

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS

7.1

BUILDING PERMIT

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

PLAN CHECK NO.

RS6 193



118098

98915.00

CONST. VAL. \$194,300.00

ADDRESS OF  
CONSTRUCTION

8016 MARBELLA CIRCLE

OWNER

HOPSON

PHONE

255-4429

LOT(S)

24 + 25

BLOCK

1

SUBDIVISION

MEDITERRANEAN COLONY

ZONE

B-PDS

PROPOSED CONSTRUCTION

SINGLE FAMILY DWELLING W/FP

USE

THIS PERMIT FOR

BLDG.

A/C

ELEC.

PLBG

OTHER PERMITS REQD.

FENCE

OFF SITE

SWIM POOL

FLOOR AREA

BSMT

—

1ST

3100

2ND

—

GARAGE

840913

PORCH

+821160

TOTAL

4422

CONTRACTOR

OWNER - HOPSON

STATE LICENSE NO.

CITY LICENSE NO.

5173

ARCHITECT

Robert BAILEW

ENGINEER

DAVID M. BARR

MASTER PLUMBER/  
CONTRACTORMASTER ELECTRICIAN/  
CONTRACTOR

## 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 |     |
| AIR CONDITIONING                       |       | FEE |
| NEW UNIT - 3 TON = 10.00 OVER = 18.20  |       |     |
| FURNACE TO 100,000/10.00 OVER/12.20    |       |     |
| VAPORATIVE COOLER                      | 7.20  |     |
| VENTILATION FAN                        | 2.65  |     |
| 2310 - 2435                            | TOTAL |     |

| ELECTRICAL                                        |        | FEE     |
|---------------------------------------------------|--------|---------|
| RECEPTACLE                                        | SWITCH | .50     |
| EACH LIGHT FIXTURE OR SOCKET                      |        | .40     |
| SPECIAL OUTLET, APPLIANCE ETC.                    |        | .80     |
| SERVICE/PANEL - SUB/3.40 - 200A/6.70 - 400A/13.85 |        |         |
| A.C. UNIT OR MOTORS                               |        | 3.40    |
| MISC.                                             |        |         |
| 2310 - 2432                                       | TOTAL  |         |
| 1113 - 2437 ZONING                                |        | 2.00    |
| 2310 - 2431 PLAN REVIEW                           |        | 20.00   |
| 2310 - 2401 BLDG. PERMIT                          |        | 578.00  |
| 7143 - 2973 SEWER CONNECTION                      |        | 1100.00 |
| 6122 - 3352 TORTOISE                              |        |         |
| 2897 P.I.F.                                       |        |         |
| 88100 - 1232 TRANSPORT                            |        | 500.00  |
| TOTAL FEES                                        |        | 2200.00 |

RECEIPT  
MUST BE MACHINE VALIDATED

\*\*0009\*\*

ZONE 2.00  
PLCK 20.00  
SFD 578.00  
SEWR 1100.00  
TRAN 500.00  
CHK 2200.00  
5835A000 13:53

04/08/93

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

PERMIT NO. 93-182853

PLUMBING PERMIT

PLAN CHECK NO. R-56 '93 DATE 4-12-93 CONST. VAL. \$ADDRESS OF CONSTRUCTION: 8016 MAPPELLA CI OWNER HOPSON PHONECONTRACTOR TELTRONIC PACKAGING CO. STATE LICENSE NO. 0029640 CITY LICENSE NO. C11-03389-2-042095

LOT(s) BLOCK SUBDIVISION ZONE:

PROPOSED CONSTRUCTION:

PLUMBING  
PERMIT NO.

