code = \$40.00 per hour.
3. Inspections during normal business hours for which no fee is specifically indicated = \$40.00 per hour (minimum charge one hour).
4. Additional plan review required by changes, additions, or revisions to approved plans = \$40.00 per hour (minimum charge two hours).

## CONDITIONS OF THE PERMIT:

1. I agree to call the City Building Department for inspections before concrete is poured, before rough wiring, electrical, plumbing, framing is covered. Also for air conditioning, drywall and sheathing inspection.
2. I agree that when the job is completed that I will call for final inspection before occupancy.
3. I agree to perform all construction in accordance with City Ordinances and Building Codes.
4. The Contractor's signature below denotes authority from the owner to sign in his behalf and that the owner is aware of all requirements of this application and permit. Separate permits must be taken out for work outlined above this agreement.
5. I have read and understand the contents of this application and permit; I hereby state that the information I have supplied on this application is true and correct.
6. Approval for the work under this permit will be given only after refuse and debris have been removed from job site and public right of way.
7. 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS.

BY:

I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY

OWNER

BY:

AGENT

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

PLANNING DEPT.

DATE

BUILDING DEPT.

DATE

| PLUMBING                               |       | FEE    |
|----------------------------------------|-------|--------|
| WATER DISTRIBUTION                     | 6.70  |        |
| SEWER SYSTEM - NEW OR MODIFICATION     | 11.05 |        |
| FIXTURES - WATER SOFTENER, H.W. HEATER | 2.25  |        |
| GARBAGE DISPOSAL - WASHER              | 2.25  |        |
| FUEL PIPING                            | 6.70  |        |
| IRRIGATION SYSTEM                      | 8.90  |        |
| MISC.                                  |       |        |
| 2310 - 2433                            |       |        |
| TOTAL                                  |       | 157.00 |
| AIR CONDITIONING                       |       | FEE    |
| NEW UNIT - 3 TON = 10.00 OVER = 18.20  |       |        |
| FURNACE TO 100,000/10.00 OVER/12.20    |       |        |
| VAPORATIVE COOLER                      | 7.20  |        |
| VENTILATION FAN                        | 2.65  |        |
| 2310 - 2435                            |       |        |
| TOTAL                                  |       | 116.00 |

## ELECTRICAL

## FEE

|                                                   |        |        |
|---------------------------------------------------|--------|--------|
| RECEPTACLE                                        | SWITCH | .50    |
| EACH LIGHT FIXTURE OR SOCKET                      |        | .40    |
| SPECIAL OUTLET, APPLIANCE ETC.                    |        | .80    |
| SERVICE/PANEL - SUB/3.40 - 200A/6.70 - 400A/13.85 |        |        |
| A.C. UNIT OR MOTORS                               |        | 3.40   |
| MISC.                                             |        |        |
| 2310 - 2432                                       |        |        |
| 1113 - 2437 ZONING                                |        | 6.70   |
| 2310 - 2431 PLAN REVIEW                           |        |        |
| 2310 - 2401 BLDG. PERMIT                          |        |        |
| 7143 - 2973 SEWER CONNECTION                      |        |        |
| 6122 - 3352 TORTOISE                              |        |        |
| - 2897 P.I.F.                                     |        |        |
| 88100-1232 TRANSPORT                              |        |        |
| TOTAL FEES                                        |        | 157.00 |

VOID

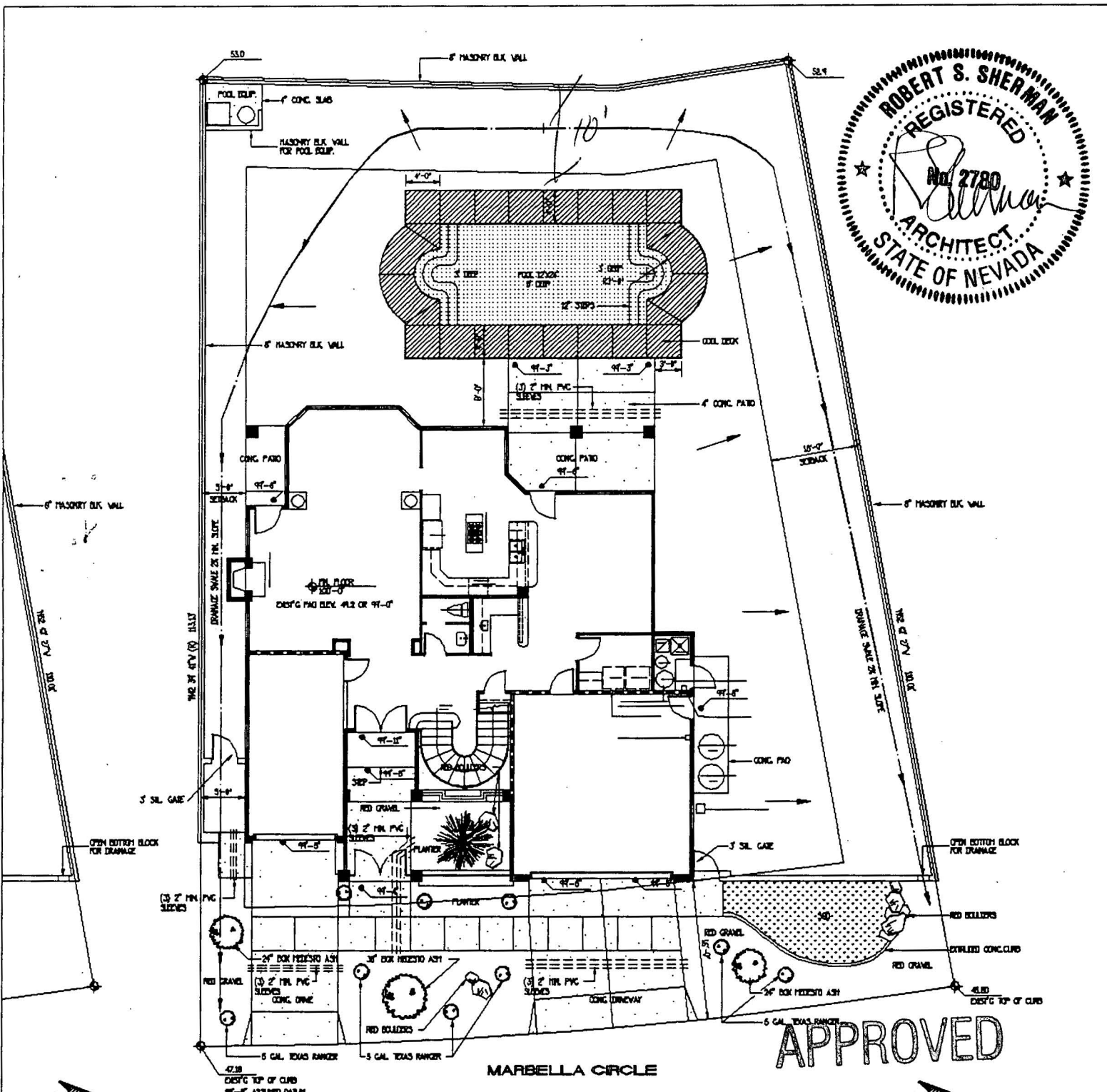
RECEIPT  
MUST BE MACHINE VALIDATED

10/27/93  
Subs-pulled  
ply, A/C, Elec  
irrefused  
general (PB)

|          |         |
|----------|---------|
| PLBG     | 151.00  |
| A/C      | 116.00  |
| ELEC     | 157.70  |
| SFD      | 757.00  |
| SEWR     | 1100.00 |
| TRAN     | 500.00  |
| CHEK     | 2781.70 |
| 4575A000 | 13:34   |

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work



# LANDSCAPING PLAN

APPROVED

By: *[Signature]* 2/8/93

**SHERMAN**  
ARCHITECTURE  
a professional corporation  
6857 W. Charleston Blvd.  
Las Vegas, Nevada 89117  
(702) 255-9838 fax (702) 254-0639

A CUSTOM HOME  
FOR **City of Las Vegas**  
**DR. LUBIN RESIDENCE**  
7940 MARBELLA CIRCLE  
LOT 11, BLK 1 PELICAN POINT, DESERT SHORES  
LAS VEGAS, NEVADA 89128



Case #

R-8 93

**CERTIFICATION OF COMPLETENESS**

I, the undersigned, as the authorized agent or owner, hereby certify that I have provided all information and materials necessary for a complete application. For purposes of this certification, an application is not "complete" if the necessary zoning related approvals have not been obtained. It is recommended that you review these items with an appropriate zoning official prior to submittal.

