

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-170985

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR



109182

## BUILDING PERMIT

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

PLAN CHECK NO. 248 DATE 12/16/92 CONST. VAL. \$ 52,159

ADDRESS OF CONSTRUCTION 7521 Pacific Heights OWNER Sorrento Ltd Partnership PHONE 369-8119

LOT(s) 134 BLOCK 5 SUBDIVISION Sorrento II ZONE

PROPOSED CONSTRUCTION sfd house USE res

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

FLOOR AREA BSMT 1ST 931 2ND 848 GARAGE 484 PORCH TOTAL 2263

CONTRACTOR Pacific Properties STATE LICENSE NO. 29500 CITY LICENSE NO. 48352-240-8

ARCHITECT Danielian ENGINEER GC Wallace

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

BY: *Shirley Davis* 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 12/18/92

PLANNING DEPT. DATE 12/18/92

BUILDING DEPT. DATE 12/17/92

| 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 |     |

| 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.                                             |        |      |

|                              |         |
|------------------------------|---------|
| zoning                       | 19000   |
| 2310 - 2431 PLAN REVIEW      | 10.00   |
| 2310 - 2401 BLDG. PERMIT     | 375.00  |
| 7143 - 2973 SEWER CONNECTION | 1100.00 |
| 6122 - 3352 TORTOISE         | 43.89   |
| 22897 P.I.F.                 |         |
| 88100-1232 TRANSPORT         | 500.00  |
| TOTAL FEES                   | 2048.89 |
|                              | 2004.00 |

## SPECIAL CONDITIONS:

Plan 4C

2-car

RECEIPT  
MUST BE MACHINE VALIDATED

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

93-174553

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

111669

ELECTRICAL PERMIT

PLAN CHECK NO. P-248

DATE

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 7521 PACIFIC HEIGHTS AVENUE OWNER SORRENTOCONTRACTOR JOHNSON ELECTRICSTATE LICENSE NO. 21520CITY LICENSE NO. 26363MICHAEL JOHNSON

(PRINT NAME OF MASTER ELECTRICIAN)

69

MASTER CARD NO.

739-7781

CONTRACTOR PHONE

PROPOSED CONSTRUCTION: NEW SFR, SORRENTO, PLAN 4ELECTRIC  
PERMIT NO.Approval for the work under this permit will be given only after refuse  
and debris have been removed from job site and public right of way.

| UNITS                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                                               | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                    |                                                                                                                                                                                                                                                                           |       |       |
| 1                                                                                                                         | For Issuing Each Permit                                                                                                                                                                                                                                                   | 15.50 | 15.50 |
|                                                                                                                           | Supplemental Fee                                                                                                                                                                                                                                                          | 5.20  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                                           |       |       |
| <b>Residential or General Commercial</b>                                                                                  |                                                                                                                                                                                                                                                                           |       |       |
| 82                                                                                                                        | Receptacle <u>50</u> Switch <u>32</u>                                                                                                                                                                                                                                     | .50   | 41.00 |
| 25                                                                                                                        | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                                  | .40   | 10.00 |
| 2                                                                                                                         | EACH OUTLET FOR SPECIAL PURPOSE:<br>Dishwasher, Garbage Grinder, Trash Compactor,<br>G.F.I., Clothes Washer, Dryer, Electric Range,<br>Ovens, Water Heater, Space Heater, Blast Coil<br>Heater, (PER K.W.); Mercury Lamp, Quartz Lamp,<br>Sodium Lamp, 20AMP Sign Circuit | .80   | 1.60  |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                                                | 11.05 |       |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                                         | 8.60  |       |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                                               | 3.40  |       |
| <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                                                                                                                                                                                                                                           | 3.40  |       |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                                                   | 3.40  |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                                 | .60   |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                                  | .45   |       |
|                                                                                                                           | Temporary power or Pole                                                                                                                                                                                                                                                   | 6.70  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                                           |       |       |
| 1                                                                                                                         | Up to 200 AMP                                                                                                                                                                                                                                                             | 6.70  | 6.70  |
|                                                                                                                           | 400 AMP And 600 AMP                                                                                                                                                                                                                                                       | 13.85 |       |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                                  | 27.65 |       |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                                             | 55.25 |       |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                                              | .60   |       |
|                                                                                                                           | Sub Panel, Motor Control Center<br>Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                              | 3.40  |       |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                                               | 22.00 |       |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                               | 33.00 |       |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                                      | 8.90  |       |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                                        | 3.40  |       |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                      | FEE               | TOTAL |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                         | 3.40              |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                     | 3.40              |       |
| 1                                                                             | Permanent A/C Unit (5 Tons or Less)                                                                                                                                              | 3.40              | 3.40  |
| 1                                                                             | Each Air Handler                                                                                                                                                                 | 1.15              | 1.15  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                                  |                   |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                           | .40               |       |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                                   | .40               |       |
|                                                                               | Amplifiers                                                                                                                                                                       | 2.80              |       |
|                                                                               | Control Panel                                                                                                                                                                    | .60               |       |
| 2                                                                             | TV Master System                                                                                                                                                                 | .40               | .80   |
| 2                                                                             | Telephone or Computer Outlet                                                                                                                                                     | .40               | .80   |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                  |                   |       |
|                                                                               | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                   | 40.00<br>per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE<br>3-A of the Uniform Building Code = \$40.00 EACH.                                                                          | 40.00<br>each     |       |
|                                                                               | Inspections for which no fee is specifically<br>indicated (minimum charge — one hour).                                                                                           | 40.00<br>per hour |       |
|                                                                               | Additional plan review required by changes, additions<br>or revisions to approved plans (minimum charge —<br>one hour). After work hours — \$40.00 per hour —<br>minimum 1 hour. | 40.00<br>per hour |       |
|                                                                               | Starter Permit                                                                                                                                                                   | 52.00             |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                                  |                   |       |
|                                                                               | Commercial — Burglar Alarms                                                                                                                                                      |                   |       |
|                                                                               | — Music Systems                                                                                                                                                                  |                   |       |
|                                                                               | — Data Processing                                                                                                                                                                |                   |       |
|                                                                               | — Communication                                                                                                                                                                  |                   |       |
|                                                                               | Conduit Only—Contract Price                                                                                                                                                      |                   |       |
|                                                                               | All Misc. Electric                                                                                                                                                               |                   |       |