USE:

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

| UNITS                            | DESCRIPTION                                                                             | FEE      | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|----------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |          |       |
| 1                                | For Issuing Each Permit                                                                 | 15.50    | 15.50 |
|                                  | For Issuing Each Supplemental Permit                                                    | 5.20     |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |          |       |
| 14                               | Bathtub, Shower, Lavatory, Toilet, Urinal                                               | EA. 2.25 | 31.50 |
| 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           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                   | 13.30          |       |
| 1                                 | 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 229-2071SEWER #7114-3654  
CONNECTION

RECEIPT

\*\*0006\*\*

PLBG 102.95

CHEK 102.95

6012A000 10:50

FIXTURES \_\_\_\_\_ X 04/12/93

FEE \_\_\_\_\_

2310-2403  
PERMIT  
FEETOTAL  
FEES 102.95

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

MUST BE MACHINE VALIDATED

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

SIGNED

CONTRACTOR

MASTER CARD NO.

TELTRONICS PACKAGING CO.

BY

Registered Master Plumber Spec. Contr. or Owner

BUILDING DEPT

DATE

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FC



124227

93-188343  
AN AIR-CONDITIONING PERMITPLAN CHECK NO. 1954 DATE 5-26-93 CONST. VAL. \$ADDRESS OF CONSTRUCTION 8016 MARBELLA CIRCLE OWNER HOBSON PHONE 255-4429  
PELICAN PT. DESERT SHORES  
CONTRACTOR DIAMOND A/C & HEATING STATE LICENSE NO. 35126 CITY C11-00295-2-012224  
LICENSE NO.

LOT(S) BLOCK SUBDIVISION ZONE:

PROPOSED CONSTRUCTION H.V.A.C USE:

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

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 Clarence White CONTRACTOR MASTER CARD NO.BY Don Arseny Spec. Contr. or Owner DATE 5/26/93  
BUILDING DEPT.

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

| UNITS                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                                  | FEE            | TOTAL       |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
|                                    | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br><b>Note:</b> This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code. | 7.20           |             |
|                                    | For each air-handling unit over 10,000 cfm.                                                                                                                                                                                                                                                                                                  | 12.20          |             |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                        | 7.20           |             |
| <u>3</u>                           | For each ventilation fan. <u>COMMERCIAL</u>                                                                                                                                                                                                                                                                                                  | 5.20           |             |
|                                    | <u>RESIDENTIAL</u>                                                                                                                                                                                                                                                                                                                           | 2.65           | <u>7.95</u> |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                         | 7.20           |             |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                                  | 7.20           |             |
|                                    | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                        | 5.20           |             |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                              |                |             |
|                                    | Inspections outside of normal business hours (minimum charge — three hours.)                                                                                                                                                                                                                                                                 | 40.00 per hour |             |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code                                                                                                                                                                                                                                                         | 40.00 each     |             |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one hour).                                                                                                                                                                                                                                                          | 40.00 per hour |             |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours).                                                                                                                                                                                                                           | 40.00 per hour |             |
|                                    | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                                                                                                                                         |                |             |
|                                    | Gas piping which is directly related and necessary to the repair or replacement of heating, air conditioning, or refrigeration systems not exceeding 500,000 B.T.U.H.                                                                                                                                                                        | 7.20           |             |

2310-2435

RECEIPT

\*\*0006\*\*  
A/C 43.45  
CHECK 43.45  
9263A000 13:00

05/26/93

PERMIT FEE 43.45

TOTAL FEES

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251118098-4 PERMIT NO. 3  
FOR INSPECTIONS, CALL 229-2071

## BUILDING PERMIT

FOR: Single Family Dwelling, Remodel  
Additions, Misc. Residential ConstructionPLAN CHECK NO. 193  
R56DATE 3/2/93CONST. VAL. \$120,300.00ADDRESS OF CONSTRUCTION 8016 MARBELLA CIRCLEOWNER HOPSONPHONE 253-4429LOT(s) 24 & 25BLOCK 1SUBDIVISION MEDITERRANEAN CONDOMINIUMZONE b-PDSPROPOSED CONSTRUCTION SINGLE FAMILY DWELLING W/F.

USE

THIS PERMIT FOR

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

FOOR AREA

BSMT

1ST 3100

2ND

GARAGE 840PORCH 913TOTAL 4122CONTRACTOR OWNER - HOPSON

STATE LICENSE NO.

