

# CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR



PERMIT NO.

92-138881

## BUILDING PERMIT

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

LOG NO. & AREA T-247

DATE

CONST. VAL. \$ 29,800.00

ADDRESS OF CONSTRUCTION 8113 Sickie Lane

OWNER

Bivins Construction Co., Inc.

PHONE

384-7575

LOT(s) 108

BLOCK 3

SUBDIVISION Cimarron Ridge 3

ZONE

PROPOSED CONSTRUCTION Single family dwelling

USE

THIS PERMIT FOR BLDG. ☒ A/C ☐ ELEC. ☐ PLBG. ☐

OTHER PERMITS REQD: FENCE ☐ OFF SITE ☐ SWIM POOL ☐

FLOOR AREA

BSMT

1ST

1000

2ND

GARAGE

380

PORCH

TOTAL 1380

CONTRACTOR Bivins Construction Co., Inc.

STATE LICENSE NO.

0008255A

CITY LICENSE NO

C11-00734-0101711

ARCHITECT

ENGINEER

MASTER PLUMBER/  
CONTRACTOR

MASTER ELECTRICIAN/  
CONTRACTOR

### OTHER INSPECTIONS AND FEES

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

### 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.

### SPECIAL CONDITIONS:

See house plans 1000A

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

### ELECTRICAL

### FEE

RECEPTACLE SWITCH .40

EACH LIGHT FIXTURE OR SOCKET .30

SPECIAL OUTLET, APPLIANCE ETC. .70

SERVICE/PANEL - SUB/3.00 - 200A/6.00 - 400A/12.50

A.C. UNIT OR MOTORS 3.00

2310 - 2432 TOTAL

MISC.

### PLUMBING

### FEE

WATER DISTRIBUTION 6.00

SEWER SYSTEM - NEW OR MODIFICATION 10.00

FIXTURES - WATER SOFTENER, H.W. HEATER 2.00

GARBAGE DISPOSAL - WASHER 2.00

FUEL PIPING 6.00

IRRIGATION SYSTEM 8.00

MISC.

2310 - 2433 TOTAL

### AIR CONDITIONING

### FEE

NEW UNIT - 3 TON = 9.00 OVER = 16.50

FURNACE TO 100,000/9.00 OVER/11.00

VAPORATIVE COOLER 6.50

VENTILATION FAN 2.35

2310 - 2435 TOTAL

### TOTAL FEES

1854.00

### RECEIPT

MUST BE MACHINE VALIDATED

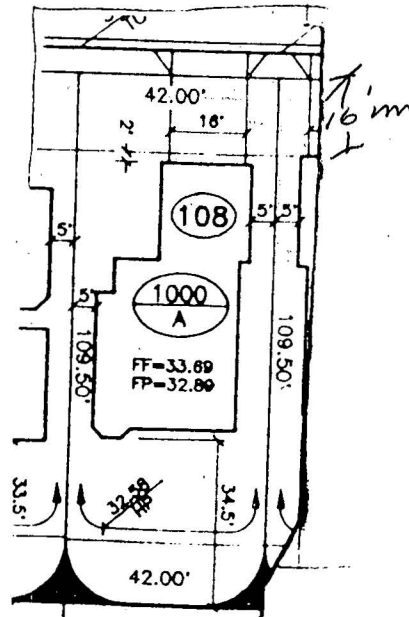
PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

92-138881  
74928-7

LOT 108 BLK 3

8113 SICKLE LANE



PLAN APPROVED  
By: *[Signature]* 3/10/92  
COMMUNITY PLANNING & DEVELOPMENT  
City of Las Vegas

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR



094485-3

PERMIT NO.

92-155740

## BUILDING PERMIT

FOR: Single Family Dwelling, Remodel  
Additions; Misc. Residential ConstructionPLAN CHECK NO. M-5004DATE 8/7/92CONST. VAL. \$ 2,360ADDRESS OF CONSTRUCTION 8113 Sickle LnOWNER April ChickPHONE 228-1644LOT(s) 108 BLOCK 3 SUBDIVISION CIMARRON RIDGE UNIT 3 ZONE R-CLPROPOSED CONSTRUCTION OWNER - PATIO - 10x18 USE \_\_\_\_\_THIS PERMIT FOR \_\_\_\_\_ BLDG. ☒ A/C ☐ ELEC. ☐ PLBG. ☐ Slab only OTHER PERMITS REQD.: FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA \_\_\_\_\_ BSMT \_\_\_\_\_ 1ST \_\_\_\_\_ 2ND \_\_\_\_\_ GARAGE \_\_\_\_\_ PORCH \_\_\_\_\_ TOTAL 180CONTRACTOR OWNER STATE LICENSE NO. \_\_\_\_\_ CITY LICENSE NO. \_\_\_\_\_

ARCHITECT \_\_\_\_\_ ENGINEER \_\_\_\_\_

MASTER PLUMBER/CONTRACTOR \_\_\_\_\_ MASTER ELECTRICIAN/CONTRACTOR \_\_\_\_\_

## OTHER INSPECTIONS AND FEES

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

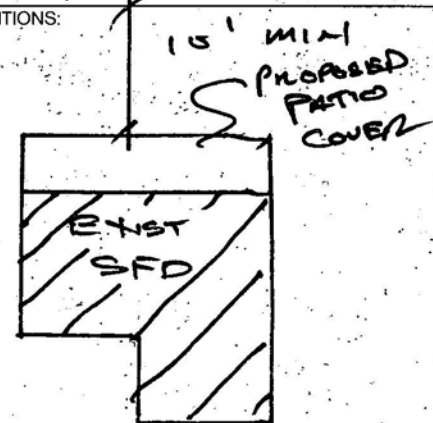
## CONDITIONS OF THE PERMIT:

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: April S Chick 8-7-92  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY. OWNERBY: \_\_\_\_\_  
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.

## SPECIAL CONDITIONS:

City Design  
convertible

FRONT

## LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE 8/7/92  
PLANNING DEPT. 8-7-92  
BUILDING DEPT. 8-7-92

## ELECTRICAL

## FEE

|                                               |      |
|-----------------------------------------------|------|
| RECEPTACLE _____ SWITCH _____                 | .45  |
| EACH LIGHT FIXTURE OR SOCKET _____            | .35  |
| SPECIAL OUTLET, APPLIANCE ETC. _____          | .75  |
| SERVICE/PANEL - SUB/3.25-200A/6.45-400A/13.40 |      |
| A.C. UNIT OR MOTORS _____                     | 3.25 |
| 2310 - 2432 _____ TOTAL                       |      |
| MISC. _____                                   |      |

| PLUMBING                               | FEE   |
|----------------------------------------|-------|
| WATER DISTRIBUTION                     | 6.00  |
| SEWER SYSTEM - NEW OR MODIFICATION     | 10.00 |
| FIXTURES - WATER SOFTENER, H.W. HEATER | 2.00  |
| GARBAGE DISPOSAL - WASHER              | 2.00  |
| FUEL PIPING                            | 6.00  |
| IRRIGATION SYSTEM                      | 8.00  |
| MISC.                                  |       |
| 2310 - 2433 TOTAL                      |       |
| AIR-CONDITIONING                       | FEE   |
| NEW UNIT 3 TON = 9.00 OVER = 16.50     |       |
| FURNACE TO 100,000/9.00 OVER/11.00     |       |
| VAPORATIVE COOLER                      | 6.95  |
| VENTILATION FAN                        | 2.55  |
| 2310 - 2435 TOTAL                      |       |

2310 - 2431 PLAN REVIEW

2310 - 2401 BLDG. PERMIT

7143 - 2973 SEWER CONNECTION

6122 - 3352 TORTOISE

- 2897 P.I.F.

88100-1232 TRANSPORT

TOTAL FEES

\$300\$30013.00RECEIPT # 1002\*\*  
MUST BE MACHINE VALIDATEDSFD 13.00  
CASH 13.00  
1161A000 12:29

08/07/92

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FO



81541-7

T NO.

92-155741

## DEVELOPMENT PERMIT

FOR: Fence, Wall, Retaining Wall

450-218-032

PLAN CHECK NO. M-5004

DATE

8/7/92

CONST. VAL \$

1,290.00

ADDRESS OF  
CONSTRUCTION

8113 Sickle Lane

OWNER

April S. Chick

PHONE

228-1644

CONTRACTOR

April S. Chick

STATE  
LICENSE NO.CITY  
LICENSE NO.

LOT(s) 108

BLOCK 3

SUBDIVISION

CARRON RIDGE UNIT # 3

ZONE:

R-CL

☐ CONSTRUCTION PLANS SUBMITTED BY OWNER/CONTRACTOR☒ CONSTRUCTION DESIGN BY CITY DESIGN SHEET.