I have investigated the following matters and am attesting to the validity of each of the following statements, as appropriate:

☒ Appropriate zoning has been approved for the project proposed.

☒ A plot plan and/or building elevation review has been completed for the project proposed.

☐ A plot plan and/or building elevation review is not required for the project proposed.

☐ All Variances required have been obtained.

☒ A Variance is not required.

☐ All Special Use Permits required have been obtained.

☒ A Special Use Permit is not required.

☐ The required Traffic Impact Analysis has been submitted to the Traffic Engineer.

☒ A Traffic Impact Analysis is not required for the project proposed.

☐ The required Drainage Plan and Technical Drainage Study has been submitted to Public Works.

☒ A Drainage Plan and Technical Drainage Study is not required for the project proposed.

**For building permit only:**

☒ All plans and documentation, as required by the Department of Building and Safety per the attached checklist, have been submitted.

I am aware that the date and time my application is accepted as complete by the City will determine, in part, the priority of issuance of the conditional "Water Distribution Authorization Letter" by the City. If the application is determined later to be incomplete, then the date and time of the receipt by the City of the missing information and/or materials will establish that priority.

Name of Authorized Agent or Owner: Senes Development, Inc.

Address: 6655 W. Sahara, Suite A-200  
Las Vegas, NV 89102

Telephone: 254-7158

FAX: 254-5012

Signature of  
Authorized Agent or Owner

**For Department Use Only**

Date: 1/29/93

Time: 12:15 hrs.

Rec'd by City Agent: [Signature]

APN: 350-174-011

AMR R.P.T.T. 61.10

9 2 0 7 2 9 0 0 2 8 2

**GRANT, BARGAIN, SALE DEED**

THIS INDENTURE WITNESSETH: That INMAN/MEDITERRANEAN COVE LIMITED LIABILITY  
COMPANY, A LIMITED LIABILITY COMPANY

FOR A VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, do hereby Grant,  
 Bargain, Sell and Convey to PAUL SAPOSHNIK AND TAMAR LUBIN-SAPOSHNIK, HUSBAND AND WIFE  
AS JOINT TENANTS

all that real property situated in the \_\_\_\_\_ County of CLARK

State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF  
 FOR COMPLETE LEGAL DESCRIPTION.

SUBJECT TO: 1. Taxes for the fiscal year.

2. Covenants, conditions, restrictions, reservations, rights-of-way and easements of record.

Together with all and singular the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

Witness David hand of this 29th day of June, 1992

STATE OF NEVADA }  
 COUNTY OF Clark } ss.

INMAN/MEDITERRANEAN COVE LIMITED LIABILITY COMPANY,  
 A LIMITED LIABILITY COMPANY

BY: David Inman

DAVID INMAN, MANAGER

BY: Michelle Elardi Inman, INC., MANAGER

BY: Michelle Elardi Inman

MICHELLE ELARDI INMAN, ITS PRESIDENT

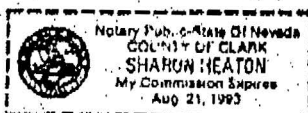
On June 29th, 1992  
 Before me, a Notary Public, personally appeared  
David Inman  
and  
Michelle Elardi Inman

personally known to me (or proved to me on the basis of  
 satisfactory evidence) to be the person whose name is  
 subscribed to this instrument and acknowledged that he  
 (she or they) executed it

Signature Sharon Heaton

(Notary Public)

(Notarial Seal)



ESCROW NO:  
92-06-0902-FVS

MAIL TAX STATEMENTS TO: MR & MRS. P. SAPOSHNIK  
4050 ROYALHILL AVENUE, LAS VEGAS, NV 89121

9 2 0 7 2 9 0 0 2 8 2

File No. 92-06-0902-FVS

## EXHIBIT "A"

PARCEL ONE (1):

Lot ELEVEN (11) in Block ONE (1)  
of MEDITERRANEAN COVE as shown by map thereof on file in Book 43 of  
Plats, Page 73, in the Office of the County Recorder of Clark county,  
Nevada.

RESERVING THEREFROM, for the benefit of DSRC ASSOCIATES, a California  
Limited Partnership, its successors in interest and others, easements  
for access, ingress, egress, maintenance, repairs, drainage and for  
other purposes, all as described in the Master Declaration of  
Covenants, Conditions and Restrictions and Reservation of Easements  
for Desert Shores ("Master Declaration"), recorded on June 1, 1988  
in Book 880601, as Document No. 00011, the Notice of Annexation for  
Territory and Supplemental Declaration for Desert Shores and  
Establishment of Delegate District (Delegate District Nos. 16 & 23)  
("Master Declaration Notice of Annexation") recorded on June 27, 1989  
in Book 890627 as Document No. 00107, and the Declaration of  
Covenants, Conditions and Restrictions and Reservation of Easements  
for Pelican Point ("Declaration"), recorded on June 24, 1992 in Book  
920624, as Document NO. 00146, all of which may from time to time be  
amended and/or supplemented, all of Official Records of Clark County,  
Nevada.

PARCEL TWO (2):

Non-exclusive easements for access, ingress, egress, drainage,  
maintenance, repairs and for other purposes, all as described in the  
Master Declaration of Covenants, Conditions and Restrictions and  
Reservations of Easements for DESERT SHORES, recorded June 1, 1988  
in Book 880601 as Document No. 00011, Official Records of Clark  
County, Nevada, over Common Landscape Area Lot No. P of DESERT SHORES  
NO. 1, as shown by map thereof on file in Book 39 of Plats, Page 26,  
in the Office of the County Recorder of Clark County, Nevada.

CLARK COUNTY, NEVADA  
JOAN L. SWIFT, RECORDER  
RECORDED AT REQUEST OF:  
NEVADA TITLE COMPANY

87-29-92 88:00 18J 2  
BOOK: 920729 INST: 00282  
FEE: 6.00 RPT: 61.10

## CITY OF LAS VEGAS, NEVADA

IT NO.

93-180893

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

ELECTRICAL PERMIT

PLAN CHECK NO.

R-8 93

DATE

116615

3-24-93

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION

7940 MARBELLA CIR. OWNER DR. LUBIN

CONTRACTOR

TREICHEL ELECTRIC

STATE  
LICENSE NO.

22268

CITY  
LICENSE NO.C-11-1658-2-  
26-603

(PRINT NAME OF MASTER ELECTRICIAN)

GERALD TREICHEL

MASTER CARD NO.