CITY LICENSE NO. 5173ARCHITECT Robert BALLEWENGINEER DAVID M. BARRMASTER PLUMBER/  
CONTRACTORMASTER ELECTRICIAN/  
CONTRACTOR

## OTHER INSPECTIONS AND FEES

1. Inspections outside of normal business hours = \$40.00 per hour (minimum charge three hours).
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## 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: Judy Hopson  
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 |     |
| AIR CONDITIONING                       |       | FEE |
| NEW UNIT - 3 TON = 10.00 OVER = 18.20  |       |     |
| FURNACE TO 100,000/10.00 OVER/12.20    |       |     |
| VAPORATIVE COOLER                      | 7.20  |     |
| VENTILATION FAN                        | 2.65  |     |
| 2310 - 2435                            | TOTAL |     |

| ELECTRICAL                                        |        | FEE    |
|---------------------------------------------------|--------|--------|
| RECEPTACLE                                        | SWITCH | .50    |
| EACH LIGHT FIXTURE OR SOCKET                      |        | .40    |
| SPECIAL OUTLET, APPLIANCE ETC.                    |        | .80    |
| SERVICE/PANEL - SUB/3.40 - 200A/6.70 - 400A/13.85 |        |        |
| A.C. UNIT OR MOTORS                               | 3.40   |        |
| MISC.                                             |        |        |
| 2310 - 2432                                       | TOTAL  |        |
| 1113 - 2437 ZONING                                |        | 2.00   |
| 2310 - 2431 PLAN REVIEW                           |        | 20.00  |
| 2310 - 2401 BLDG. PERMIT                          |        | 578.00 |
| 7143 - 2973 SEWER CONNECTION                      |        | 1100   |
| 6122 - 3352 TORTOISE                              |        |        |
| - 2897 P.I.F.                                     |        |        |
| 88100 - 1232 TRANSPORT                            |        | 5000   |
| TOTAL FEES                                        |        |        |

RECEIPT  
MUST BE MACHINE VALIDATED

118098-4  
 ZONE 2.00  
 PLAN 20.00  
 BPD 578.00  
 SEUR 1100.00  
 TRAN 500.00  
 CHECK 2200.00  
 5835A000 13:53

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work



# City of Las Vegas, Nevada

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

**Project Title** 8016 MARBELLA CIRCLE RESIDENCE  
**Name as shown on Plat** MEDITERRANEAN COVE @ LOT 25  
DESERT SHORES

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).
2. ☒ Building Permit (Project address: 8016 MARBELLA CIRCLE)
  - a. ☒ New Building
    - Submit floor plan to LVVWD Gross acres: 1/2 acres
  - 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 SFD
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 GEORGE JACOB Date #533229 2-02-93
- 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:

Judy Hopson 255-4429  
 Name Telephone  
9709 BUCKHORN DR. LAS VEGAS NV 89134  
 Address City State Zip

Name of Developer: Owner

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.

Judy Hopson 2-23-93  
 Authorized Agent/Owner Date of Submittal  
 Signature is authorized to bind the organization

Date/Time Stamp

## For City Use Only

Project Water Reservation Category Plan Check # R56 '93  
☐ Public Facilities ☐ Quasi Public and Non-Profit facilities ☐ All other developments  
3/2/93 1:30 PM  
 Date Time