ENGINEER

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.

| DESCRIPTION                                 | TOTAL LIN. FT. | TOTAL SQ. FT. |
|---------------------------------------------|----------------|---------------|
| CHAIN LINK OR WIRE MESH                     |                |               |
| ORNAMENTAL IRON                             |                |               |
| WOOD                                        |                |               |
| <input checked="" type="checkbox"/> MASONRY | 84             | 516           |
| <input type="checkbox"/> RETAINING          |                |               |

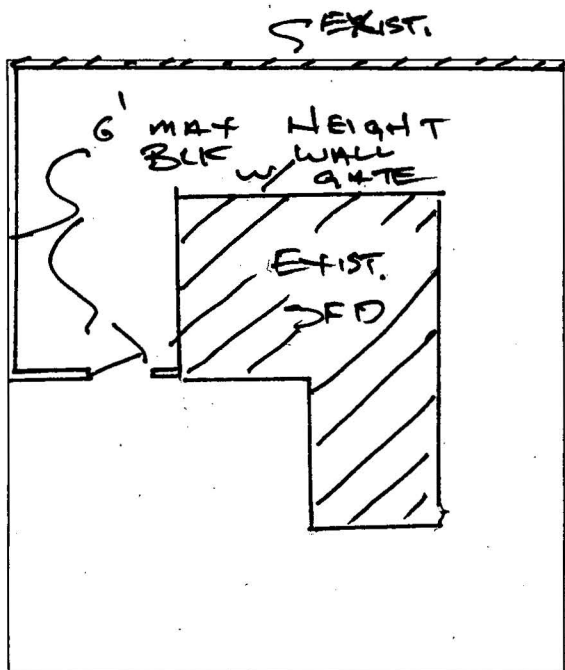
## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT:

1. Any type of retaining wall must be engineered by a Civil or Structural Engineer.
2. If a home owner takes out the Building Permit and if the owner sublets the work to a Contractor, then the Contractor must take out the permit and pay for it.
3. No fence or wall can be built on City property or rights-of-way, but this is not intended to preclude construction within utility easements if utilities will not be damaged or made inaccessible.
4. The fence or wall shall not enclose any water meter, light standard, or fire alarm box and shall not come closer than 24" from the nearest fire hydrant outlet.
5. Department Inspectors must approve footings before concrete is poured and block wall reinforcing before grouting is done.
6. Maximum height of any wall or fence is 6', side and rear yards; 4' maximum in front yard with the vertical surface above the height of 2' - 50% open.
7. I must not obstruct required onsite parking space (2 spaces for each dwelling unit) by the erection of this fence or wall.
8. This fence or wall shall not block the natural flow of surface water across the property nor shall it divert the flow of surface waters onto another's property.
9. By the signing of this application I herewith agree to the requirements outlined above.

FOR INSPECTIONS, CALL 229-2071



SIGNED

April S. Chick

CONTRACTOR - AGENT - OWNER

8-7-92

PLANNING DEPT.

DATE

8/7/92

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

Kent Nash

8/7/92

BUILDING DEPT.

DATE

8-7-92

## RECEIPT

\*\*0002\*\*

WALL 30.00

CASH 30.00

1162A000 12:29

08/07/92

PLAN  
REVIEW  
FEEPERMIT  
FEETOTAL  
FEES

\$30.00

\$30.00

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

71

92-144669

## ELECTRICAL PERMIT

PLAN CHECK NO. P-247DATE 5-6-92

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 8113 Sickle Lane

OWNER

BEVINS CONSTCONTRACTOR Southern ElectricSTATE LICENSE NO. 16032CITY LICENSE NO. 7327

(PRINT NAME OF MASTER ELECTRICIAN)

PROPOSED CONSTRUCTION:

ELECTRIC PERMIT NO.

| UNITS                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                    |                                                                                                                                                                                                                                                            |       |       |
| 1                                                                                                                         | For Issuing Each Permit                                                                                                                                                                                                                                    | 10.70 | 1070  |
|                                                                                                                           | Supplemental Fee                                                                                                                                                                                                                                           | 4.85  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                            |       |       |
| 44                                                                                                                        | Residential or General Commercial                                                                                                                                                                                                                          |       |       |
|                                                                                                                           | Receptacle <u>30</u> Switch <u>14</u>                                                                                                                                                                                                                      | .45   | 1980  |
| 12                                                                                                                        | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                   | .35   | 420   |
| 5                                                                                                                         | EACH OUTLET FOR SPECIAL PURPOSE: Dishwasher, Garbage Grinder, Trash Compactor, G.F.I., Clothes Washer, Dryer, Electric Range, Ovens, Water Heater, Space Heater, Blast Coil Heater, (PER K.W.), Mercury Lamp, Quartz Lamp, Sodium Lamp, 20AMP Sign Circuit | .75   | 375   |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                                 | 10.70 |       |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                          | 8.60  |       |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                                | 3.25  |       |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                            |       |       |
|                                                                                                                           | First H.P. or Ton For each Unit                                                                                                                                                                                                                            | 3.25  |       |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                                    | 3.25  |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                  | .55   |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                   | .40   |       |
|                                                                                                                           | Temporary power or Pole                                                                                                                                                                                                                                    | 6.45  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                            |       |       |
| 1                                                                                                                         | Up to 200 AMP                                                                                                                                                                                                                                              | 6.45  | 645   |
|                                                                                                                           | 400 AMP And 600 AMP                                                                                                                                                                                                                                        | 13.40 |       |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                   | 26.75 |       |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                              | 53.50 |       |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                               | .55   |       |
|                                                                                                                           | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                  | 3.25  |       |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                                | 21.40 |       |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                | 32.10 |       |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                       | 8.60  |       |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                         | 3.25  |       |

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 |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                           | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                     | 3.25           |       |
|                                                                           | Gas Pumps, Dispensers (Each)                                                                                                                                                 | 3.25           |       |
| 1                                                                         | Permanent A/C Unit (5 Tons or Less)                                                                                                                                          | 3.25           | 325   |
|                                                                           | Each Air Handler                                                                                                                                                             | 1.10           |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                              |                                                                                                                                                                              |                |       |
|                                                                           | Speaker Outlets (Each)                                                                                                                                                       | .35            |       |
|                                                                           | Signal or Alarm Outlets (Each)                                                                                                                                               | .35            |       |
|                                                                           | Amplifiers                                                                                                                                                                   | 2.15           |       |
|                                                                           | Control Panel                                                                                                                                                                | .55            |       |
| 2                                                                         | TV Master System                                                                                                                                                             | .35            | 70    |
| 3                                                                         | Telephone or Computer Outlet                                                                                                                                                 | .35            | 1.05  |
| <b>OTHER INSPECTIONS AND FEES: INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                              |                |       |
|                                                                           | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                  | 30.00 per hour |       |
|                                                                           | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$30.00 EACH.                                                                         | 30.00 each     |       |
|                                                                           | Inspections for which no fee is specifically indicated (minimum charge — one-half hour).                                                                                     | 30.00 per hour |       |
|                                                                           | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — one-half hour). After work hours — \$30.00 per hour — minimum 1 hour. | 30.00 per hour |       |
|                                                                           | Starter Permit                                                                                                                                                               | 50.00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                             |                                                                                                                                                                              |                |       |
|                                                                           | Commercial — Burglar Alarms                                                                                                                                                  |                |       |
|                                                                           | — Music Systems                                                                                                                                                              |                |       |
|                                                                           | — Data Processing                                                                                                                                                            |                |       |
|                                                                           | — Communication                                                                                                                                                              |                |       |
|                                                                           | Conduit Only—Contract Price                                                                                                                                                  |                |       |
|                                                                           | All Misc. Electric                                                                                                                                                           |                |       |

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

# 2310-2432

## RECEIPT

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

SIGNED HOMEOWNER, CONTRACTOR

BUILDING DEPT.

DATE

PERMIT FEE

LESS STARTER PERMIT

TOTAL FEES

4990

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

IT NO.

92-141420

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

71

AIR CONDITIONING PERMIT

PLAN CHECK NO. P-247 DATE 4-2-92 CONST. VAL. \$ADDRESS OF CONSTRUCTION 8113 SICKLE LANE OWNER BIVINS CONSTRUCTION CO. PHONE 565-8751CONTRACTOR CARL'S A/C & S/M INC. STATE LICENSE NO. 8370 CITY LICENSE NO. 230-2-10793LOT(s) 108 BLOCK 3 SUBDIVISION CIMARRON RIDGE PHASE 3 ZONE:PROPOSED CONSTRUCTION COMPLETE INSTALLATION OF A/C AND DUCTWORK 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>   |                                                                                                                                                                                                                                                            |       |              |
| <u>1</u>                 | For the issuance of each permit.                                                                                                                                                                                                                           | 16.05 | <b>16.05</b> |
|                          | For issuing each supplemental permit.                                                                                                                                                                                                                      | 4.85  |              |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                            |       |              |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h.                                                                          | 9.65  |              |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance over 100,000 Btu/h.                                                                                          | 11.80 |              |
|                          | For the installation or relocation of each floor furnace, including vent.                                                                                                                                                                                  | 9.65  |              |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater.                                                                                                                                            | 9.65  |              |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit.                                                                                                                                  | 4.85  |              |
|                          | For the repair of, alteration of, or addition to each heating appliance, refrigeration unit, cooling unit, absorption unit, or each heating, cooling absorption, or evaporative cooling system, including installation of controls regulated by this code. | 9.65  |              |
| <u>1</u>                 | 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.                                                                                                     | 9.65  | <b>9.65</b>  |
|                          | 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.                                                                        | 17.65 |              |
|                          | 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.                                                                      | 24.15 |              |
|                          | 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.                                                                | 35.85 |              |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h.                                                                                                                | 59.95 |              |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                                  | FEE            | TOTAL       |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
|                                    | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br><b>Note:</b> This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code. | 6.95           |             |
|                                    | For each air-handling unit over 10,000 cfm.                                                                                                                                                                                                                                                                                                  | 11.80          |             |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                        | 6.95           |             |
| <u>3</u>                           | For each ventilation fan. <b>COMMERCIAL</b>                                                                                                                                                                                                                                                                                                  | 4.85           |             |
|                                    | <b>RESIDENTIAL</b>                                                                                                                                                                                                                                                                                                                           | 2.55           | <b>7.65</b> |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                         | 6.95           |             |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                                  | 6.95           |             |
|                                    | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                        | 4.85           |             |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                              |                |             |
|                                    | Inspections outside of normal business hours (minimum charge — three hours.)                                                                                                                                                                                                                                                                 | 25.00 per hour |             |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$15.00 EACH.                                                                                                                                                                                                                                         | 15.00 each     |             |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one-half hour).                                                                                                                                                                                                                                                     | 30.00 per hour |             |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours).                                                                                                                                                                                                                           | 30.00 per hour |             |
|                                    | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                                                                                                                                         |                |             |
|                                    | Gas piping which is directly related and necessary to the repair or replacement of heating, air conditioning, or refrigeration systems not exceeding 500,000 B.T.U.H.                                                                                                                                                                        | 6.45           |             |

2310-2435

RECEIPT

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

SIGNED Michael Blue CONTRACTOR MASTER CARD NO.PERMIT FEE 16.05BY M. Barlow Spec. Contr. or OwnerTOTAL FEES 33.35BUILDING DEPT. DATE 4-2-92

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

DEMIT NO.