0185

CONTRACTOR PHONE

645-3035

PROPOSED CONSTRUCTION:

Temp PWR

ELECTRIC  
PERMIT NO.Approval for the work under this permit will be given only after refuse  
and debris have been removed from job site and public right of way.

| UNITS                                                                                                                         | DESCRIPTION                                                                                                                                                                                                                                                                      | FEE   | TOTAL |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                        |                                                                                                                                                                                                                                                                                  |       |       |
| 1                                                                                                                             | For Issuing Each Permit                                                                                                                                                                                                                                                          | 10.70 | 10.70 |
|                                                                                                                               | Supplemental Fee                                                                                                                                                                                                                                                                 | 4.85  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                       |                                                                                                                                                                                                                                                                                  |       |       |
|                                                                                                                               | <b>Residential or General Commercial</b>                                                                                                                                                                                                                                         |       |       |
|                                                                                                                               | Receptacle _____ Switch _____                                                                                                                                                                                                                                                    | .45   |       |
|                                                                                                                               | Each Light Fixture, Socket, or Exit Light,<br>Smoke Detector or Exhaust Fan                                                                                                                                                                                                      | .35   |       |
|                                                                                                                               | <b>EACH OUTLET FOR SPECIAL PURPOSE:</b><br>Dishwasher, Garbage Grinder, Trash Compactor,<br>G.F.I., Clothes Washer, Dryer, Electric Range,<br>Ovens, Water Heater, Space Heater, Blast Coil<br>Heater, (PER K.W.), Mercury Lamp, Quartz Lamp,<br>Sodium Lamp, 20AMP Sign Circuit | .75   |       |
|                                                                                                                               | X-Ray Unit                                                                                                                                                                                                                                                                       | 10.70 |       |
|                                                                                                                               | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                                                | 8.60  |       |
|                                                                                                                               | Each Additional 1,000 Watts                                                                                                                                                                                                                                                      | 3.25  |       |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS,<br/>GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                                                  |       |       |
|                                                                                                                               | First H.P. or Ton For each Unit                                                                                                                                                                                                                                                  | 3.25  |       |
|                                                                                                                               | First KVA For Each Unit                                                                                                                                                                                                                                                          | 3.25  |       |
|                                                                                                                               | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                                        | .55   |       |
|                                                                                                                               | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                                         | .40   | 6.70  |
| 1                                                                                                                             | Temporary power (Pole)                                                                                                                                                                                                                                                           | 6.45  | 6.45  |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                    |                                                                                                                                                                                                                                                                                  |       |       |
|                                                                                                                               | Up to 200 AMP                                                                                                                                                                                                                                                                    | 6.45  |       |
|                                                                                                                               | 400 AMP And 600 AMP                                                                                                                                                                                                                                                              | 13.40 |       |
|                                                                                                                               | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                                         | 26.75 |       |
|                                                                                                                               | Over 1200 AMP                                                                                                                                                                                                                                                                    | 53.50 |       |
|                                                                                                                               | Each Additional Meter Socket                                                                                                                                                                                                                                                     | .55   |       |
|                                                                                                                               | Sub Panel, Motor Control Center<br>Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                                     | 3.25  |       |
|                                                                                                                               | Swimming Pool (Residential)                                                                                                                                                                                                                                                      | 21.40 |       |
|                                                                                                                               | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                                      | 32.10 |       |
|                                                                                                                               | Spas                                                                                                                                                                                                                                                                             | 8.60  |       |
|                                                                                                                               | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                                               | 3.25  |       |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                           | FEE               | TOTAL |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                              | 3.25              |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                          | 3.25              |       |
|                                                                               | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                   | 3.25              |       |
|                                                                               | Each Air Handler                                                                                                                                                                      | 1.10              |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                                       |                   |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                                | .35               |       |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                                        | .35               |       |
|                                                                               | Amplifiers                                                                                                                                                                            | 2.15              |       |
|                                                                               | Control Panel                                                                                                                                                                         | .55               |       |
|                                                                               | TV Master System                                                                                                                                                                      | .35               |       |
|                                                                               | Telephone or Computer Outlet                                                                                                                                                          | .35               |       |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                       |                   |       |
|                                                                               | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                        | 30.00<br>per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE<br>3-A of the Uniform Building Code = \$30.00 EACH.                                                                               | 30.00<br>each     |       |
|                                                                               | Inspections for which no fee is specifically<br>indicated (minimum charge — one-half hour).                                                                                           | 30.00<br>per hour |       |
|                                                                               | Additional plan review required by changes, additions<br>or revisions to approved plans (minimum charge —<br>one-half hour). After work hours — \$30.00 per hour<br>— minimum 1 hour. | 30.00<br>per hour |       |
|                                                                               | Starter Permit                                                                                                                                                                        | 50.00             |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                                       |                   |       |
|                                                                               | Commercial — Burglar Alarms                                                                                                                                                           |                   |       |
|                                                                               | — Music Systems                                                                                                                                                                       |                   |       |
|                                                                               | — Data Processing                                                                                                                                                                     |                   |       |
|                                                                               | — Communication                                                                                                                                                                       |                   |       |
|                                                                               | Conduit Only—Contract Price                                                                                                                                                           |                   |       |
|                                                                               | All Misc. Electric                                                                                                                                                                    |                   |       |

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

# 2310-2432

03/25/93

## RECEIPT

\*\*0002\*\*

ELEC 22.20

CHEK 22.20

4836A000 09:35

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

SIGNED HOMEOWNER/CONTRACTOR

BUILDING DEPT.

PERMIT  
FEELESS  
STARTER PERMITTOTAL  
FEES

22.20

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

# CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

T NO.

93-183120

PLUMBING PERMIT

PLAN CHECK NO.

R-8 193

DATE

119831  
4-13-93

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION

7940 MARBELLA CIRCLE LUBIN

PHONE

8762933

CONTRACTOR

Pioneer Plg

STATE  
LICENSE NO.

7507A

CITY

LICENSE NO.

C1168107677

LOT(s)

11

BLOCK

1

SUBDIVISION

PELICAN POINT

ZONE:

PROPOSED CONSTRUCTION:

CUSTOM HOME

USE:

PLUMBING  
PERMIT NO.