Dana Hersh  
 Staff Member  
Bldg & Safety  
 Department

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

|                                                                                                                  |  |                       |  |                                                                                                               |  |                     |  |
|------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|---------------------------------------------------------------------------------------------------------------|--|---------------------|--|
|  <b>PERMIT<br/>NUMBER</b>         |  | 93-182599             |  |  <b>INSPECTION<br/>NUMBER</b> |  | 111                 |  |
| <b>JOB ADDRESS</b>                                                                                               |  |                       |  |                                                                                                               |  |                     |  |
| 8016                                                                                                             |  | MARBELLA              |  | CI                                                                                                            |  | 118098              |  |
| <b>LOT NO.</b>                                                                                                   |  | <b>BLOCK NO.</b>      |  | <b>SUBDIVISION NAME</b>                                                                                       |  |                     |  |
| 24                                                                                                               |  | 1                     |  | MEDITERRANEAN COVE                                                                                            |  |                     |  |
| <b>FIRE DEPT. MAP NO.</b>                                                                                        |  | <b>JOB PHONE</b>      |  | <b>CALL-IN DATE</b>                                                                                           |  | <b>CALL-IN TIME</b> |  |
| 2117-96                                                                                                          |  | 373-9120              |  | 04/15/93                                                                                                      |  | 12:34               |  |
| <b>INSPECTOR NO.</b>                                                                                             |  | <b>INSPECTOR NAME</b> |  |                                                                                                               |  |                     |  |
| 165                                                                                                              |  | LOUIS BRUNSON         |  |                                                                                                               |  |                     |  |
|  <b>INSPECTION<br/>REQUESTED</b> |  | PRE-SLAB (105)        |  |                                                                                                               |  |                     |  |

PROPERTY LINE &amp; SETBACKS VERIFIED BY:

- missing PA's
- using wrong R/B needs to be #5
- wrap all ABS

didn't walk complete

|                                                                                                                                    |  |                                                                                                                                        |                                       |                                                         |                                          |
|------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                        |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                          |                                       | PARTIAL DESCRIPTION                                     |                                          |
| <input type="checkbox"/> APPROVED (A)                                                                                              |  | <input type="checkbox"/> STOP WORK (S)                                                                                                 | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                   |  | REINSPECTION REQUIRED - CALL *229-2071                                                                                                 |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR 400 E. STEWART STREET.                                                       |                                       |                                                         |                                          |
| INSPECTOR SIGNATURE <i>B. Mats</i>                                                                                                 |  | 4 16 93                                                                                                                                |                                       | INSPECTION DATE                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                          |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                        |                                       |                                                         | 229-6769                                 |

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

|                                     |                  |                                             |                      |               |
|-------------------------------------|------------------|---------------------------------------------|----------------------|---------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER | 93-182599                                   | INSPECTION<br>NUMBER | 35            |
| JOB ADDRESS                         |                  |                                             |                      |               |
| 8016 MARBELLA CI                    |                  |                                             | 118098               |               |
| LOT NO.                             | BLOCK NO.        | SUBDIVISION NAME                            |                      |               |
| 24                                  | 1                | PELICAN PT<br><del>MEDITERRANEAN COVE</del> |                      |               |
| FIRE DEPT. MAP NO.                  | JOB PHONE        | CALL-IN DATE                                | CALL-IN TIME         | SCHEDULE DATE |
| 2117-96                             | 373-9120         | 04/19/93                                    | 13:25                | 04/20/93      |
| INSPECTOR NO.                       | INSPECTOR NAME   |                                             |                      |               |
| 65                                  | LOUIS BRUNSON    |                                             |                      |               |
| INSPECTION<br>REQUESTED             | PRE-SLAB (105)   |                                             |                      |               |

## PROPERTY LINE &amp; SETBACKS VERIFIED BY:

X

(OWNER) CUSTOM

DIG EXTERIOR FTG OUT, N.E. DIAG. to  
SPEC INT. FTG, SEE 3

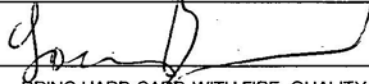
MAKE ALL CAR. MIN. 24" WIDE

SOME PA/STRAPS to WEST-SET

MISSING UFER REBAR

CLEAN TRASH / ROCKS / DIRT OFF

ALL POURS

|                                                  |                                                                                                                                        |                                          |                                                            |                                             |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION   | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input type="checkbox"/> APPROVED<br>(A)         | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input checked="" type="checkbox"/> REJECTED (R) | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)               | REINSPECTION FEE/REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                           |                                                     |                                          | INSPECTION DATE<br>4-20-93                                 |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE     | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                             |

