

## CITY OF LAS VEGAS, NEVADA

PERMIT NO. 92-164361

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FO



## DEVELOPMENT PERMIT

FOR: Fence, Wall, Retaining Wall

PLAN CHECK NO. 1285 Master Address

CONST. VAL. \$ 27980.00

ADDRESS OF CONSTRUCTION 2533 Harbor Island Dr. PULTE

PHONE 256-7900

CONTRACTOR BILL YOUNGS MASONRY

STATE LICENSE NO. 017329 A

CITY LICENSE NO. 1088-2-18299

LOT(s) 84-115 BLOCK SUBDIVISION HORIZONS - DESERT SHORES ZONE:

☐ 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                    |                |               |
| MASONRY                 | 1100           | 6600          |
| RETAINING               | 820            | 3280          |

## 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

820' @ 4' RETAINING  
1100' @ 6' BLOCK WALL

PER CITY DESIGN

\* ALL ELEVATIONS  
FOR APPROVED  
CIVIL PLANS

SIGNED

CONTRACTOR / AGENT - OWNER

PLANNING DEPT.

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

BUILDING DEPT.

10-21-92

DATE

10/21/92

DATE

PLAN REVIEW FEE

PERMIT FEE 240.00

TOTAL FEES 252.00

## RECEIPT

\*\*0002\*\*

ZONE 12.00

WALL 240.00

CHECK 252.00

5759A000 09:42

10/21/92

1113-2437

30 min 12.00

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                     |                                               |                                                                                        |                                                                |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                 | <b>PERMIT NUMBER</b>                          | <b>92-164361</b>                                                                       | <b>INSPECTION NUMBER</b>                                       | <b>4</b>                                        |
| <b>JOB ADDRESS</b>                                                                                                                  |                                               |                                                                                        |                                                                |                                                 |
| <b>2533 HARBOR ISLAND DR</b>                                                                                                        |                                               |                                                                                        |                                                                |                                                 |
| <b>LOT NO</b>                                                                                                                       |                                               | <b>BLOCK NO.</b>                                                                       |                                                                | <b>SUBDIVISION NAME</b>                         |
| <b>84</b>                                                                                                                           |                                               |                                                                                        |                                                                | <i>Phite</i><br><b>HORIZON-DESERT SHORES</b>    |
| <b>FIRE DEPT. MAP NO</b>                                                                                                            | <b>JOB PHONE</b>                              | <b>CALL-IN DATE</b>                                                                    | <b>CALL-IN TIME</b>                                            | <b>SCHEDULE DATE</b>                            |
| <b>2117-72</b>                                                                                                                      | <b>368-2052</b>                               | <b>10/26/92</b>                                                                        | <b>12:20</b>                                                   | <b>10/27/92</b>                                 |
| <b>INSPECTOR NO</b>                                                                                                                 |                                               | <b>INSPECTOR NAME</b>                                                                  |                                                                |                                                 |
| <b>59</b>                                                                                                                           |                                               | <b>BOB GATES</b>                                                                       |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                         |                                               | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</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>                                                                                                          |                                               | <i>Bob Gates</i>                                                                       |                                                                | <b>INSPECTION DATE</b>                          |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                    |                                               | <b>10 27 92</b>                                                                        |                                                                |                                                 |
| BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                               |                                                                                        |                                                                |                                                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT     |                                               |                                                                                        |                                                                | <b>229-6769</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                                  |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| <b>M</b>                                                                                                                        | <b>PERMIT NUMBER</b>                                                            | 92-164361                                                                                                                           | <b>INSPECTION NUMBER</b>                                | 16                                               |
| <b>JOB ADDRESS</b><br>2533 HARBOR ISLAND DR                                                                                     |                                                                                 |                                                                                                                                     |                                                         |                                                  |
| <b>LOT NO.</b><br>84                                                                                                            |                                                                                 | <b>BLOCK NO.</b>                                                                                                                    |                                                         | <b>SUBDIVISION NAME</b><br>HORIZON-DESERT SHORES |
| <b>FIRE DEPT MAP NO.</b><br>2117-72                                                                                             | <b>JOB PHONE</b><br>368-2052                                                    | <b>CALL-IN DATE</b><br>12/11/92                                                                                                     | <b>CALL-IN TIME</b><br>13:41                            | <b>SCHEDULE DATE</b><br>12/14/92                 |
| <b>INSPECTOR NO</b><br>59                                                                                                       |                                                                                 | <b>INSPECTOR NAME</b><br>BOB GATES                                                                                                  |                                                         |                                                  |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                 | WALL GROUT & STEEL (131)                                                                                                            |                                                         |                                                  |
|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                                  |
| <input checked="" type="checkbox"/> PARTIAL INSPECTION                                                                          | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                        | <b>PARTIAL DESCRIPTION</b><br><i>[Handwritten mark]</i>                                                                             |                                                         |                                                  |
| <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><i>[Handwritten Signature]</i>                                                                    |                                                                                 | <b>INSPECTION DATE</b><br>12/14/92                                                                                                  |                                                         |                                                  |
| <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) |                                                         |                                                  |
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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                      |                                     |                          |                              |
|-------------------------------------|----------------------|-------------------------------------|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | <b>92-164361</b>                    | <b>INSPECTION NUMBER</b> | <b>1</b>                     |
| <b>JOB ADDRESS</b>                  |                      |                                     |                          |                              |
| <b>2533 HARBOR ISLAND DR</b>        |                      |                                     | <b>103090</b>            |                              |
| <b>LOT NO.</b>                      |                      | <b>BLOCK NO.</b>                    |                          | <b>SUBDIVISION NAME</b>      |
| <b>84</b>                           |                      |                                     |                          | <b>HORIZON-DESERT SHORES</b> |
| <b>FIRE DEPT. MAP NO</b>            | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>                 | <b>CALL-IN TIME</b>      | <b>SCHEDULE DATE</b>         |
| <b>2117-72</b>                      | <b>368-2052</b>      | <b>02/10/93</b>                     | <b>08:48</b>             | <b>02/11/93</b>              |
| <b>INSPECTOR NO</b>                 |                      | <b>INSPECTOR NAME</b>               |                          |                              |
| <b>59</b>                           |                      | <b>BOB GATES</b>                    |                          |                              |
| <b>INSPECTION REQUESTED</b>         |                      | <b>WALL GROUT &amp; STEEL (131)</b> |                          |                              |

|         |      |                |          |
|---------|------|----------------|----------|
| LOT 100 | THRU | LOT 110        |          |
| BLK D   |      | LOT 100 - 8424 | SEA SCEN |
|         |      | LOT 101 8420   | " "      |
|         |      | LOT 102 8416   | " "      |
|         |      | LOT 103 8412   |          |
|         |      | LOT 104 8408   |          |
|         |      | LOT 105 8404   |          |
|         |      | LOT 106 8400   |          |
|         |      | LOT 107 8328   |          |
|         |      | LOT 108 8324   |          |
|         |      | LOT 109 8320   |          |
|         |      | LOT 110 8316   |          |

|                                                                                                                                 |                                                                                                                                     |                                                |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> PARTIAL INSPECTION                                                                          | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                                                                            | <b>PARTIAL DESCRIPTION</b><br><i>SEE ABOVE</i> |                                                         |                                   |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C)          | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                                | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR, 400 E. STEWART STREET.                                                      |                                                |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      | <i>[Signature]</i>                                                                                                                  |                                                | <b>INSPECTION DATE</b><br><i>2 11 93</i>                |                                   |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                |                                                         |                                   |
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