92-139998

PLUMBING PERMIT

LOG NO. & AREA T-749 P-247

DATE

CONST. VAL. \$ 29,800.00ADDRESS OF CONSTRUCTION 8113 Sickle LaneOWNER Bivins Construction Co., Inc. PHONE 384-7575CONTRACTOR Las Vegas PlumbingSTATE LICENSE NO. 21770CITY LICENSE NO. 3194LOT(S) 108 BLOCK 3 SUBDIVISION Cimmarron Ridge 3

ZONE

PROPOSED CONSTRUCTION Single Family Dwelling

USE

PLUMBING PERMIT NO.

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

| UNITS                            | DESCRIPTION                                                         | FEE      | TOTAL |
|----------------------------------|---------------------------------------------------------------------|----------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                     |          |       |
| 1                                | For Issuing Each Permit                                             | 10.70    | 10.70 |
|                                  | For Issuing Each Supplemental Permit                                | 4.85     |       |
| <b>FIXTURE CHARGE</b>            |                                                                     |          |       |
| 7                                | Bathtub, Shower, Lavatory, Toilet, Urinal                           | EA. 2.15 | 15.05 |
| 1                                | Floor Drain, Floor Sink, Wash Tray, Sink                            | EA. 2.15 | 2.15  |
| 3                                | Garbage Disposal, Clothes Washer, Dishwasher (residential)          | EA. 2.15 | 6.45  |
|                                  | Garbage Disposal (commercial)                                       | EA. 8.60 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                             | EA. 2.15 |       |
|                                  | Clothes Dryer (gas) (venting)                                       | 2.15     |       |
|                                  | Dental Unit                                                         | 8.60     |       |
|                                  | Drinking Fountain                                                   | 2.15     |       |
| 1                                | Refrigerator - Ice Maker, Water Dispenser                           | 2.15     | 2.15  |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers | 2.15     |       |
| 1                                | Hot Water Heater (Gas or Electric)                                  | EA. 2.15 | 2.15  |
| <b>SEWER SYSTEM</b>              |                                                                     |          |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                | 10.70    | 10.70 |
|                                  | Grease or Sand Trap or Interceptor                                  | 2.15     |       |
|                                  | Trailer Park (rental parks)                                         | 5.35     |       |
| <b>WATER SOFTENERS</b>           |                                                                     |          |       |
|                                  | Non Permanent Type (rental)                                         | 2.15     |       |
|                                  | Permanent Type (connected to drain)                                 | 2.15     |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                     |          |       |
| 1                                | Single Family Dwelling                                              | 6.45     | 6.45  |
|                                  | Multi-Family Dwelling                                               | 6.45     |       |
|                                  | Plus Each Dwelling Unit                                             | 3.25     |       |
|                                  | Commercial Building per floor                                       | 3.25     |       |
|                                  | Plus Each Unit (leased space or office)                             | 2.15     |       |
|                                  | Hotel or Motel                                                      | 8.60     |       |
|                                  | Plus Each Unit                                                      | 3.25     |       |
|                                  | Trailer Park                                                        | 32.10    |       |
|                                  | Plus Each Space                                                     | 2.15     |       |
| 1                                | Irrigation Single Family Dwelling                                   | 8.60     | 8.60  |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart    |          |       |
|                                  | Construction Valuation                                              |          |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                           | FEE            | TOTAL |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>          |                                                                                                                                                                                                                       |                |       |
| 1                                  | Single Family Dwelling                                                                                                                                                                                                | 6.45           | 6.45  |
|                                    | Multi-Family Dwelling                                                                                                                                                                                                 | 10.70          |       |
|                                    | Plus Each Unit                                                                                                                                                                                                        | 2.15           |       |
|                                    | Commercial Building (per floor)                                                                                                                                                                                       | 6.45           |       |
|                                    | Plus Each Unit (leased space or office)                                                                                                                                                                               | 6.45           |       |
|                                    | Medium Pressure System (Plan Check)                                                                                                                                                                                   | 12.85          |       |
|                                    | Each Gas Appliance (Any Type)                                                                                                                                                                                         | 2.15           |       |
|                                    | Steam Boilers                                                                                                                                                                                                         | 5.60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>        |                                                                                                                                                                                                                       |                |       |
|                                    | Collectors (including piping) (per collector)                                                                                                                                                                         | 5.60           |       |
|                                    | Storage Tanks (each)                                                                                                                                                                                                  | 5.60           |       |
| <b>PIPELINE CONTRACT</b>           |                                                                                                                                                                                                                       |                |       |
|                                    | For Onsite Sewer, Gas or Water Contract Value. Fee based on Building Code Permit Valuation Chart.                                                                                                                     |                |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                       |                |       |
|                                    | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                             | 25.00 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 \$30.00 per each inspection during business hours. | 30.00 each     |       |
|                                    | Additional plan review required by changes. Additions to or revisions to approved plans (minimum charge two hours).                                                                                                   | 30.00 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 799-2071SEWER # 7114-3654  
CONNECTION

RECEIPT

FIXTURES X

FEE

2310-2403  
PERMIT  
FEETOTAL FEES 70.85

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 herein specified or not.

SIGNED Las Vegas Plbg CONTRACTOR MASTER CARD NO. 5

BY Donald K. Fullin Registered Master Plumber, Spec. Contr. or Owner

BUILDING DEPT. 3-21-22 DATE

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

NO.

92-155739

PLUMBING PERMIT



094486 - A

LOG NO. &amp; AREA

M-5004

DATE

8/11/92

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION

8113 Snake Ln

OWNER

April Chick

PHONE

228-1644

CONTRACTOR

Owner

STATE  
LICENSE NO.CITY  
LICENSE NO.

LOT(S)

108

BLOCK

3

SUBDIVISION

Cimarron Ridge unit #3

ZONE

PROPOSED CONSTRUCTION:

Irrigation

USE:

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

| UNITS                            | DESCRIPTION                                                                                      | FEE      | TOTAL |
|----------------------------------|--------------------------------------------------------------------------------------------------|----------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                                  |          |       |
|                                  | For Issuing Each Permit                                                                          | 10.70    | 1070  |
|                                  | For Issuing Each Supplemental Permit                                                             | 4.85     |       |
| <b>FIXTURE CHARGE</b>            |                                                                                                  |          |       |
|                                  | Bathtub, Shower, Lavatory, Toilet, Urinal                                                        | EA. 2.15 |       |
|                                  | Floor Drain, Floor Sink, Wash Tray, Sink                                                         | EA. 2.15 |       |
|                                  | Garbage Disposal, Clothes Washer, Dishwasher (residential)                                       | EA. 2.15 |       |
|                                  | Garbage Disposal (commercial)                                                                    | EA. 8.60 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                                                          | EA. 2.15 |       |
|                                  | Clothes Dryer (gas) (venting)                                                                    | 2.15     |       |
|                                  | Dental Unit                                                                                      | 8.60     |       |
|                                  | Drinking Fountain                                                                                | 2.15     |       |
|                                  | Refrigerator - Ice Maker, Water Dispenser                                                        | 2.15     |       |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                              | 2.15     |       |
|                                  | Hot Water Heater (Gas or Electric)                                                               | EA. 2.15 |       |
| <b>SEWER SYSTEM</b>              |                                                                                                  |          |       |
|                                  | New, Replacement, Modification, or Any Drainage Work                                             | 10.70    |       |
|                                  | Grease or Sand Trap or Interceptor                                                               | 2.15     |       |
|                                  | Trailer Trap (rental parks)                                                                      | 5.35     |       |
| <b>WATER SOFTENERS</b>           |                                                                                                  |          |       |
|                                  | Non Permanent Type (rental)                                                                      | 2.15     |       |
|                                  | Permanent Type (connected to drain)                                                              | 2.15     |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                                  |          |       |
|                                  | Single Family Dwelling                                                                           | 6.45     |       |
|                                  | Multi-Family Dwelling                                                                            | 6.45     |       |
|                                  | Plus Each Dwelling Unit                                                                          | 3.25     |       |
|                                  | Commercial Building per floor                                                                    | 3.25     |       |
|                                  | Plus Each Unit (leased space or office)                                                          | 2.15     |       |
|                                  | Hotel or Motel                                                                                   | 8.60     |       |
|                                  | Plus Each Unit                                                                                   | 3.25     |       |
|                                  | Trailer Park                                                                                     | 32.10    |       |
|                                  | Plus Each Space                                                                                  | 2.15     | 860   |
|                                  | Irrigation Single Family Dwelling                                                                | 8.60     |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart<br>Construction Valuation _____ |          |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                           | FEE            | TOTAL |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>          |                                                                                                                                                                                                                       |                |       |
|                                    | Single Family Dwelling                                                                                                                                                                                                | 6.45           |       |
|                                    | Multi-Family Dwelling                                                                                                                                                                                                 | 10.70          |       |
|                                    | Plus Each Unit                                                                                                                                                                                                        | 2.15           |       |
|                                    | Commercial Building (per floor)                                                                                                                                                                                       | 6.45           |       |
|                                    | Plus Each Unit (leased space or office)                                                                                                                                                                               | 6.45           |       |
|                                    | Medium Pressure System (Plan Check)                                                                                                                                                                                   | 12.85          |       |
|                                    | Each Gas Appliance (Any Type)                                                                                                                                                                                         | 2.15           |       |
|                                    | Steam Boilers                                                                                                                                                                                                         | 5.60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>        |                                                                                                                                                                                                                       |                |       |
|                                    | Collectors (including piping) (per collector)                                                                                                                                                                         | 5.60           |       |
|                                    | Storage Tanks (each)                                                                                                                                                                                                  | 5.60           |       |
| <b>PIPELINE CONTRACT</b>           |                                                                                                                                                                                                                       |                |       |
|                                    | For Onsite Sewer, Gas or Water Contract Value. Fee based on Building Code Permit Valuation Chart.                                                                                                                     |                |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                       |                |       |
|                                    | Inspections outside of normal business hours (minimum charge—three hours).                                                                                                                                            | 25.00 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 \$30.00 per each inspection during business hours. | 30.00 each     |       |
|                                    | Additional plan review required by changes. Additions to or revisions to approved plans (minimum charge two hours).                                                                                                   | 30.00 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

\*\*0002\*\*

PLBG 17.15

CASH 17.15

1160A000 12:28

FIXTURES: X 08/07/92

FEE

2310-2403  
PERMIT  
FEETOTAL  
FEES

17.15

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 herein specified or not.