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY  
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>93-182599</b>                                                                                                                     | <b>INSPECTION NUMBER</b>                                 | <b>41</b>                         |
| JOB ADDRESS <b>8016 MARBELLA CI</b> <b>118098</b>                                                                               |                                                                                 |                                                                                                                                      |                                                          |                                   |
| LOT NO.<br><b>24</b>                                                                                                            |                                                                                 | BLOCK NO.<br><b>1</b>                                                                                                                | SUBDIVISION NAME<br><b>PELICAN PT MEDITERRANEAN COVE</b> |                                   |
| FIRE DEPT. MAP NO.<br><b>2117-96</b>                                                                                            | JOB PHONE<br><b>255-4428</b>                                                    | CALL-IN DATE<br><b>04/20/93</b>                                                                                                      | CALL-IN TIME<br><b>15:04</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>                                                                                                                |                                                          |                                   |
| <b>A.N. 373-3932</b>                                                                                                            |                                                                                 |                                                                                                                                      |                                                          |                                   |
| <b>PROPERTY LINE &amp; SETBACKS VERIFIED BY:</b>                                                                                |                                                                                 |                                                                                                                                      |                                                          |                                   |
| <p><b>X</b></p> <p>-----</p> <p><b>— DUPLICATE CALL</b></p> <p><b>SEE # 32 THIS</b></p> <p><b>DATE</b></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 checked="" 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>                      |                                                                                 | 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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>PERMIT<br/>NUMBER</b>               | 93-182599                                                                                                                           | <b>INSPECTION<br/>NUMBER</b> | 32                               |
| JOB ADDRESS <b>8016 MARBELLA CI</b> <span style="float: right;"><b>118098</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                                                                                                     |                              |                                  |
| LOT NO.<br><b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BLOCK NO.<br><b>1</b>                  | SUBDIVISION NAME <b>PELLICAN PT<br/>MEDITERRANEAN COVE</b>                                                                          |                              |                                  |
| FIRE DEPT. MAP NO.<br><b>2117-96</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | JOB PHONE<br><b>373-3932</b>           | CALL-IN DATE<br><b>04/20/93</b>                                                                                                     | CALL-IN TIME<br><b>14:20</b> | SCHEDULE DATE<br><b>04/21/93</b> |
| INSPECTOR NO.<br><b>65</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INSPECTOR NAME<br><b>LOUIS BRUNSON</b> |                                                                                                                                     |                              |                                  |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>PRE-SLAB (105)</b>                  |                                                                                                                                     |                              |                                  |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>A.M.</b> 373-3932</span> <span>S.F.D. - CUSTOM</span> <span style="border: 1px solid black; border-radius: 50%; padding: 5px;">Am</span> </div>                                                                                                                                                                                                                                                                                   |                                        |                                                                                                                                     |                              |                                  |
| PROPERTY LINE & SETBACKS VERIFIED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                                                                                                                     |                              |                                  |
| <p>X</p> <p>MONO-POUR</p> <p>— (UFER IN GAR SLAB EDGE)</p> <p>— SOME PA/STRAP TO WET-SET</p> <p>— REMOVE TRASH OFF POURS</p>                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                     |                              |                                  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> PARTIAL INSPECTION             </div> <div style="width: 30%;"> <input type="checkbox"/> PARTIAL APPROVAL (P)             </div> <div style="width: 40%;">PARTIAL DESCRIPTION</div> </div>                                                                                                                                                                                                                   |                                        |                                                                                                                                     |                              |                                  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input checked="" type="checkbox"/> APPROVED (A)             </div> <div style="width: 20%;"> <input type="checkbox"/> STOP WORK (S)             </div> <div style="width: 20%;"> <input type="checkbox"/> COMMENTS (C)             </div> <div style="width: 20%;"> <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL             </div> <div style="width: 20%;"> <input type="checkbox"/> HOLD (H)             </div> </div> |                                        |                                                                                                                                     |                              |                                  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> REJECTED (R)             </div> <div style="width: 50%;">                 REINSPECTION REQUIRED - CALL * 229-2071             </div> <div style="width: 30%;"> <input type="checkbox"/> PERMIT REQUIRED             </div> </div>                                                                                                                                                                            |                                        |                                                                                                                                     |                              |                                  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> REFEE (F)             </div> <div style="width: 50%;">                 REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.             </div> </div>                                                                                                                                                                                                                             |                                        |                                                                                                                                     |                              |                                  |
| INSPECTOR SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        | INSPECTION DATE                                                                                                                     |                              |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | <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"/> <b>PERMIT NUMBER</b> | <b>93-182599</b> | <b>INSPECTION NUMBER</b>                | <b>8</b>            |
| <b>JOB ADDRESS</b>                                       |                  | <b>118098</b>                           |                     |
| <b>LOT NO.</b>                                           | <b>BLOCK NO.</b> | <b>SUBDIVISION NAME</b>                 |                     |
| <b>24</b>                                                | <b>1</b>         | <b>MEDITERRANEAN COVE</b>               |                     |
| <b>FIRE DEPT. MAP NO.</b>                                | <b>JOB PHONE</b> | <b>CALL-IN DATE</b>                     | <b>CALL-IN TIME</b> |
| <b>2117-96</b>                                           | <b>373-3932</b>  | <b>04/23/93</b>                         | <b>12:43</b>        |
| <b>INSPECTOR NO.</b>                                     |                  | <b>INSPECTOR NAME</b>                   |                     |
| <b>75/71</b>                                             |                  | <b>RON PATTERSON</b> <i>K.R. BEYER</i>  |                     |
| <b>INSPECTION REQUESTED</b>                              |                  | <b>TEMP ELEC/POLE/CONST POWER (239)</b> |                     |