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

| UNITS                            | DESCRIPTION                                                                             | FEE      | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|----------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |          |       |
| 1                                | For Issuing Each Permit                                                                 | 15.50    | 15.50 |
|                                  | For Issuing Each Supplemental Permit                                                    | 5.20     |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |          |       |
| 9                                | Bathtub, Shower, Lavatory, Toilet, Urinal                                               | EA. 2.25 | 20.25 |
| 2                                | Floor Drain, Floor Sink, Wash Tray, Sink                                                | EA. 2.25 | 4.50  |
| 3                                | Garbage Disposal, Clothes Washer, Dishwasher (residential)                              | EA. 2.25 | 6.75  |
|                                  | Garbage Disposal (commercial)                                                           | EA. 8.90 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                                                 | EA. 2.25 |       |
| 1                                | Clothes Dryer (gas) (venting)                                                           | 2.25     | 2.25  |
|                                  | Dental Unit                                                                             | 8.90     |       |
|                                  | Drinking Fountain                                                                       | 2.25     |       |
| 1                                | Refrigerator - Ice Maker, Water Dispenser                                               | 2.25     | 2.25  |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                     | EA. 2.25 |       |
| 1                                | Hot Water Heater (Gas or Electric)                                                      | 2.25     | 2.25  |
| <b>SEWER SYSTEM</b>              |                                                                                         |          |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                                    | 11.05    | 11.05 |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2.25     |       |
|                                  | Trailer Trap (rental parks)                                                             | 5.50     |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |          |       |
|                                  | Non Permanent Type (rental)                                                             | 2.25     |       |
|                                  | Permanent Type (connected to drain)                                                     | 2.25     |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |          |       |
| 1                                | Single Family Dwelling                                                                  | 6.70     | 6.70  |
|                                  | Multi-Family Dwelling                                                                   | 6.70     |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3.40     |       |
|                                  | Commercial Building per floor                                                           | 3.40     |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2.25     |       |
|                                  | Hotel or Motel                                                                          | 8.90     |       |
|                                  | Plus Each Unit                                                                          | 3.40     |       |
|                                  | Trailer Park                                                                            | 33.00    |       |
|                                  | Plus Each Space                                                                         | 2.25     |       |
|                                  | Irrigation Single Family Dwelling                                                       | 8.90     |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation |          |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                           | FEE            | TOTAL |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                       |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                                | 6.70           | 6.70  |
|                                   | Multi-Family Dwelling                                                                                                                                                                                                 | 11.05          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                        | 2.25           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                       | 6.70           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                               | 6.70           |       |
| 6                                 | Medium Pressure System (Plan Check)                                                                                                                                                                                   | 13.30          |       |
|                                   | Each Gas Appliance (Any Type)                                                                                                                                                                                         | 2.25           | 13.50 |
|                                   | Steam Boilers                                                                                                                                                                                                         | 5.80           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                       |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                         | 5.80           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                  | 5.80           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                       |                |       |
|                                   | For Onsite Sewer, Gas or Water Contract Value. Fee based on Building Code Permit Valuation Chart.                                                                                                                     |                |       |
| <b>OTHER INSPECTION AND FEES:</b> |                                                                                                                                                                                                                       |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours):                                                                                                                                            | 40.00 per hour |       |
|                                   | Under provisions of Table 3-A of the Uniform Building Code, work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$40.00 per each inspection during business hours. | 40.00 each     |       |
|                                   | Additional plan review required by changes. Additions to or revisions to approved plans (minimum charge two hours)                                                                                                    | 40.00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                    |                |       |
|                                   | Construction Valuation                                                                                                                                                                                                |                |       |

**FOR INSPECTIONS  
CALL 229-2071**

SEWER #7114-3654  
CONNECTION

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

04/13/93

FEE

2310-2403  
PERMIT  
FEE

TOTAL  
FEES

91.70

RECEIPT

\*\*0005\*\*

PLBG 91.70

CASH 91.70

6140A000 13:26

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

SIGNED

CONTRACTOR

MASTER CARD NO.

BY

Registered Master Plumber Spec. Cont'r. or Owner

BUILDING DEPT.

DATE

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

93-194419

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FO



144936-3

AIR CONDITIONING PERMIT

PLAN CHECK NO. 5-81 -93 DATE 1/10/93 CONST. VAL. \$ADDRESS OF CONSTRUCTION 7940 MARBELLA CIR OWNER DR LUBIN PHONE 254-1672CONTRACTOR ARCTIC AIR REFRIG STATE LICENSE NO. 13902 CITY LICENSE NO. C110114720  
05096

LOT(s) BLOCK SUBDIVISION ZONE:

PROPOSED CONSTRUCTION NEW A/C USE:

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                            |       |       |
| ✓                        | For the issuance of each permit.                                                                                                                                                                                                                           | 15.50 | 15.50 |
|                          | For issuing each supplemental permit.                                                                                                                                                                                                                      | 5.20  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                            |       |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h.                                                                          | 10.00 |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance over 100,000 Btu/h.                                                                                          | 12.20 |       |
|                          | For the installation or relocation of each floor furnace, including vent.                                                                                                                                                                                  | 10.00 |       |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater.                                                                                                                                            | 10.00 |       |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit.                                                                                                                                  | 5.20  |       |
|                          | For the repair of, alteration of, or addition to each heating appliance, refrigeration unit, cooling unit, absorption unit, or each heating, cooling absorption, or evaporative cooling system, including installation of controls regulated by this code. | 10.00 |       |
| 2                        | For the installation or relocation of each boiler or compressor to and including three tons, or each absorption system to and including 100,000 Btu/h.                                                                                                     | 10.00 | 20.00 |
|                          | For the installation or relocation of each boiler or compressor over three tons to and including 15 tons, or each absorption system over 100,000 Btu/h and including 500,000 Btu/h.                                                                        | 18.20 |       |
|                          | For the installation or relocation of each boiler or compressor over 15 tons to and including 30 tons, or each absorption system over 500,000 Btu/h to and including 1,000,000 Btu/h.                                                                      | 24.95 |       |
|                          | For the installation or relocation of each boiler or compressor over 30 tons to and including 50 tons, or for each absorption system over 1,000,000 Btu/h to and including 1,750,000 Btu/h.                                                                | 37.00 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h.                                                                                                                | 61.90 |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                           | FEE                                 | TOTAL |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------|
|                                    | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br>Note: This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code. | 7.20                                |       |
|                                    | For each air-handling unit over 10,000 cfm.                                                                                                                                                                                                                                                                                           | 12.20                               |       |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                 | 7.20                                |       |
|                                    | For each ventilation fan.                                                                                                                                                                                                                                                                                                             | COMMERCIAL 5.20<br>RESIDENTIAL 2.85 |       |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                  | 7.20                                |       |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                           | 7.20                                |       |
|                                    | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                 | 5.20                                |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                       |                                     |       |
|                                    | Inspections outside of normal business hours (minimum charge - three hours.)                                                                                                                                                                                                                                                          | 40.00 per hour                      |       |
|                                    | Retest inspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code                                                                                                                                                                                                                                             | 40.00 each                          |       |
|                                    | Inspections for which no fee is specifically indicated (minimum charge - one hour).                                                                                                                                                                                                                                                   | 40.00 per hour                      |       |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge - two hours).                                                                                                                                                                                                                    | 40.00 per hour                      |       |
|                                    | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                                                                                                                                  |                                     |       |
|                                    | Gas piping which is directly related and necessary to the repair or replacement of heating, air conditioning, or refrigeration systems not exceeding 500,000 B.T.U.H.                                                                                                                                                                 | 7.20                                |       |

2310-2435

RECEIPT

\*\*0002\*\*

A/C 235.50

CHEK 235.50

2738A000 10:54

07/15/93

PERMIT FEE 35.50TOTAL FEES 35.50

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

SIGNED

CONTRACTOR

MASTER CARD NO.

BY

Spec. Conf'r. or Owner

BUILDING DEPT.

DATE

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

116934

MIT NO.

93-183934

ELECTRICAL PERMIT

PLAN CHECK NO. R-8 93DATE 4-21-93

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 7940 MARBELLA CR.OWNER DR. LUBINCONTRACTOR TREICHEL ELECTRICSTATE LICENSE NO. 22268CITY LICENSE NO. C-11-1658-2-  
26-603(PRINT NAME OF MASTER ELECTRICIAN) GERALD TREICHELMASTER CARD NO. 0185CONTRACTOR PHONE 645-3035PROPOSED CONSTRUCTION: SFD

ELECTRIC PERMIT NO.