SIGNED

April S Chick

CONTRACTOR

MASTER CARD NO.

BY

Registered Master Plumber, Spec. Contr. or Owner

BUILDING DEPT.

DATE



# UNITED FIBERS

## CORDEX INSULATION

### CERTIFICATE OF INSULATION

(new or retrofit)

TO BE POSTED IN OR NEAR ATTIC

CORDEX AFT 28 LB. BAGS

| R-Value at 75°F Mean Temperature           | Minimum Thickness (settled)                         | Minimum Number of Bales per 1000 Square Feet |       | Coverage per Bale    | Minimum Weight per Square Foot |
|--------------------------------------------|-----------------------------------------------------|----------------------------------------------|-------|----------------------|--------------------------------|
| To Obtain an Installation Resistance R of: | Installed Insulation Shall Not Be Less Inches Than: | 2 x 6 Joists 24" O.C.                        | Gross | Square Foot per Bale | Shall Not Be Less Pounds Than: |
| R-50                                       | 14.0 in.                                            | 50.7                                         | 51.7  | 19.31                | 1.45                           |
| R-45                                       | 12.6 in.                                            | 45.9                                         | 46.7  | 21.37                | 1.31                           |
| R-40                                       | 11.2 in.                                            | 40.3                                         | 41.4  | 24.13                | 1.16                           |
| R-38                                       | 10.7 in.                                            | 38.5                                         | 39.8  | 25.10                | 1.12 lbs./sq.ft.               |
| <u>R-30</u>                                | 8.5 in.                                             | 30.0                                         | 31.3  | 31.91                | .88 lbs./sq.ft.                |
| R-24                                       | 6.8 in.                                             | 24.0                                         | 25.2  | 39.76                | .70 lbs./sq.ft.                |
| R-22                                       | 6.2 in.                                             | 21.5                                         | 22.8  | 43.81                | .62 lbs./sq.ft.                |
| R-19                                       | 5.3 in.                                             | 18.5                                         | 19.7  | 50.68                | .55 lbs./sq.ft.                |
| R-13                                       | 3.6 in.                                             | 12.7                                         | 13.5  | 73.87                | .38 lbs./sq.ft.                |
| R-11                                       | 3.1 in.                                             | 10.9                                         | 11.6  | 86.16                | .32 lbs./sq.ft.                |

Wall (density 2.1 PPCF)

|      |         | 16" O.C. | No Studs |       |                 |
|------|---------|----------|----------|-------|-----------------|
| R-13 | 3.5 in. | 19.9     | 21.9     | 45.70 | .61 lbs./sq.ft. |
| R-20 | 5.5 in. | 31.2     | 34.4     | 29.09 | .96 lbs./sq.ft. |

Installed Material Manufactured By:

UNITED FIBERS

4280 Iowa St., Unit J • Benicia, CA 94510 • (707) 746-5060  
390 E. Ray Road • Chandler, AZ 85224 • (602) 963-4551

### PART I GENERAL

Address of Residence:

Name and Address, Contractor(s):

8113 Sickle Lane

Dean Roofing Co.

Installation Completion Date:

6-10-92

Contractor's Lic. No. \_\_\_\_\_

### PART II AREAS INSULATED

Walls ( sq. ft.) Ceilings (1000 sq. ft.) Floors ( sq. ft.)

| R-Value Installed | Applied Thickness |
|-------------------|-------------------|
|                   |                   |
| Bags Added _____  |                   |

|                                                    |                   |
|----------------------------------------------------|-------------------|
| Est. In-Place Insulation                           |                   |
| Type <u>Cordex</u>                                 |                   |
| Manufacturer's Prod. I.D. (if known)               |                   |
| Est. R Value                                       | Est. Thickness    |
|                                                    |                   |
| Added Insulation                                   |                   |
| R-Value Installed                                  | Applied Thickness |
|                                                    |                   |
| Minimum Installed Weight Per Sq. Ft. of Loose Fill |                   |
| Total R-Value                                      | Total Thickness   |
| <u>30</u>                                          | <u>8"0</u>        |
| Bags Added <u>32</u>                               |                   |

Type of Insulation If Different From Above Material

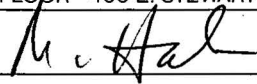
| R-Value Installed | Applied Thickness |
|-------------------|-------------------|
|                   |                   |
| Bags Added _____  |                   |

### PART III CERTIFICATION

I certify that the residence identified in Part I was insulated as specified in Part II and the installation was conducted to conform with applicable codes, material standards and regulations.

Contractor's Authorized Signature: Ed Church

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <b>1</b>                                                                                                                               | <b>PERMIT NUMBER</b>                                                                                                                               | <b>92-138881</b>                             | <b>INSPECTION NUMBER</b>                                       | <b>23</b>                                       |
| <b>JOB ADDRESS</b>                                                                                                                     |                                                                                                                                                    |                                              |                                                                |                                                 |
| <b>8113 STICKLE LA</b>                                                                                                                 |                                                                                                                                                    |                                              |                                                                |                                                 |
| <b>LOT NO.</b>                                                                                                                         | <b>BLOCK NO.</b>                                                                                                                                   | <b>SUBDIVISION NAME</b>                      |                                                                |                                                 |
| <b>108</b>                                                                                                                             | <b>3</b>                                                                                                                                           | <b>CINARRON RIDGE 3</b>                      |                                                                |                                                 |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                              | <b>JOB PHONE</b>                                                                                                                                   | <b>CALL-IN DATE</b>                          | <b>CALL-IN TIME</b>                                            | <b>SCHEDULE DATE</b>                            |
| <b>-</b>                                                                                                                               | <b>384-7575</b>                                                                                                                                    | <b>04/02/92</b>                              | <b>14:26</b>                                                   | <b>04/03/92</b>                                 |
| <b>INSPECTOR NO.</b>                                                                                                                   | <b>INSPECTOR NAME</b>                                                                                                                              |                                              |                                                                |                                                 |
| <b>86</b>                                                                                                                              | <b>MARVIN HALES</b>                                                                                                                                |                                              |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                            |                                                                                                                                                    |                                              |                                                                |                                                 |
| <b>UNDERSLAB PLUMBING (407)</b>                                                                                                        |                                                                                                                                                    |                                              |                                                                |                                                 |
|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |                                                 |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |                                              |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                              |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                 |                                              | <b>INSPECTION DATE</b>                                         |                                                 |
|                                                                                                                                        |                                                                                                                                                    | <b>4-3-92</b>                                |                                                                |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                              |                                                                | <b>229-6765</b>                                 |

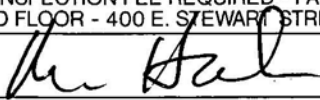
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <b>1</b>                                                                                                                           | <b>PERMIT<br/>NUMBER</b>                                                                                                               | 92-138881                                | <b>INSPECTION<br/>NUMBER</b>                               | 30                                   |
| JOB ADDRESS                                                                                                                        |                                                                                                                                        |                                          |                                                            |                                      |
| 8113 STICKLE LA                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
| LOT NO.                                                                                                                            |                                                                                                                                        | BLOCK NO.                                | SUBDIVISION NAME                                           |                                      |
| 108                                                                                                                                |                                                                                                                                        | 3                                        | CINARRON RIDGE 3                                           |                                      |
| FIRE DEPT. MAP NO.                                                                                                                 | JOB PHONE                                                                                                                              | CALL-IN DATE                             | CALL-IN TIME                                               | SCHEDULE DATE                        |
| -                                                                                                                                  | 384-7575                                                                                                                               | 04/02/92                                 | 14:28                                                      | 04/03/92                             |
| INSPECTOR NO.                                                                                                                      |                                                                                                                                        | INSPECTOR NAME                           |                                                            |                                      |
| 86                                                                                                                                 |                                                                                                                                        | MARVIN HALES                             |                                                            |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                                                                        | BUILDING SEWER (YARD LINES) (405)        |                                                            |                                      |
|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                      |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                            |                                      |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H) |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL *229-2071                                                                                                 |                                          | <input type="checkbox"/> PERMIT<br>REQUIRED                |                                      |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                            |                                      |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                        | INSPECTION DATE                          |                                                            |                                      |
| <i>M. Hales</i>                                                                                                                    |                                                                                                                                        | 4-3-92                                   |                                                            |                                      |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                                          |                                                            |                                      |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                          |                                                            | <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<br/>NUMBER</b>                                                           | 92-138881                                                                                                                              | <b>INSPECTION<br/>NUMBER</b>                               | 36                                                                                                  |
| JOB ADDRESS<br><b>8113 SICKLE LA</b>                                                                                               |                                                                                    |                                                                                                                                        |                                                            |                                                                                                     |
| LOT NO.<br><b>108</b>                                                                                                              |                                                                                    | BLOCK NO.<br><b>3</b>                                                                                                                  | SUBDIVISION NAME<br><b>CIMARRON RIDGE 3</b>                |                                                                                                     |
| FIRE DEPT. MAP NO.<br><b>2317-13</b>                                                                                               | JOB PHONE<br><b>384-7575</b>                                                       | CALL-IN DATE<br><b>05/07/92</b>                                                                                                        | CALL-IN TIME<br><b>15:22</b>                               | SCHEDULE DATE<br><b>05/08/92</b>                                                                    |
| INSPECTOR NO.<br><b>86</b>                                                                                                         |                                                                                    | INSPECTOR NAME<br><b>MARVIN HALES</b>                                                                                                  |                                                            |                                                                                                     |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                    | <b>TOP OUT-WATER, GAS, WASTE (420)</b>                                                                                                 |                                                            |                                                                                                     |
|                                                                                                                                    |                                                                                    |                                                                                                                                        |                                                            |                                                                                                     |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                   | PARTIAL DESCRIPTION                                                                                                                    |                                                            |                                                                                                     |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                          | <input type="checkbox"/> COMMENTS<br>(C)                                                                                               | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)                                                                |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL *229-2071                                             |                                                                                                                                        | <input type="checkbox"/> PERMIT<br>REQUIRED                |                                                                                                     |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                        |                                                            |                                                                                                     |
| INSPECTOR<br>SIGNATURE<br>                      |                                                                                    | INSPECTION DATE<br><b>5-8-92</b>                                                                                                       |                                                            |                                                                                                     |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       |                                                                                    | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                            |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                    |                                                                                                                                        |                                                            |  <b>229-6765</b> |