*TAB # 51178*

|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <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>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |                                              | <input type="checkbox"/> <b>HOLD (H)</b>                       |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                                                                                                    | <b>INSPECTION DATE</b>                       |                                                                |
| <i>[Signature]</i>                                                                                                                     |                                                                                                                                                    | <b>26 APR 93</b>                             |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                              | <b>229-6769</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                        |                                                                                     |                                          |                                                            |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/>                                                                                                               | PERMIT<br>NUMBER                                                                    | 93-182599                                | INSPECTION<br>NUMBER                                       | 13                                   |
| JOB ADDRESS                                                                                                                            |                                                                                     |                                          |                                                            |                                      |
| 8016 MARBELLA COVE                                                                                                                     |                                                                                     |                                          |                                                            |                                      |
| LOT NO.                                                                                                                                | BLOCK NO.                                                                           | SUBDIVISION NAME                         |                                                            |                                      |
| 24                                                                                                                                     | 1                                                                                   | PELICAN POINT                            |                                                            |                                      |
| FIRE DEPT. MAP NO.                                                                                                                     | JOB PHONE                                                                           | CALL-IN DATE                             | CALL-IN TIME                                               | SCHEDULE DATE                        |
|                                                                                                                                        |                                                                                     |                                          |                                                            |                                      |
| INSPECTOR NO.                                                                                                                          | INSPECTOR NAME                                                                      |                                          |                                                            |                                      |
| 65                                                                                                                                     | Lou BRUNSON                                                                         |                                          |                                                            |                                      |
| INSPECTION<br>REQUESTED                                                                                                                | # 109 - SHEAR                                                                       |                                          |                                                            |                                      |
| SFD / custom                                                                                                                           |                                                                                     |                                          |                                                            |                                      |
| <p>— NOT READY</p> <p>— CANCEL BY FRAME F/MAN</p>                                                                                      |                                                                                     |                                          |                                                            |                                      |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                         | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                    | PARTIAL DESCRIPTION                      |                                                            |                                      |
| <input type="checkbox"/> APPROVED<br>(A)                                                                                               | <input type="checkbox"/> STOP<br>WORK (S)                                           | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H) |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                       | REINSPECTION REQUIRED - CALL *229-2071                                              |                                          | <input type="checkbox"/> PERMIT<br>REQUIRED                |                                      |
| <input type="checkbox"/> REFEE (F)                                                                                                     | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.  |                                          |                                                            |                                      |
| INSPECTOR<br>SIGNATURE                                                                                                                 |  |                                          | INSPECTION DATE                                            |                                      |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                           | 6-3-83                                                                              |                                          |                                                            |                                      |
| BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                                                     |                                          |                                                            |                                      |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT     |                                                                                     |                                          |                                                            |                                      |

