

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

PERMIT NO

93-162502

FOR IN



119731-2

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential ConstructionPLAN CHECK NO 4-1801-93 DATE Apr. 17/93 CONST VAL \$ 2230ADDRESS OF CONSTRUCTION 4321 E1 Conlon AV OWNER Tom Sander PHONE 876-4117LOT(s) 30 BLOCK 10 SUBDIVISION Las Vegas Hills #1 ZONE 871-4117PROPOSED CONSTRUCTION Reroof USE \_\_\_\_\_THIS PERMIT FOR \_\_\_\_\_ BLDG ☐ A/C ☐ ELEC ☐ PLBG ☐ OTHER PERMITS REQD FENCE ☐ OFF SITE ☐ SWIM POOL ☐

FLOOR AREA BSMT \_\_\_\_\_ 1ST \_\_\_\_\_ 2ND \_\_\_\_\_ GARAGE \_\_\_\_\_ PORCH \_\_\_\_\_ TOTAL \_\_\_\_\_

CONTRACTOR Universal Roofers STATE LICENSE NO 24263 CITY LICENSE NO C11024842035090

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

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

## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT

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

BY \_\_\_\_\_  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY

OWNER

BY Universal Roofers  
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

Reroof 2000 sq ft  
Tearoff  
+  
Shingle  
Class C Roof  
531264

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

4/13/93

PLANNING DEPT

DATE

4/13/93

BUILDING DEPT

DATE

4/13/93

| PLUMBING                           | FEE   |
|------------------------------------|-------|
| WATER DISTRIBUTION                 | 6 70  |
| SEWER SYSTEM NEW OR MODIFICATION   | 11 05 |
| FIXTURES WATER SOFTENER H/W HEATER | 2 25  |
| GARBAGE DISPOSAL WASHER            | 2 25  |
| FUEL PIPING                        | 6 70  |
| IRRIGATION SYSTEM                  | 8 90  |
| MISC                               |       |
| 2310 2433 TOTAL                    |       |

| AIR CONDITIONING                    | FEE  |
|-------------------------------------|------|
| NEW UNIT 3 TON = 10 00 OVER = 18 20 |      |
| FURNACE TO 100 000/10 00 OVER/12 20 |      |
| VAPORATIVE COOLER                   | 7 20 |
| VENTILATION FAN                     | 2 65 |
| 2310 2435 TOTAL                     |      |

| ELECTRICAL                                  | FEE  |
|---------------------------------------------|------|
| RECEPTACLE _____ SWITCH _____               | 50   |
| EACH LIGHT FIXTURE OR SOCKET _____          | 40   |
| SPECIAL OUTLET APPLIANCE ETC                | 80   |
| SERVICE/PANEL SUB/3 40 200A/6 70 400A/13 85 |      |
| A.C. UNIT OR MOTORS                         | 3 40 |
| MISC                                        |      |
| 2310 2432 TOTAL                             |      |

|                            |  |
|----------------------------|--|
| 1113 2437 ZONING           |  |
| 2310 2431 PLAN REVIEW      |  |
| 2310 2401 BLDG PERMIT      |  |
| 7143 2973 SEWER CONNECTION |  |
| 6122 3352 TORTOISE         |  |
| _____ 2897 PIF             |  |
| 88100 1232 TRANSPORT       |  |
| TOTAL FEES                 |  |

RECEIPT  
MUST BE MACHINE VALIDATED

ZONE 3 00  
SFD 54 00  
CHEK 57 00  
6089A000 09 04

PERMIT NO

Permit Expires 180 Days After Abandonment of Work

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                           |                                                                              |                                                                                                                                     |                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                       | <b>PERMIT NUMBER</b>                                                         | 93-183002                                                                                                                           | <b>INSPECTION NUMBER</b>                                | 8                                                                                            |
| <b>JOB ADDRESS</b>                                                                                                        |                                                                              |                                                                                                                                     |                                                         |                                                                                              |
| 4321 EL CONLON AV                                                                                                         |                                                                              |                                                                                                                                     | 119731                                                  |                                                                                              |
| <b>LOT NO</b>                                                                                                             |                                                                              | <b>BLOCK NO</b>                                                                                                                     | <b>SUBDIVISION NAME</b>                                 |                                                                                              |
| 30                                                                                                                        |                                                                              | 10                                                                                                                                  | LAS VERDES HGHTS 6-1                                    |                                                                                              |
| <b>FIRE/DEPT MAP NO</b>                                                                                                   | <b>JOB PHONE</b>                                                             | <b>CALL IN DATE</b>                                                                                                                 | <b>CALL IN TIME</b>                                     | <b>SCHEDULE DATE</b>                                                                         |
| 2622-26                                                                                                                   | 871-4117                                                                     | 05/10/93                                                                                                                            | 07:45                                                   | 05/11/93                                                                                     |
| <b>INSPECTOR NO</b>                                                                                                       |                                                                              | <b>INSPECTOR NAME</b>                                                                                                               |                                                         |                                                                                              |
| 53                                                                                                                        |                                                                              | ARCHIE WISE                                                                                                                         |                                                         |                                                                                              |
| <b>INSPECTION REQUESTED</b>                                                                                               |                                                                              |                                                                                                                                     |                                                         |                                                                                              |
| BUILDING FINAL (140)                                                                                                      |                                                                              |                                                                                                                                     |                                                         |                                                                                              |
|                                                                                                                           |                                                                              |                                                                                                                                     |                                                         |                                                                                              |
| <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<br>3RD FLOOR 400 E STEWART STREET |                                                                                                                                     |                                                         |                                                                                              |
| <b>INSPECTOR SIGNATURE</b>                                                                                                |                                                                              | <b>INSPECTION DATE</b>                                                                                                              |                                                         |                                                                                              |
|                                        |                                                                              | 5-11-93                                                                                                                             |                                                         |                                                                                              |
| <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 |                                                                              |                                                                                                                                     |                                                         |  229-6769 |

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