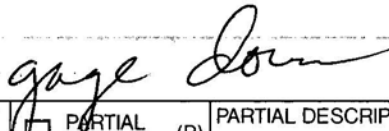
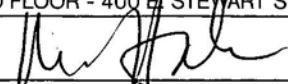
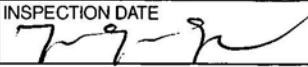
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |  |                                                                                                                                     |  |                                             |  |                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|---------------------------------------------------------|--|
| <b>PERMIT NUMBER</b>                                                                                                            |  | 92-138881                                                                                                                           |  | <b>INSPECTION NUMBER</b>                    |  | 7                                                       |  |
| JOB ADDRESS<br><b>8113 SICKLE LA.</b>                                                                                           |  |                                                                                                                                     |  |                                             |  |                                                         |  |
| LOT NO.<br><b>108</b>                                                                                                           |  | BLOCK NO.<br><b>3</b>                                                                                                               |  | SUBDIVISION NAME<br><b>CIMARRON RIDGE 3</b> |  |                                                         |  |
| FIRE DEPT. MAP NO.<br><b>2317-13</b>                                                                                            |  | JOB PHONE<br><b>384-7575</b>                                                                                                        |  | CALL-IN DATE<br><b>05/08/92</b>             |  | CALL-IN TIME<br><b>13:04</b>                            |  |
| SCHEDULE DATE<br><b>05/11/92</b>                                                                                                |  |                                                                                                                                     |  |                                             |  |                                                         |  |
| INSPECTOR NO.<br><b>86</b>                                                                                                      |  | INSPECTOR NAME<br><b>MARVIN HALES</b>                                                                                               |  |                                             |  |                                                         |  |
| <b>INSPECTION REQUESTED</b>                                                                                                     |  | <b>TOP OUT-WATER, GAS, WASTE (420)</b>                                                                                              |  |                                             |  |                                                         |  |
|                                                                                                                                 |  |                                                                                                                                     |  |                                             |  |                                                         |  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | PARTIAL DESCRIPTION                         |  |                                                         |  |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C)       |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |  |
| <input type="checkbox"/> REJECTED (R)                                                                                           |  | <input type="checkbox"/> REFEED (F)                                                                                                 |  | <input type="checkbox"/> HOLD (H)           |  |                                                         |  |
|                                                                                                                                 |  | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |  |                                             |  | <input type="checkbox"/> PERMIT REQUIRED                |  |
|                                                                                                                                 |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                             |  |                                                         |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |  | <i>M. Hales</i>                                                                                                                     |  |                                             |  | <b>INSPECTION DATE</b><br><i>5-11-92</i>                |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |                                             |  |                                                         |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                     |  |                                             |  | <b>229-6765</b>                                         |  |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                |                                                                                                                                     |                                                         |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                             | <b>PERMIT NUMBER</b>                                                           | 92-138881                                                                                                                           | <b>INSPECTION NUMBER</b>                                | 21                                                                                                  |
| <b>JOB ADDRESS</b><br>8113 SICKLE LA                                                                                            |                                                                                |                                                                                                                                     |                                                         |                                                                                                     |
| <b>LOT NO.</b><br>108                                                                                                           |                                                                                | <b>BLOCK NO.</b><br>3                                                                                                               | <b>SUBDIVISION NAME</b><br>CINARRON RIDGE 3             |                                                                                                     |
| <b>FIRE DEPT. MAP NO.</b><br>2317-13                                                                                            | <b>JOB PHONE</b><br>254-8955                                                   | <b>CALL-IN DATE</b><br>07/08/92                                                                                                     | <b>CALL-IN TIME</b><br>08:37                            | <b>SCHEDULE DATE</b><br>07/09/92                                                                    |
| <b>INSPECTOR NO.</b><br>86                                                                                                      |                                                                                | <b>INSPECTOR NAME</b><br>MARVIN HALES                                                                                               |                                                         |                                                                                                     |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                | FINAL GAS TEST (423)                                                                                                                |                                                         |                                                                                                     |
|                                              |                                                                                |                                                                                                                                     |                                                         |                                                                                                     |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                  | <b>PARTIAL DESCRIPTION</b>                                                                                                          |                                                         |                                                                                                     |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)                                         | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)                                                                   |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                | REINSPECTION REQUIRED - CALL * 229-2071                                        |                                                                                                                                     | <input type="checkbox"/> PERMIT REQUIRED                |                                                                                                     |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET. |                                                                                                                                     |                                                         |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                | <b>INSPECTION DATE</b>                                                                                                              |                                                         |                                                                                                     |
|                                              |                                                                                |                                                  |                                                         |                                                                                                     |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                |                                                                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                |                                                                                                                                     |                                                         |  <b>229-6765</b> |

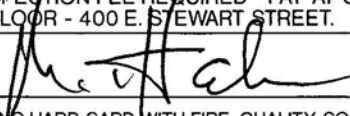
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                    |                                                                                                                                        |                                                         |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/>                                                                                                           | <b>PERMIT NUMBER</b>                                                               | 92-138881                                                                                                                              | <b>INSPECTION NUMBER</b>                                | 22                                          |
| <b>JOB ADDRESS</b><br>8113 SICKLE LA                                                                                               |                                                                                    |                                                                                                                                        |                                                         |                                             |
| <b>LOT NO.</b><br>108                                                                                                              |                                                                                    | <b>BLOCK NO.</b><br>3                                                                                                                  |                                                         | <b>SUBDIVISION NAME</b><br>CIMARRON RIDGE 3 |
| <b>FIRE DEPT. MAP NO.</b><br>2317-13                                                                                               | <b>JOB PHONE</b><br>254-8955                                                       | <b>CALL-IN DATE</b><br>07/08/92                                                                                                        | <b>CALL-IN TIME</b><br>08:38                            | <b>SCHEDULE DATE</b><br>07/09/92            |
| <b>INSPECTOR NO.</b><br>86                                                                                                         |                                                                                    | <b>INSPECTOR NAME</b><br>MARVIN HALES                                                                                                  |                                                         |                                             |
| <b>INSPECTION REQUESTED</b>                                                                                                        |                                                                                    | FINAL PLUMBING (440)                                                                                                                   |                                                         |                                             |
|                                                                                                                                    |                                                                                    |                                                                                                                                        |                                                         |                                             |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                        | <input type="checkbox"/> PARTIAL APPROVAL (P)                                      | PARTIAL DESCRIPTION                                                                                                                    |                                                         |                                             |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                   | <input type="checkbox"/> STOP WORK (S)                                             | <input type="checkbox"/> COMMENTS (C)                                                                                                  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)           |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL * 229-2071                                            |                                                                                                                                        |                                                         | <input type="checkbox"/> PERMIT REQUIRED    |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                        |                                                         |                                             |
| <b>INSPECTOR SIGNATURE</b><br><i>M. Hales</i>                                                                                      |                                                                                    | <b>INSPECTION DATE</b><br>7-8-92                                                                                                       |                                                         |                                             |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                        |                                                                                    | 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 |                                                                                    |                                                                                                                                        |                                                         | <b>229-6765</b>                             |