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

| UNITS                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                                   | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                    |                                                                                                                                                                                                                                                               |       |       |
| 1                                                                                                                         | For Issuing Each Permit                                                                                                                                                                                                                                       | 10.70 | 15.50 |
|                                                                                                                           | Supplemental Fee                                                                                                                                                                                                                                              | 4.85  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                               |       |       |
| <b>Residential or General Commercial</b>                                                                                  |                                                                                                                                                                                                                                                               |       |       |
| 110                                                                                                                       | Receptacle <u>68</u> Switch <u>48</u>                                                                                                                                                                                                                         | .50   | 55.00 |
| 71                                                                                                                        | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                      | .40   | 28.40 |
| 16                                                                                                                        | EACH OUTLET FOR SPECIAL PURPOSE:<br>Dishwasher, Garbage Grinder, Trash Compactor, G.F.I., Clothes Washer, Dryer, Electric Range, Ovens, Water Heater, Space Heater, Blast Coil Heater, (PER K.W.), Mercury Lamp, Quartz Lamp, Sodium Lamp, 20AMP Sign Circuit | .80   | 12.80 |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                                    | 10.70 |       |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                             | 8.60  |       |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                                   | 3.25  |       |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                               |       |       |
|                                                                                                                           | First H.P. or Ton For each Unit                                                                                                                                                                                                                               | 3.25  |       |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                                       | 3.25  |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                     | .55   |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                      | .40   |       |
|                                                                                                                           | Temporary power or Pole                                                                                                                                                                                                                                       | 6.45  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                               |       |       |
|                                                                                                                           | Up to 200 AMP                                                                                                                                                                                                                                                 | 6.45  |       |
| 1                                                                                                                         | 400 AMP And 600 AMP                                                                                                                                                                                                                                           | 13.85 | 13.85 |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                      | 26.75 |       |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                                 | 53.50 |       |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                                  | .55   |       |
| 1                                                                                                                         | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                     | 3.40  | 3.40  |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                                   | 21.40 |       |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                   | 32.10 |       |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                          | 8.60  |       |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                            | 3.25  |       |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                  | FEE            | TOTAL |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                               | Busways-Trolley or Plug-In (Ea. 100 Ft.)                                                                                                                                     | 3.25           |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                 | 3.25           |       |
| 2                                                                             | Permanent A/C Unit (5 Tons or Less)                                                                                                                                          | 3.25           | 6.80  |
| 2                                                                             | Each Air Handler                                                                                                                                                             | 1.15           | 2.30  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                              |                |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                       | .35            |       |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                               | .35            |       |
|                                                                               | Amplifiers                                                                                                                                                                   | 2.15           |       |
|                                                                               | Control Panel                                                                                                                                                                | .55            |       |
| 6                                                                             | TV Master System                                                                                                                                                             | .40            | 2.40  |
| 6                                                                             | Telephone or Computer Outlet                                                                                                                                                 | .40            | 2.40  |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                              |                |       |
|                                                                               | Inspections outside of normal business hours (minimum charge - three hours)                                                                                                  | 30.00 per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$30.00 EACH.                                                                         | 30.00 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 - one-half hour). After work hours - \$30.00 per hour - minimum 1 hour. | 30.00 per hour |       |
|                                                                               | Starter Permit                                                                                                                                                               | 50.00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                              |                |       |
|                                                                               | Commercial - Burglar Alarms                                                                                                                                                  |                |       |
|                                                                               | - Music Systems                                                                                                                                                              |                |       |
|                                                                               | - Data Processing                                                                                                                                                            |                |       |
|                                                                               | - Communication                                                                                                                                                              |                |       |
|                                                                               | Conduit Only-Contract Price                                                                                                                                                  |                |       |
|                                                                               | All Misc. Electric                                                                                                                                                           |                |       |

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

# 2310-2432

04/21/93

RECEIPT

\*\*0006\*\*

ELEC 142.85

CHEK 142.85

6728A000 13:31

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

SIGNED HOMEOWNER, CONTRACTOR

BUILDING DEPT.

DATE

PERMIT FEE

LESS STARTER PERMIT

TOTAL FEES

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

**Treichel  
Electric** 

6971 Red Coach / Las Vegas, Nevada 89108  
(702) 645-3035 / Beeper: 381-8418  
License No. 22268

2-18-94

CITY OF LAS VEGAS

ATTN: TED

AS OF TODAY 2-18-94 I WOULD LIKE  
THE PERMIT # 93-183934, ADDRESS 7940  
MARBELLA CR, CANCELED, I WOULD LIKE  
TO BE RELIEVED OF ANY RESPONSIBILITY ALSO.

THANK YOU

Gerald Treichel

Please cancel



# City of Las Vegas, Nevada

Proof of valid water commitment or application for a Conditional Water Distribution Authorization Letter

Project Title X Dr. Lubin

Name as shown on Plat X

1. Does the project as proposed have a water commitment from the Las Vegas Valley Water District?
  - a. ☒ Yes, this project is part of a recorded single-family residential subdivision and already has an existing commitment of water from the LVVWD. No new water commitment is necessary.
  - b. ☐ Yes (for all other projects not within item 1a., line 6a below must be completed by the LVVWD).
  - c. ☐ No, I do not require service from the LVVWD. I will utilize a well for an individual single-family parcel for domestic use only, not in an area served by a municipal water purveyor.
  - d. ☐ No, I do not require service from the LVVWD (and I have attached proof of service from the water provider, such as a letter from the City of North Las Vegas or a State Engineer permit).
  - e. ☐ No, I require a conditional water authorization from the City of Las Vegas in order to apply for water service from the LVVWD (have 6b completed by the LVVWD).
- ☐ Building Permit (Project address: 7940 Marbella Cir. LV NV 89128)
  - a. ☒ New Building
    - Submit floor plan to LVVWD Gross acres: 1/4
  - b. ☐ Additions
    - Submit floor plan to LVVWD
    - Equivalent fixture units (to be completed by applicant): \_\_\_\_\_
3. ☐ Land division  
Submit tentative map and final map or Parcel Map to LVVWD  
Proposed Construction: ☒ Single-Family ☐ Multi-Family ☐ Commercial
4. Proposed Land Use Residential
5. Assessor's Parcel No(s): \_\_\_\_\_

## Calculation to be completed by LVVWD only

- 6a. ☐ This project already has an existing commitment of water from the LVVWD. No new water commitment is necessary.

LVVWD Representative

Print Name

Date

- 6b. Based on information submitted by the applicant, the preliminary estimate for the available quantity of water for this project is calculated to be \_\_\_\_\_ acre feet per year
- ☐ Additional water facilities required
- ☐ Hold issuance of building permit until an executed conditional commitment agreement is submitted to the District

LVVWD Representative

Print Name

Date

Name and Address of Authorized Agent/Owner to whom the conditional water distribution authorization letter should be sent:

X Larry Massoli (702) 254-7158  
Name Telephone

3665 Terrace Dr. Las Vegas NV 89120  
Address City State Zip

Name of Developer: Inman Mediterranean Cove Lmt. Liability

Type of Organization:

☐ Individual

☐ Partnership

☒ Corporation

☐ Other \_\_\_\_\_

## Authorized Agent/Owner Information

I hereby certify that all information contained on this form is true and accurate. I am aware that the priority for issuance of a conditional Water Distribution Authorization Letter by the City will be based, in part, on the date and time that an application is accepted as complete and that failure on my part to submit all required application materials may cause the priority of my application to be reestablished.