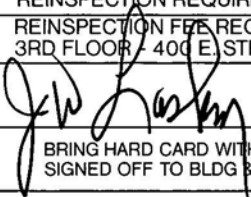
For Additional Assistance Call \*229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                      |                              |                                     |                              |                                  |
|--------------------------------------------------------------------------------------|------------------------------|-------------------------------------|------------------------------|----------------------------------|
| <input checked="" type="checkbox"/>                                                  | <b>PERMIT<br/>NUMBER</b>     | <b>93-182853</b>                    | <b>INSPECTION<br/>NUMBER</b> | <b>10</b>                        |
| JOB ADDRESS <b>8016 MARBELLA CI</b> <span style="float: right;"><b>119578</b></span> |                              |                                     |                              |                                  |
| LOT NO.                                                                              |                              | BLOCK NO.                           | SUBDIVISION NAME             |                                  |
| FIRE DEPT. MAP NO.<br><b>2117-96</b>                                                 | JOB PHONE<br><b>735-8300</b> | CALL-IN DATE<br><b>04/12/93</b>     | CALL-IN TIME<br><b>14:17</b> | SCHEDULE DATE<br><b>04/13/93</b> |
| INSPECTOR NO.<br><b>83</b>                                                           |                              | INSPECTOR NAME<br><b>JOHN LASKY</b> |                              |                                  |
| INSPECTION REQUESTED <b>UNDERSLAB PLUMBING (407)</b>                                 |                              |                                     |                              |                                  |

Back fill as per 317  
UPC

Call for sewer Insp 405  
ok to back-fill

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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>                      |                                                                                                                                     | INSPECTION DATE<br><b>4-13-93</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> | 93-182599                                                                                                                                  | <b>APPLICATION NUMBER</b> | 118 098              |
| <b>JOB ADDRESS</b>                  |                      |                                                                                                                                            | <b>INSPECTION NUMBER</b>  |                      |
| 8016 MARDELLA CI                    |                      |                                                                                                                                            | 1                         |                      |
| <b>LOT/BLOCK</b>                    |                      | <b>RECORDED SUBDIVISION NAME</b>                                                                                                           |                           |                      |
| 24 1                                |                      | MEDITERRANEAN COVE                                                                                                                         |                           |                      |
| <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                             | 373-3932             | 06/02/93                                                                                                                                   | 11:11                     | 06/03/93             |
| <b>INSPECTOR/NAME</b>               |                      | <b>MARKETING/BUSINESS NAME</b>                                                                                                             |                           |                      |
| LOUIS BRUNSON - 65                  |                      | <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">             PELICAN POINT           </div> |                           |                      |
| <b>INSPECTION REQUESTED</b>         |                      | <b>ROOF SHEATHING (107)</b>                                                                                                                |                           |                      |

SFD/CUSTOM

- USING 5/8", 5 PLY, C/D,  
40/20, EXP. 1,

- OK, to "DRY-IN" ONLY

RECU FOR #107, SHEATH  
INSP., WHEN DONE

|                                                                                                                                    |                                                                                                                                        |                                                                                    |                                                         |                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <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"/> REFEE (F)                                                                                                 |                                                                                                                                        | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET. |                                                         | <input type="checkbox"/> PERMIT REQUIRED                                                           |
| <b>INSPECTOR SIGNATURE</b>                                                                                                         |                                                                                                                                        | <b>INSPECTION DATE</b>                                                             |                                                         |                                                                                                    |
|                                                                                                                                    |                                                                                                                                        | 6-3-93                                                                             |                                                         |                                                                                                    |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                          | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                                                                                    |                                                         |                                                                                                    |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                                                                    |                                                         | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>229-6769</b> </div> |

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