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

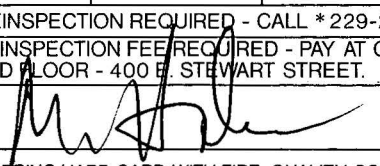
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                            |                               |                                                                                                                                                        |                                   |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                        | <b>PERMIT<br/>NUMBER</b>      | <b>92-138881</b>                                                                                                                                       | <b>INSPECTION<br/>NUMBER</b>      | <b>38</b>                                          |
| <b>JOB ADDRESS</b><br><b>8113 SICKLE LA</b>                                                                                                |                               |                                                                                                                                                        |                                   |                                                    |
| <b>LOT NO.</b><br><b>108</b>                                                                                                               |                               | <b>BLOCK NO.</b><br><b>3</b>                                                                                                                           |                                   | <b>SUBDIVISION NAME</b><br><b>CIMARRON RIDGE 3</b> |
| <b>FIRE DEPT. MAP NO.</b><br><b>2317-13</b>                                                                                                |                               | <b>JOB PHONE</b><br><b>384-7575</b>                                                                                                                    |                                   | <b>CALL-IN DATE</b><br><b>05/07/92</b>             |
| <b>INSPECTOR NO.</b><br><b>86</b>                                                                                                          |                               | <b>INSPECTOR NAME</b><br><b>MARVIN HALES</b>                                                                                                           |                                   |                                                    |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                            |                               | <b>ROUGH MECHANICAL (320)</b>                                                                                                                          |                                   |                                                    |
|                                                                                                                                            |                               |                                                                                                                                                        |                                   |                                                    |
| <input type="checkbox"/>                                                                                                                   | <b>PARTIAL<br/>INSPECTION</b> | <input type="checkbox"/>                                                                                                                               | <b>PARTIAL APPROVAL (P)</b>       |                                                    |
| <input checked="" type="checkbox"/>                                                                                                        | <b>APPROVED<br/>(A)</b>       | <input type="checkbox"/>                                                                                                                               | <b>STOP<br/>WORK (S)</b>          | <input type="checkbox"/>                           |
| <input type="checkbox"/>                                                                                                                   | <b>REJECTED (R)</b>           | <input type="checkbox"/>                                                                                                                               | <b>COMMENTS<br/>(C)</b>           | <input type="checkbox"/>                           |
| <input type="checkbox"/>                                                                                                                   | <b>REFEE (F)</b>              | <input type="checkbox"/>                                                                                                                               | <b>TEMPORARY<br/>APPROVAL (T)</b> | <input type="checkbox"/>                           |
|                                                                                                                                            |                               | <b>REINSPECTION REQUIRED - CALL *229-2071</b>                                                                                                          |                                   | <input type="checkbox"/>                           |
|                                                                                                                                            |                               | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br/>3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |                                   | <input type="checkbox"/>                           |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                             |                               | <b>INSPECTION DATE</b>                                                                                                                                 |                                   |                                                    |
|                                                         |                               | <b>5-8-92</b>                                                                                                                                          |                                   |                                                    |
| <input type="checkbox"/>                                                                                                                   | <b>PROJECT<br/>COMPLETE</b>   | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS<br/>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<br/>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                               |                                                                                                                                                        |                                   | <b>229-6765</b>                                    |

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

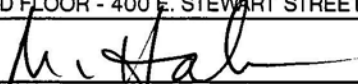
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                      |                              |                                       |                                             |                                  |
|--------------------------------------|------------------------------|---------------------------------------|---------------------------------------------|----------------------------------|
| <b>X</b>                             | <b>PERMIT<br/>NUMBER</b>     | 92-138881                             | <b>INSPECTION<br/>NUMBER</b>                | 9                                |
| JOB ADDRESS: <b>8113 SICKLE LA</b>   |                              |                                       |                                             |                                  |
| LOT NO.<br><b>108</b>                |                              | BLOCK NO.<br><b>3</b>                 | SUBDIVISION NAME<br><b>CIMARRON RIDGE 3</b> |                                  |
| FIRE DEPT. MAP NO.<br><b>2317-13</b> | JOB PHONE<br><b>384-7575</b> | CALL-IN DATE<br><b>05/08/92</b>       | CALL-IN TIME<br><b>13:05</b>                | SCHEDULE DATE<br><b>05/11/92</b> |
| INSPECTOR NO.<br><b>86</b>           |                              | INSPECTOR NAME<br><b>MARVIN HALES</b> |                                             |                                  |
| <b>INSPECTION<br/>REQUESTED</b>      |                              | <b>ROUGH MECHANICAL (320)</b>         |                                             |                                  |

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                   | PARTIAL DESCRIPTION                                                                                                                 |                                                         |                                                                                                     |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                          | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)                                                                   |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                         |                                                                                                                                     | <input type="checkbox"/> PERMIT REQUIRED                |                                                                                                     |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                     |                                                         |                                                                                                     |
| INSPECTOR SIGNATURE<br>                      |                                                                                 | INSPECTION DATE<br><b>5-11-92</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> |

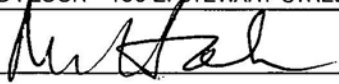
**For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/>                                                                                             | <b>PERMIT<br/>NUMBER</b>                                                        | 92-138881                                                                                                                           | <b>INSPECTION<br/>NUMBER</b>                            | 23                                |
| JOB ADDRESS <b>8113 SICKLE LA</b>                                                                                               |                                                                                 |                                                                                                                                     |                                                         |                                   |
| LOT NO.<br><b>108</b>                                                                                                           |                                                                                 | BLOCK NO.<br><b>3</b>                                                                                                               | SUBDIVISION NAME<br><b>CIMARRON RIDGE 3</b>             |                                   |
| FIRE DEPT. MAP NO.<br><b>2317-13</b>                                                                                            | JOB PHONE<br><b>254-8955</b>                                                    | CALL-IN DATE<br><b>07/08/92</b>                                                                                                     | CALL-IN TIME<br><b>08:38</b>                            | SCHEDULE DATE<br><b>07/09/92</b>  |
| INSPECTOR NO.<br><b>86</b>                                                                                                      |                                                                                 | INSPECTOR NAME<br><b>MARVIN HALES</b>                                                                                               |                                                         |                                   |
| <b>INSPECTION REQUESTED</b> <span style="float: right;"><b>FINAL MECHANICAL (340)</b></span>                                    |                                                                                 |                                                                                                                                     |                                                         |                                   |
|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                   |
| <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>7-9-92</b>                                                                                                    |                                                         |                                   |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                     |                                                                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                 |                                                                                                                                     |                                                         | <b>229-6765</b>                   |

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

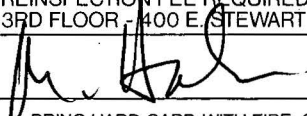
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                     |  |                                                                                                                                     |  |                                                                                                           |  |                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|
|  <b>PERMIT NUMBER</b>                                                                                                                                |  | 92-138881                                                                                                                           |  |  <b>INSPECTION NUMBER</b> |  | 40                                                      |  |
| JOB ADDRESS                                                                                                                                                                                                                         |  |                                                                                                                                     |  |                                                                                                           |  |                                                         |  |
| 8113 STICKLE LA                                                                                                                                                                                                                     |  |                                                                                                                                     |  |                                                                                                           |  |                                                         |  |
| LOT NO.                                                                                                                                                                                                                             |  | BLOCK NO.                                                                                                                           |  | SUBDIVISION NAME                                                                                          |  |                                                         |  |
| 108                                                                                                                                                                                                                                 |  | 3                                                                                                                                   |  | CIMARRON RIDGE 3                                                                                          |  |                                                         |  |
| FIRE DEPT. MAP NO.                                                                                                                                                                                                                  |  | JOB PHONE                                                                                                                           |  | CALL-IN DATE                                                                                              |  | CALL-IN TIME                                            |  |
| 2317-13                                                                                                                                                                                                                             |  | 384-7575                                                                                                                            |  | 05/07/92                                                                                                  |  | 15:23                                                   |  |
| SCHEDULE DATE                                                                                                                                                                                                                       |  | 05/08/92                                                                                                                            |  |                                                                                                           |  |                                                         |  |
| INSPECTOR NO.                                                                                                                                                                                                                       |  | INSPECTOR NAME                                                                                                                      |  |                                                                                                           |  |                                                         |  |
| 86                                                                                                                                                                                                                                  |  | MARVIN HALES                                                                                                                        |  |                                                                                                           |  |                                                         |  |
|  <b>INSPECTION REQUESTED</b>                                                                                                                        |  | ROUGH ELECTRICAL (220)                                                                                                              |  |                                                                                                           |  |                                                         |  |
|                                                                                                                                                                                                                                     |  |                                                                                                                                     |  |                                                                                                           |  |                                                         |  |
| <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"/> REFEE (F)                                                                                                                                                                                                  |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                                                                                           |  |                                                         |  |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                                                                                                                            |  |                                                                                                                                     |  |                                                                                                           |  |                                                         |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                                                                                                          |  |                                                  |  |                                                                                                           |  | <b>INSPECTION DATE</b>                                  |  |
|  <b>PROJECT COMPLETE</b>                                                                                                                          |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |  |                                                                                                           |  |                                                         |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT  <b>229-6765</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<br/>NUMBER</b> | 92-138881              | <b>INSPECTION<br/>NUMBER</b> | 11            |
| JOB ADDRESS                         |                          |                        |                              |               |
| 8113 SICKLE LA                      |                          |                        |                              |               |
| LOT NO.                             |                          | BLOCK NO.              | SUBDIVISION NAME             |               |
| 108                                 |                          | 3                      | CIMARRON RIDGE 3             |               |
| FIRE DEPT. MAP NO.                  | JOB PHONE                | CALL-IN DATE           | CALL-IN TIME                 | SCHEDULE DATE |
| 2317-13                             | 384-7575                 | 05/08/92               | 13:05                        | 05/11/92      |
| INSPECTOR NO.                       |                          | INSPECTOR NAME         |                              |               |
| 86                                  |                          | MARVIN HALES           |                              |               |
| <b>INSPECTION<br/>REQUESTED</b>     |                          | ROUGH ELECTRICAL (220) |                              |               |

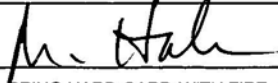
|                                                                                     |                                                                                                                                     |                                       |                                                         |                                   |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                         | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                    | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                               | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                   |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                      |                                                  |                                       | <b>INSPECTION DATE</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

 **229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                                                   | <b>PERMIT NUMBER</b>                                                            | 92-138881                                                                                                                           | <b>INSPECTION NUMBER</b>                                | 24                                                                                                  |
| <b>JOB ADDRESS</b><br>8113 SICKLE LA.                                                                                           |                                                                                 |                                                                                                                                     |                                                         |                                                                                                     |
| <b>LOT NO.</b><br>108                                                                                                           |                                                                                 | <b>BLOCK NO.</b><br>3                                                                                                               |                                                         | <b>SUBDIVISION NAME</b><br>CIMARRON RIDGE 3                                                         |
| <b>FIRE DEPT. MAP NO.</b><br>2317-13                                                                                            | <b>JOB PHONE</b><br>254-8955                                                    | <b>CALL-IN DATE</b><br>07/08/92                                                                                                     | <b>CALL-IN TIME</b><br>08:39                            | <b>SCHEDULE DATE</b><br>07/09/92                                                                    |
| <b>INSPECTOR NO.</b><br>86                                                                                                      |                                                                                 | <b>INSPECTOR NAME</b><br>MARVIN HALES                                                                                               |                                                         |                                                                                                     |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                 | FINAL ELECTRICAL (240)                                                                                                              |                                                         |                                                                                                     |
| <p style="font-size: 2em; margin: 0;">Tag # 43472</p>                                                                           |                                                                                 |                                                                                                                                     |                                                         |                                                                                                     |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                   | <b>PARTIAL DESCRIPTION</b>                                                                                                          |                                                         |                                                                                                     |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                          | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)                                                                   |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                         |                                                                                                                                     | <input type="checkbox"/> PERMIT REQUIRED                |                                                                                                     |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                     |                                                         |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b><br>               |                                                                                 | <b>INSPECTION DATE</b><br>7-9-92                                                                                                    |                                                         |                                                                                                     |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                     |                                                                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                                                         |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                 |                                                                                                                                     |                                                         |  <b>229-6765</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



PERMIT  
NUMBER

92-155741

INSPECTION  
NUMBER

2

JOB ADDRESS

8113 SICKLE LA

LOT NO.