X [Signature] 1-26-93  
Authorized Agent/Owner Date of Submittal  
Signor is authorized to bind the organization

Date/Time Stamp

## For City Use Only

Project Water Reservation Category

Plan Check #

☐ Public Facilities

☐ Quasi Public and Non-Profit facilities

☒ All other developments

1/29/93  
Date

12:05 hrs.  
Time

RAC  
Staff Member

Bldg & Safety  
Department

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/>                                                                                             | <b>PERMIT<br/>NUMBER</b>                                                                                                            | <b>93-183120</b>                      | <b>INSPECTION<br/>NUMBER</b>                            | <b>2</b>                          |
| JOB ADDRESS <b>7940 MARBELLA CI</b> <span style="float: right;"><b>119831</b></span>                                            |                                                                                                                                     |                                       |                                                         |                                   |
| LOT NO.<br><b>11</b>                                                                                                            |                                                                                                                                     | BLOCK NO.<br><b>1</b>                 | SUBDIVISION NAME<br><b>PELICAN PT</b>                   |                                   |
| FIRE DEPT. MAP NO.<br><b>2117-96</b>                                                                                            | JOB PHONE<br><b>254-7158</b>                                                                                                        | CALL-IN DATE<br><b>04/15/93</b>       | CALL-IN TIME<br><b>16:10</b>                            | SCHEDULE DATE<br><b>04/19/93</b>  |
| INSPECTOR NO.<br><b>83</b>                                                                                                      |                                                                                                                                     | INSPECTOR NAME<br><b>JOHN LASKY</b>   |                                                         |                                   |
| <b>INSPECTION REQUESTED</b> <b>ON SITE SEWER (401)</b> <i>(405 Build Sewer)</i>                                                 |                                                                                                                                     |                                       |                                                         |                                   |
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                   |
| INSPECTOR SIGNATURE<br><i>John Lasky</i>                                                                                        |                                                                                                                                     | INSPECTION DATE<br><b>4-19-93</b>     |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |                                                         | <b>229-6765</b>                   |

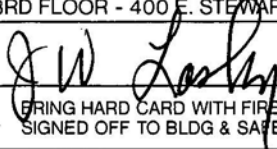
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                      |                      |                                                                                                                                     |  |                                                                                                                                                      |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/>                                                                                                                                             | <b>PERMIT NUMBER</b> | <i>93180893</i>                                                                                                                     |  | <b>INSPECTION NUMBER</b>                                                                                                                             | <i>15</i>                                       |
| <b>JOB ADDRESS</b><br><i>7940 Marbella</i>                                                                                                                           |                      |                                                                                                                                     |  |                                                                                                                                                      |                                                 |
| <b>LOT NO.</b>                                                                                                                                                       |                      | <b>BLOCK NO.</b>                                                                                                                    |  | <b>SUBDIVISION NAME</b>                                                                                                                              |                                                 |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                                                            |                      | <b>JOB PHONE</b>                                                                                                                    |  | <b>CALL-IN DATE</b>                                                                                                                                  | <b>CALL-IN TIME</b>                             |
| <b>INSPECTOR NO.</b><br><i>59</i>                                                                                                                                    |                      | <b>INSPECTOR NAME</b><br><i>BG</i>                                                                                                  |  |                                                                                                                                                      |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                                                          |                      | <i>Temp Pwr (139)</i>                                                                                                               |  |                                                                                                                                                      |                                                 |
| <i>et 52401</i>                                                                                                                                                      |                      |                                                                                                                                     |  |                                                                                                                                                      |                                                 |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                                                   |                      | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                |  | <b>PARTIAL DESCRIPTION</b>                                                                                                                           |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                                              |                      | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                       |  | <input type="checkbox"/> <b>COMMENTS (C)</b> <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) — UNTIL</b> <input type="checkbox"/> <b>HOLD (H)</b> |                                                 |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                                                         |                      | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                      |  |                                                                                                                                                      | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                                            |                      | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                              |  |                                                                                                                                                      |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                                           |                      | <i>BG</i>                                                                                                                           |  | <b>INSPECTION DATE</b><br><i>3 29 93</i>                                                                                                             |                                                 |
| <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 <span style="float: right;">▶</span> |                      |                                                                                                                                     |  |                                                                                                                                                      |                                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |  |                                                                                                                                     |  |                                       |  |                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|--|
| <b>PERMIT NUMBER</b>                                                                                                            |  | <b>93-183120</b>                                                                                                                    |  | <b>INSPECTION NUMBER</b>              |  | <b>3</b>                                                |  |
| JOB ADDRESS <b>7940 MARBELLA CI 119831</b>                                                                                      |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| LOT NO. <b>11</b>                                                                                                               |  | BLOCK NO. <b>1</b>                                                                                                                  |  | SUBDIVISION NAME <b>PELICAN PT</b>    |  |                                                         |  |
| FIRE DEPT. MAP NO. <b>2117-96</b>                                                                                               |  | JOB PHONE <b>254-7158</b>                                                                                                           |  | CALL-IN DATE <b>04/15/93</b>          |  | CALL-IN TIME <b>16:11</b>                               |  |
| SCHEDULE DATE <b>04/19/93</b>                                                                                                   |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| INSPECTOR NO. <b>83</b>                                                                                                         |  | INSPECTOR NAME <b>JOHN LASKY</b>                                                                                                    |  |                                       |  |                                                         |  |
| <b>INSPECTION REQUESTED</b>                                                                                                     |  | <b>ON SITE WATER (403)</b>                                                                                                          |  |                                       |  |                                                         |  |
| <p style="font-size: 2em; font-family: cursive;">403 Insp Not required</p>                                                      |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | PARTIAL DESCRIPTION                   |  |                                                         |  |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |  |
| <input type="checkbox"/> REJECTED (R)                                                                                           |  | <input type="checkbox"/> REFEED (F)                                                                                                 |  | <input type="checkbox"/> HOLD (H)     |  |                                                         |  |
|                                                                                                                                 |  | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |  |                                       |  | <input type="checkbox"/> PERMIT REQUIRED                |  |
|                                                                                                                                 |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                       |  |                                                         |  |
| INSPECTOR SIGNATURE                                                                                                             |  |                                                  |  |                                       |  | INSPECTION DATE <b>4-19-93</b>                          |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |                                       |  |                                                         |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                     |  |                                       |  | <b>229-6765</b>                                         |  |