108

BLOCK NO.

3

SUBDIVISION NAME

CIMARRON RIDGE UNIT 3

FIRE DEPT. MAP NO.

2317-13

JOB PHONE

228-1644

CALL-IN DATE

08/10/92

CALL-IN TIME

08:22

SCHEDULE DATE

08/11/92

INSPECTOR NO.

86/23

INSPECTOR NAME

MARVIN HALES

INSPECTION  
REQUESTED

FOOTING, LAYOUT, REBAR, ZONING (101)

FOOTINGS TO BE 16" WIDE  
X 12" DEEP CLEAN & SQUARE

RECALL

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☒ REJECTED (R) REINSPECTION REQUIRED - CALL \* 229-2071

☐ REFEE (F) REINSPECTION FEE REQUIRED - PAY AT CITY HALL  
3RD FLOOR - 400 E. STEWART STREET.

☐ PERMIT  
REQUIRED

INSPECTOR  
SIGNATURE

*[Signature]*

INSPECTION DATE

8/11/92

☐ PROJECT  
COMPLETE

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

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY  
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229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |  |                                                                                                                                     |  |                                       |  |                                                         |                 |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                                            |  | 92-155741                                                                                                                           |  | <b>INSPECTION NUMBER</b>              |  | 1                                                       |                 |
| JOB ADDRESS                                                                                                                     |  |                                                                                                                                     |  |                                       |  |                                                         |                 |
| 8113 STICKLE LA                                                                                                                 |  |                                                                                                                                     |  |                                       |  |                                                         |                 |
| LOT NO.                                                                                                                         |  | BLOCK NO.                                                                                                                           |  | SUBDIVISION NAME                      |  |                                                         |                 |
| 108                                                                                                                             |  | 13                                                                                                                                  |  | CIMARRON RIDGE UNIT 3                 |  |                                                         |                 |
| FIRE DEPT. MAP NO.                                                                                                              |  | JOB PHONE                                                                                                                           |  | CALL-IN DATE                          |  | CALL-IN TIME                                            |                 |
| 2317-13                                                                                                                         |  | 228-1644                                                                                                                            |  | 08/14/92                              |  | 07:47                                                   |                 |
| SCHEDULE DATE                                                                                                                   |  | 08/17/92                                                                                                                            |  |                                       |  |                                                         |                 |
| INSPECTOR NO.                                                                                                                   |  | INSPECTOR NAME                                                                                                                      |  |                                       |  |                                                         |                 |
| 86/59                                                                                                                           |  | MARVIN HALES/139                                                                                                                    |  |                                       |  |                                                         |                 |
| <b>INSPECTION REQUESTED</b>                                                                                                     |  | WALL GROUT & STEEL (131)                                                                                                            |  |                                       |  |                                                         |                 |
|                                                                                                                                 |  |                                                                                                                                     |  |                                       |  |                                                         |                 |
| <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                                                                                                             |  | 8/17/92                                                                                                                             |  |                                       |  | INSPECTION DATE                                         |                 |
| <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



**PERMIT  
NUMBER**

92-155741

**INSPECTION  
NUMBER**

3

JOB ADDRESS

8113 SICKLE LA

LOT NO.

108

BLOCK NO.

3

SUBDIVISION NAME

CINARRON RIDGE UNIT 3

FIRE DEPT. MAP NO.

2317-13

JOB PHONE

228-1644

CALL-IN DATE

08/19/92

CALL-IN TIME

09:12

SCHEDULE DATE

08/20/92

INSPECTOR NO.

86

INSPECTOR NAME

MARVIN HALES

**INSPECTION  
REQUESTED**

BUILDING FINAL (140)

Blk well east side of prop

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \* 229-2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*M. Hales*

INSPECTION DATE

8-20-92

☒ **PROJECT  
COMPLETE**

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

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-155740

**INSPECTION  
NUMBER**

2

JOB ADDRESS

8113 SICKLE LA.

LOT NO.

108

BLOCK NO.

3

SUBDIVISION NAME

CIMARRON RIDGE UNIT 3

FIRE DEPT. MAP NO.

2317-13

JOB PHONE

228-1644

CALL-IN DATE

08/11/92

CALL-IN TIME

16:30

SCHEDULE DATE

08/13/92

INSPECTOR NO.

86/69

INSPECTOR NAME

MARVIN HALES

**INSPECTION  
REQUESTED**

FOOTING, LAYOUT, REBAR, ZONING (101)

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \* 229-2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*B. J. Hales* 8/13/92

INSPECTION DATE

☐ PROJECT  
COMPLETE

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

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

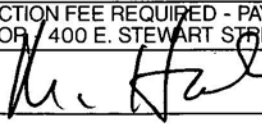
|                             |               |                |                   |                  |   |
|-----------------------------|---------------|----------------|-------------------|------------------|---|
| <b>PERMIT</b>               | <b>NUMBER</b> | 92-138881      | <b>INSPECTION</b> | <b>NUMBER</b>    | 4 |
| JOB ADDRESS                 |               |                |                   |                  |   |
| 8113 SICKLE LA              |               |                |                   |                  |   |
| LOT NO.                     |               | BLOCK NO.      |                   | SUBDIVISION NAME |   |
| 108                         |               | 3              |                   | CIMARRON RIDGE 3 |   |
| FIRE DEPT. MAP NO.          |               | JOB PHONE      |                   | CALL-IN DATE     |   |
| -                           |               | 384-7575       |                   | 04/13/92         |   |
|                             |               |                |                   | CALL-IN TIME     |   |
|                             |               |                |                   | 08:49            |   |
| SCHEDULE DATE               |               | 04/14/92       |                   |                  |   |
| INSPECTOR NO.               |               | INSPECTOR NAME |                   |                  |   |
| 86                          |               | MARVIN HALES   |                   |                  |   |
| <b>INSPECTION REQUESTED</b> |               | PRE-SLAB (105) |                   |                  |   |

Property lines & setbacks  
Verified by  
John E. Summers

|                                                                                                                                 |  |                                                                                                                                     |  |                                                         |            |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|------------|
| <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"/> REFEE (F)                                                                                              |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                                         |            |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                        |  |                                                                                                                                     |  |                                                         |            |
| INSPECTOR SIGNATURE                                                                                                             |  |                                                                                                                                     |  | INSPECTION DATE                                         |            |
| <u>M. Hales</u>                                                                                                                 |  |                                                                                                                                     |  | 4-14-92                                                 |            |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |  |                                                         |            |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                     |  |                                                         | ▶ 229-6765 |

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

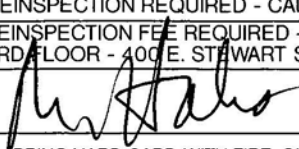
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                                                                        |                                                                                     |                                                            |                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                                           | <b>PERMIT<br/>NUMBER</b>                                                                                                               | 92-138881                                                                           | <b>INSPECTION<br/>NUMBER</b>                               | 42                                                                                           |
| JOB ADDRESS                                                                                                                        |                                                                                                                                        |                                                                                     |                                                            |                                                                                              |
| 8113 SICKLE LA                                                                                                                     |                                                                                                                                        |                                                                                     |                                                            |                                                                                              |
| LOT NO.                                                                                                                            |                                                                                                                                        | BLOCK NO.                                                                           | SUBDIVISION NAME                                           |                                                                                              |
| 108                                                                                                                                |                                                                                                                                        | 3                                                                                   | CINARRON RIDGE 3                                           |                                                                                              |
| FIRE DEPT. MAP NO.                                                                                                                 | JOB PHONE                                                                                                                              | CALL-IN DATE                                                                        | CALL-IN TIME                                               | SCHEDULE DATE                                                                                |
| 2317-13                                                                                                                            | 384-7575                                                                                                                               | 05/07/92                                                                            | 15:23                                                      | 05/08/92                                                                                     |
| INSPECTOR NO.                                                                                                                      |                                                                                                                                        | INSPECTOR NAME                                                                      |                                                            |                                                                                              |
| 86                                                                                                                                 |                                                                                                                                        | MARVIN HALES                                                                        |                                                            |                                                                                              |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                                                                        | FRAMING (120)                                                                       |                                                            |                                                                                              |
|                                                                                                                                    |                                                                                                                                        |                                                                                     |                                                            |                                                                                              |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                                                                 |                                                            |                                                                                              |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                                | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C)                                            | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)                                                         |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL *229-2071                                                                                                 |                                                                                     | <input type="checkbox"/> PERMIT<br>REQUIRED                |                                                                                              |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR 400 E. STEWART STREET.                                                       |                                                                                     |                                                            |                                                                                              |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                     |                                                                                                                                        |  |                                                            | <b>INSPECTION DATE</b><br>5-8-92                                                             |
| <input type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                               | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                                                     |                                                            |                                                                                              |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                                                                     |                                                            |  229-6765 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                      |                       |                          |                         |
|-------------------------------------|----------------------|-----------------------|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | <b>92-138881</b>      | <b>INSPECTION NUMBER</b> | <b>13</b>               |
| <b>JOB ADDRESS:</b>                 |                      |                       |                          |                         |
| <b>8113 SICKLE LA</b>               |                      |                       |                          |                         |
| <b>LOT NO.</b>                      |                      | <b>BLOCK NO.</b>      |                          | <b>SUBDIVISION NAME</b> |
| <b>108</b>                          |                      | <b>3</b>              |                          | <b>CIMARRON RIDGE 3</b> |
| <b>FIRE DEPT. MAP NO.</b>           | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>   | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b>    |
| <b>2317-13</b>                      | <b>384-7575</b>      | <b>05/08/92</b>       | <b>13:06</b>             | <b>05/11/92</b>         |
| <b>INSPECTOR NO.</b>                |                      | <b>INSPECTOR NAME</b> |                          |                         |
| <b>86</b>                           |                      | <b>MARVIN HALES</b>   |                          |                         |
| <b>INSPECTION REQUESTED</b>         |                      | <b>FRAMING (120)</b>  |                          |                         |