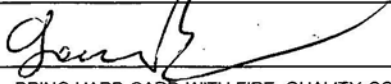
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                                                                                                                  |                                        |                                                                                                                                     |                                                         |                                          |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/>                                                                                                              | <b>PERMIT NUMBER</b>                   | 93-180437                                                                                                                           | <input checked="" type="checkbox"/>                     | <b>INSPECTION NUMBER</b>                 | 16                               |
| JOB ADDRESS <b>7940 MARBELLA CI</b> <b>116414</b>                                                                                                |                                        |                                                                                                                                     |                                                         |                                          |                                  |
| LOT NO. <b>11</b>                                                                                                                                |                                        | BLOCK NO. <b>1</b>                                                                                                                  | SUBDIVISION NAME<br><b>PELICAN PT</b>                   |                                          |                                  |
| FIRE DEPT. MAP NO.<br><b>2117-96</b>                                                                                                             |                                        | JOB PHONE<br><b>254-7158</b>                                                                                                        | CALL-IN DATE<br><b>04/20/93</b>                         | CALL-IN TIME<br><b>11:21</b>             | SCHEDULE DATE<br><b>04/21/93</b> |
| INSPECTOR NO.<br><b>65</b>                                                                                                                       |                                        | INSPECTOR NAME<br><b>LOUIS BRUNSON</b>                                                                                              |                                                         |                                          |                                  |
| <b>INSPECTION REQUESTED</b>                                                                                                                      |                                        | <b>PRE-SLAB (105)</b>                                                                                                               |                                                         |                                          |                                  |
| 254-7158 <b>P.M.</b> <span style="float: right; border: 1px solid black; padding: 2px;">PM</span>                                                |                                        |                                                                                                                                     |                                                         |                                          |                                  |
| PROPERTY LINE & SETBACKS VERIFIED BY:                                                                                                            |                                        |                                                                                                                                     |                                                         |                                          |                                  |
| <p><i>(GENERALS REV.) MONO-POUR</i></p> <p><i>SFD - CUSTOM</i></p> <p><i>— NOT READY</i></p> <p><i>— HE WILL RECALL ON 4-21-93, EARLY AM</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"/> HOLD (H)        |                                  |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                                 |                                        | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                                         | <input type="checkbox"/> PERMIT REQUIRED |                                  |
| <input type="checkbox"/> REFEE (F)                                                                                                               |                                        | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                         |                                          |                                  |
| INSPECTOR SIGNATURE<br>                                       |                                        |                                                                                                                                     | INSPECTION DATE<br><b>4-21-93</b>                       |                                          |                                  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                        |                                        | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                                                         |                                          |                                  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                  |                                        |                                                                                                                                     |                                                         |                                          | <b>229-6769</b>                  |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/>                                                                                             | PERMIT NUMBER                                                                                                                       | 93-180437                             | INSPECTION NUMBER                                       | 15                                |
| JOB ADDRESS                                                                                                                     |                                                                                                                                     |                                       |                                                         |                                   |
| 7940 MARBELLA CI                                                                                                                |                                                                                                                                     |                                       | 116414                                                  |                                   |
| LOT NO.                                                                                                                         | BLOCK NO.                                                                                                                           | SUBDIVISION NAME                      |                                                         |                                   |
| 11                                                                                                                              | 1                                                                                                                                   | PELICAN PT                            |                                                         |                                   |
| FIRE DEPT. MAP NO.                                                                                                              | JOB PHONE                                                                                                                           | CALL-IN DATE                          | CALL-IN TIME                                            | SCHEDULE DATE                     |
| 2117-96                                                                                                                         | 254-7158                                                                                                                            | 04/20/93                              | 11:21                                                   | 04/21/93                          |
| INSPECTOR NO.                                                                                                                   | INSPECTOR NAME                                                                                                                      |                                       |                                                         |                                   |
| 65                                                                                                                              | LOUIS BRUNSON                                                                                                                       |                                       |                                                         |                                   |
| INSPECTION REQUESTED                                                                                                            | FOOTING, LAYOUT, REBAR, ZONING (101)                                                                                                |                                       |                                                         |                                   |
| 254-7158 P.M.                                                                                                                   |                                                                                                                                     |                                       |                                                         |                                   |
| PROPERTY LINE & SETBACKS VERIFIED BY:                                                                                           |                                                                                                                                     |                                       |                                                         | PM                                |
| <p>X</p> <p>(GENESIS DEV) MONO-POUR</p> <p>SFD - CUSTOM</p> <p>NOT READY</p> <p>HE WILL RECALL 4-22-93</p> <p>FOR EARLY AM</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"/> HOLD (H) |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                | REINSPECTION REQUIRED - CALL *229-207,1                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET.                                                      |                                       |                                                         |                                   |
| INSPECTOR SIGNATURE                                                                                                             |                                                  |                                       | INSPECTION DATE                                         |                                   |
|                                                                                                                                 |                                                                                                                                     |                                       | 4-21-93                                                 |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                                       |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |                                                         | 229-6769                          |

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

PERMIT  
NUMBER

93-183934

INSPECTION  
NUMBER

14

JOB ADDRESS

7940 MARBELLA CI

116934

LOT NO.

BLOCK NO.

SUBDIVISION NAME

FIRE DEPT. MAP NO.

JOB PHONE

CALL-IN DATE

CALL-IN TIME

SCHEDULE DATE

2117-96

645-3035

04/21/93

14:56

04/22/93

INSPECTOR NO.

INSPECTOR NAME

75

RON PATTERSON

INSPECTION  
REQUESTED

UNDERGROUND ELECTRICAL (201)

C None 4-21-93

☐ 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  
REQUIREDINSPECTOR  
SIGNATURE

R. Patterson

INSPECTION DATE

4-22-93

☐ PROJECT  
COMPLETEBRING 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

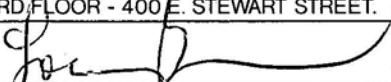
229-6769

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                      |                         |                          |                      |
|-------------------------------------|----------------------|-------------------------|--------------------------|----------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | <b>93-180437</b>        | <b>INSPECTION NUMBER</b> | <b>12</b>            |
| <b>JOB ADDRESS</b>                  |                      |                         |                          |                      |
| <b>7940 MARBELLA CI</b>             |                      |                         | <b>116414</b>            |                      |
| <b>LOT NO.</b>                      | <b>BLOCK NO.</b>     | <b>SUBDIVISION NAME</b> |                          |                      |
| <b>11</b>                           | <b>1</b>             | <b>PELICAN PT</b>       |                          |                      |
| <b>FIRE DEPT. MAP NO.</b>           | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>     | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b> |
| <b>2117-96</b>                      | <b>254-7158</b>      | <b>04/21/93</b>         | <b>14:26</b>             | <b>04/22/93</b>      |
| <b>INSPECTOR NO.</b>                |                      | <b>INSPECTOR NAME</b>   |                          |                      |
| <b>65</b>                           |                      | <b>LOUIS BRUNSON</b>    |                          |                      |
| <b>INSPECTION REQUESTED</b>         |                      | <b>PRE-SLAB (105)</b>   |                          |                      |

## PROPERTY LINE & SETBACKS VERIFIED BY:

- X**
- SFD — CUSTOM (GENESIS DEV.)
- REMOVE TRASH/WOOD FROM POURS
- TY-WIRE 6" X MESH TOGETHER AT EDGES
- INTERIOR EAST FTG, NOT CORRECT LENGTH, 8' REQ.
- WHERE ARE HD BOLTS?
- MISSING DETAILS (G/SI), MUST BE DONE AT MAIN POUR, OR GET ENGR. OK IN WRITING FOR (2) PART POURS

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                   | <b>PARTIAL DESCRIPTION</b>                                                                                                          |                                                         |                                          |
|                                                                                                                                 |                                                                                 | <b>(1) 1/2 (2) LIST</b>                                                                                                             |                                                         |                                          |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)                                          | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                | REINSPECTION REQUIRED - CALL * 229-2071                                         |                                                                                                                                     |                                                         | <input type="checkbox"/> 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>4-22-93</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>                          |

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

PERMIT  
NUMBER

93-180437

INSPECTION  
NUMBER

13

JOB ADDRESS

7940 MARBELLA CI

116414

LOT NO.

11

BLOCK NO.

1

SUBDIVISION NAME

PELICAN PT

FIRE DEPT. MAP NO.

2117-96

JOB PHONE

254-7158

CALL-IN DATE

04/21/93

CALL-IN TIME

14:27

SCHEDULE DATE

04/22/93

INSPECTOR NO.

65

INSPECTOR NAME

LOUIS BRUNSON

INSPECTION  
REQUESTED

FOOTING, LAYOUT, REBAR, ZONING (101)

PROPERTY LINE &amp; SETBACKS VERIFIED BY:

X  
 SFD - CUSTOM (GENESIS DEV.)  
 — DETAIL  $\frac{C}{S1}$  NOT CORRECT LENGTH,  
 25'-10", IS  $\frac{S1}{S1}$  READ  
 — DETAILS CALLING FOR (2) REAR  
 48" SQ BX 12" DEEP PADS, MISSING  
 — (1) REAR POST PAD NOT AS PER  
 READ DETAIL  $\frac{G}{S1}$   
 — RECALL WHEN CORRECTED

|                                             |                                                                                                                                     |                                        |                                                         |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION<br>(2) & (3) LISTS |                                                         |
| <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)       | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                        | <input type="checkbox"/> HOLD (H)                       |
| <input type="checkbox"/> REFEE (F)          | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                        | <input type="checkbox"/> PERMIT REQUIRED                |
| INSPECTOR SIGNATURE<br><i>John</i>          |                                                                                                                                     | INSPECTION DATE<br>4-22-93             |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE   | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                        |                                                         |

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

229-6769

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                      |                                        |                                          |                              |                                  |
|--------------------------------------|----------------------------------------|------------------------------------------|------------------------------|----------------------------------|
| <input checked="" type="checkbox"/>  | <b>PERMIT NUMBER</b>                   | 93-180437                                | <b>INSPECTION NUMBER</b>     | 52                               |
| JOB ADDRESS                          |                                        |                                          |                              |                                  |
| 7940 MARBELLA CI                     |                                        |                                          | 116414                       |                                  |
| LOT NO.<br><b>11</b>                 | BLOCK NO.<br><b>1</b>                  | SUBDIVISION NAME<br><b>PELICAN POINT</b> |                              |                                  |
| FIRE DEPT. MAP NO.<br><b>2117-96</b> | JOB PHONE<br><b>254-7158</b>           | CALL-IN DATE<br><b>04/22/93</b>          | CALL-IN TIME<br><b>14:55</b> | SCHEDULE DATE<br><b>04/23/93</b> |
| INSPECTOR NO.<br><b>65</b>           | INSPECTOR NAME<br><b>LOUIS BRUNSON</b> |                                          |                              |                                  |

**INSPECTION REQUESTED** **PRE-SLAB (105)**

A.N. 254-7158

*(GENESIS DEV.)*

**PROPERTY LINE & SETBACKS VERIFIED BY:**

*[Signature]*

— NEED TO RECALL THIS INSP,  
NOT POURING GAR CTR G  
SI POST BASE  
AT THIS TIME

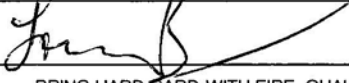
— SAME ↑ REAR G  
SI POST  
BASE

— NOT POURING (↑) OTHER FRONT & REAR  
POST BASES NOW

|                                             |                                                                                   |                                                                                                                                        |                                                         |                                          |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                          | PARTIAL DESCRIPTION                                                                                                                    |                                                         |                                          |
| <input type="checkbox"/> APPROVED (A)       | <input type="checkbox"/> STOP WORK (S)                                            | <input type="checkbox"/> COMMENTS (C)                                                                                                  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)       | REINSPECTION REQUIRED - CALL * 229-2071                                           |                                                                                                                                        |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)          | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E STEWART STREET. |                                                                                                                                        |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                  |                                                                                   | <b>INSPECTION DATE</b>                                                                                                                 |                                                         |                                          |
| <i>[Signature]</i>                          |                                                                                   | 4-23-93                                                                                                                                |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE   |                                                                                   | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                          |

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY  
CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT **229-6769**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                            |  |                                                                                                                                     |  |                                          |  |                                                         |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                                                                                                                                       |  | 93-180437                                                                                                                           |  | <b>INSPECTION NUMBER</b>                 |  | 51                                                      |                 |
| JOB ADDRESS<br><b>7940 MARBELLA CI 116414</b>                                                                                                                                                                              |  |                                                                                                                                     |  |                                          |  |                                                         |                 |
| LOT NO.<br><b>11</b>                                                                                                                                                                                                       |  | BLOCK NO.<br><b>1</b>                                                                                                               |  | SUBDIVISION NAME<br><b>PELICAN POINT</b> |  |                                                         |                 |
| FIRE DEPT. MAP NO.<br><b>2117-96</b>                                                                                                                                                                                       |  | JOB PHONE<br><b>254-7158</b>                                                                                                        |  | CALL-IN DATE<br><b>04/22/93</b>          |  | CALL-IN TIME<br><b>14:55</b>                            |                 |
| SCHEDULE DATE<br><b>04/23/93</b>                                                                                                                                                                                           |  |                                                                                                                                     |  |                                          |  |                                                         |                 |
| INSPECTOR NO.<br><b>65</b>                                                                                                                                                                                                 |  | INSPECTOR NAME<br><b>LOUIS BRUNSON</b>                                                                                              |  |                                          |  |                                                         |                 |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                                                |  | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b>                                                                                         |  |                                          |  |                                                         |                 |
| <p><b>A.M. 254-7158 (GENESIS DEN)</b></p> <p><b>PROPERTY LINE &amp; SETBACKS VERIFIED BY:</b></p> <p><i>X SIR</i></p> <p><i>TY WIRE ALL 6"X PSSH TOGETHER</i></p> <p><i>SEE ITEMS NOTED ON PRE-SUB INSP, THIS DATE</i></p> |  |                                                                                                                                     |  |                                          |  |                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                |  | <input checked="" 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"/> PERMIT REQUIRED |  |                                                         |                 |
| <input type="checkbox"/> REINSPECTION REQUIRED - CALL * 229-2071                                                                                                                                                           |  |                                                                                                                                     |  |                                          |  |                                                         |                 |
| <input type="checkbox"/> REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                                                                                   |  |                                                                                                                                     |  |                                          |  |                                                         |                 |
| INSPECTOR SIGNATURE                                                                                                                                                                                                        |  |                                                  |  |                                          |  | INSPECTION DATE<br><b>4-23-93</b>                       |                 |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                                  |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |                                          |  |                                                         |                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                                                            |  |                                                                                                                                     |  |                                          |  |                                                         | <b>229-6769</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                      |                                                                                                                                     |                                       |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                             | <b>PERMIT NUMBER</b> | 93-180437                                                                                                                           | <b>INSPECTION NUMBER</b>              | 13                                                                                                  |
| <b>JOB ADDRESS</b>                                                                                                              |                      |                                                                                                                                     |                                       |                                                                                                     |
| 7940 MARBELLA CI                                                                                                                |                      |                                                                                                                                     | 116414                                |                                                                                                     |
| <b>LOT NO.</b>                                                                                                                  |                      | <b>BLOCK NO.</b>                                                                                                                    |                                       | <b>SUBDIVISION NAME</b>                                                                             |
| 11                                                                                                                              |                      | 1                                                                                                                                   |                                       | PELICAN PT.                                                                                         |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                       | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>                                                                                                                 | <b>CALL-IN TIME</b>                   | <b>SCHEDULE DATE</b>                                                                                |
| 2117-96                                                                                                                         | 254-7158             | 04/28/93                                                                                                                            | 10:26                                 | 04/29/93                                                                                            |
| <b>INSPECTOR NO.</b>                                                                                                            |                      | <b>INSPECTOR NAME</b>                                                                                                               |                                       |                                                                                                     |
| 65                                                                                                                              |                      | LOUIS BRUNSON                                                                                                                       |                                       |                                                                                                     |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                      | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b>                                                                                         |                                       |                                                                                                     |
| <b>PROPERTY LINE &amp; SETBACKS VERIFIED BY:</b>                                                                                |                      |                                                                                                                                     |                                       |                                                                                                     |
| <p>X</p> <p>SFD - CUSTOM</p> <p>—OK, THEY PUT STEEL MATS<br/>IN (2) REAR FTG'S, (1) INSIDE<br/>GAR, (1) REAR PORCH</p>          |                      |                                                                                                                                     |                                       |                                                                                                     |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |                      | <input checked="" type="checkbox"/> PARTIAL (P) <sup>CB</sup><br><del>REJECTION</del>                                               |                                       |                                                                                                     |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                |                      | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL<br><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><br>4-29-93                                                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |                      | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                      |                                                                                                                                     |                                       |  <b>229-6769</b> |

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