|                                                                                                                                         |                                                                                                                                                    |                                              |                                                                |                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                      | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                 | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                            | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                                     |                                              |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                               | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STUART STREET.</b>                                                              |                                              |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                              |                                                                                                                                                    | <b>INSPECTION DATE</b>                       |                                                                |                                                 |
|                                                      |                                                                                                                                                    | <b>5-11-92</b>                               |                                                                |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                        | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTION FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                              |                                                                | <b>229-6765</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                     |                          |                  |                              |               |
|-------------------------------------|--------------------------|------------------|------------------------------|---------------|
| <input checked="" type="checkbox"/> | <b>PERMIT<br/>NUMBER</b> | 92-138881        | <b>INSPECTION<br/>NUMBER</b> | 4             |
| JOB ADDRESS                         |                          |                  |                              |               |
| 8113 SICKLE LA                      |                          |                  |                              |               |
| LOT NO.                             |                          | BLOCK NO.        | SUBDIVISION NAME             |               |
| 108                                 |                          | 3                | CIMARRON RIDGE 3             |               |
| FIRE DEPT. MAP NO.                  | JOB PHONE                | CALL-IN DATE     | CALL-IN TIME                 | SCHEDULE DATE |
| 2317-13                             | 384-7575                 | 05/12/92         | 11:30                        | 05/13/92      |
| INSPECTOR NO.                       |                          | INSPECTOR NAME   |                              |               |
| 86                                  |                          | MARVIN HALES     |                              |               |
| <b>INSPECTION<br/>REQUESTED</b>     |                          | INSULATION (123) |                              |               |

|                                                                                                                                     |                                                                                 |                                       |                                                         |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                         | <input type="checkbox"/> PARTIAL APPROVAL (P)                                   | PARTIAL DESCRIPTION                   |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                    | <input type="checkbox"/> STOP WORK (S)                                          | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                               | REINSPECTION REQUIRED - CALL * 229-2071                                         |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                                  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                       |                                                         |                                   |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                      |                                                                                 | <b>INSPECTION DATE</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     |                                                                                 |                                       |                                                         | ➤ 229-6765                        |

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

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

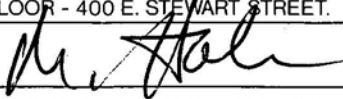
|                             |                      |                            |                          |               |
|-----------------------------|----------------------|----------------------------|--------------------------|---------------|
| <input type="checkbox"/>    | <b>PERMIT NUMBER</b> | 92-138881                  | <b>INSPECTION NUMBER</b> | 22            |
| JOB ADDRESS                 |                      |                            |                          |               |
| <b>8113 SICKLE LA</b>       |                      |                            |                          |               |
| LOT NO.                     |                      | BLOCK NO.                  | SUBDIVISION NAME         |               |
| 108                         |                      | 3                          | CIMARRON RIDGE 3         |               |
| FIRE DEPT. MAP NO.          | JOB PHONE            | CALL-IN DATE               | CALL-IN TIME             | SCHEDULE DATE |
| 2317-13                     | 384-7575             | 05/15/92                   | 10:33                    | 05/18/92      |
| INSPECTOR NO.               |                      | INSPECTOR NAME             |                          |               |
| 86                          |                      | MARVIN HALES               |                          |               |
| <b>INSPECTION REQUESTED</b> |                      | EXTERIOR LATH/STUCCO (129) |                          |               |

Not Ready

|                                                                                                                                     |                                                                                 |                                       |                                                         |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                         | <input type="checkbox"/> PARTIAL APPROVAL (P)                                   | PARTIAL DESCRIPTION                   |                                                         |                                          |
| <input type="checkbox"/> APPROVED (A)                                                                                               | <input type="checkbox"/> STOP WORK (S)                                          | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                    | REINSPECTION REQUIRED - CALL * 229-2071                                         |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                          |                                                                                 | <b>INSPECTION DATE</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     |                                                                                 |                                       |                                                         | 229-6765                                 |

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

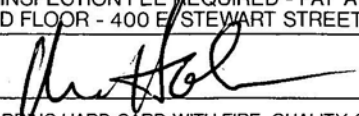
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
|                                                    | <b>PERMIT NUMBER</b>                                                                                                                | 92-138881                             | <b>INSPECTION NUMBER</b>                                | 20                                |
| JOB ADDRESS                                                                                                                     |                                                                                                                                     |                                       |                                                         |                                   |
| 8113 SICKLE LA                                                                                                                  |                                                                                                                                     |                                       |                                                         |                                   |
| LOT NO.                                                                                                                         | BLOCK NO.                                                                                                                           | SUBDIVISION NAME                      |                                                         |                                   |
| 108                                                                                                                             | 3                                                                                                                                   | CINARRON RIDGE 3                      |                                                         |                                   |
| FIRE DEPT. MAP NO.                                                                                                              | JOB PHONE                                                                                                                           | CALL-IN DATE                          | CALL-IN TIME                                            | SCHEDULE DATE                     |
| 2317-13                                                                                                                         | 384-7575                                                                                                                            | 05/15/92                              | 10:30                                                   | 05/18/92                          |
| INSPECTOR NO.                                                                                                                   | INSPECTOR NAME                                                                                                                      |                                       |                                                         |                                   |
| 86                                                                                                                              | MARVIN HALES                                                                                                                        |                                       |                                                         |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                                                                     | DRYWALL NAILING (125)                 |                                                         |                                   |
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                                                                     | <b>INSPECTION DATE</b>                |                                                         |                                   |
|                                              |                                                                                                                                     | 5-18-92                               |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |                                                         | 229-6765                          |

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

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                     |                          |                            |                              |               |
|-------------------------------------|--------------------------|----------------------------|------------------------------|---------------|
| <input checked="" type="checkbox"/> | <b>PERMIT<br/>NUMBER</b> | 92-138881                  | <b>INSPECTION<br/>NUMBER</b> | 1             |
| JOB ADDRESS                         |                          |                            |                              |               |
| 8113 SICKLE LA                      |                          |                            |                              |               |
| LOT NO.                             |                          | BLOCK NO.                  | SUBDIVISION NAME             |               |
| 108                                 |                          | 3                          | CIMARRON RIDGE 3             |               |
| FIRE DEPT. MAP NO.                  | JOB PHONE                | CALL-IN DATE               | CALL-IN TIME                 | SCHEDULE DATE |
| 2317-13                             | 384-7575                 | 05/19/92                   | 13:26                        | 05/20/92      |
| INSPECTOR NO.                       |                          | INSPECTOR NAME             |                              |               |
| 86                                  |                          | MARVIN HALES               |                              |               |
| <b>INSPECTION<br/>REQUESTED</b>     |                          | EXTERIOR LATH/STUCCO (129) |                              |               |

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |                                                                                              |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)                                                            |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                                                                              |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET.                                                      |                                       |                                                         |                                                                                              |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                  |                                                                                                                                     | <b>INSPECTION DATE</b>                |                                                         |                                                                                              |
|                                              |                                                                                                                                     | 5-20-92                               |                                                         |                                                                                              |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                                                                              |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |                                                         |  229-6765 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



PERMIT  
NUMBER

92-138881

INSPECTION  
NUMBER

25

JOB ADDRESS

8113 SICKLE LA.

LOT NO.

108

BLOCK NO.

3

SUBDIVISION NAME

CIMARRON RIDGE 3

FIRE DEPT. MAP NO.

2317-13

JOB PHONE

254-8955

CALL-IN DATE

07/08/92

CALL-IN TIME

08:40

SCHEDULE DATE

07/09/92

INSPECTOR NO.

86

INSPECTOR NAME

MARVIN HALES

INSPECTION  
REQUESTED

BUILDING FINAL (140)

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \*229-2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

INSPECTOR  
SIGNATURE

*M. Hales*

INSPECTION DATE

7-9-92

☒ PROJECT  
COMPLETE

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

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



PERMIT  
NUMBER

92-155739

INSPECTION  
NUMBER

1

JOB ADDRESS

8113 SICKLE LA

LOT NO.

108

BLOCK NO.

3

SUBDIVISION NAME

CIMARRON RIDGE 3

FIRE DEPT. MAP NO.

2317-13

JOB PHONE

228-1644

CALL-IN DATE

08/11/92

CALL-IN TIME

16:29

SCHEDULE DATE

08/13/92

INSPECTOR NO.

59

INSPECTOR NAME

MARVIN HALES

132

INSPECTION  
REQUESTED

FOOTING, LAYOUT, REBAR, ZONING (101)

m/well

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \*229-2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

INSPECTOR  
SIGNATURE

8/13/92

INSPECTION DATE

☐ PROJECT  
COMPLETE

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

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

229-6765

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