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

PERMIT FEE 80.95LESS  
STARTER PERMITTOTAL  
FEES

## RECEIPT

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

BUILDING DEPT.

DATE

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

110899

PERMIT NO.

93-171784

AIR CONDITIONING PERMIT

PLAN CHECK NO. P-248

DATE 12/29/92

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 7521 PACIFIC HEIGHTS AVENUE OWNER PACIFIC PROPERTIES PHONE 369-8119

CONTRACTOR ELITE MECHANICAL SERVICES STATE LICENSE NO. 32140 CITY LICENSE NO. GR086199

LOT(s) 134 BLOCK 5 SUBDIVISION SORRENTO PHASE 7 ZONE:

PROPOSED CONSTRUCTION USE:

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                            |       |       |
| 1                        | For the issuance of each permit.                                                                                                                                                                                                                           | 15.00 | 15.00 |
|                          | For issuing each supplemental permit.                                                                                                                                                                                                                      | 4.85  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                            |       |       |
| 1                        | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h.                                                                          | 10.00 | 10.00 |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance over 100,000 Btu/h.                                                                                          | 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  |       |
|                          | 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  |       |
|                          | 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 |       |

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

| UNITS                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                                  | FEE                                 | TOTAL |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------|
|                                    | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br><b>Note:</b> This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code. | 6.95                                |       |
|                                    | For each air-handling unit over 10,000 cfm.                                                                                                                                                                                                                                                                                                  | 11.80                               |       |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                        | 6.95                                |       |
|                                    | For each ventilation fan.                                                                                                                                                                                                                                                                                                                    | COMMERCIAL 4.85<br>RESIDENTIAL 2.55 |       |
|                                    | 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.

*Tom K. Culbert*  
SIGNED CONTRACTOR

MASTER CARD NO.

PERMIT FEE

\$ 25.00

BY

BUILDING DEPT.

Spec. Contr. or Owner

DATE

TOTAL FEES

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

PERMIT NO. 93-172126

PLUMBING PERMIT



111040

LOG NO. &amp; AREA P-248

DATE

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 7521 PACIFIC HEIGHTS AVE.

OWNER

PACIFIC PROPERTIES

PHONE 642-9959

CONTRACTOR CLASSIC PLUMBING, INC.

STATE

LICENSE NO.

016762

CITY

LICENSE NO.

C 11 H 09201797

LOT(s) 134 BLOCK 5 SUBDIVISION SORRENTO

ZONE

PROPOSED CONSTRUCTION: COMPLETE PLUMBING FOR NEW SFR

USE

PLUMBING  
PERMIT NO.

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

| UNITS                            | DESCRIPTION                                                                             | FEE      | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|----------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |          |       |
| 1                                | For Issuing Each Permit                                                                 | 15.50    | 15.50 |
|                                  | For Issuing Each Supplemental Permit                                                    | 5.20     |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |          |       |
| 10                               | Bathtub, Shower, Lavatory, Toilet, Urinal                                               | EA. 2.25 | 22.50 |
| 1                                | Floor Drain, Floor Sink, Wash Tray, Sink                                                | EA. 2.25 | 2.25  |
| 1                                | Garbage Disposal, Clothes Washer, Dishwasher (residential)                              | EA. 2.25 | 2.25  |
|                                  | Garbage Disposal (commercial)                                                           | EA. 8.90 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                                                 | EA. 2.25 |       |
|                                  | Clothes Dryer (gas) (venting)                                                           | 2.25     |       |
|                                  | Dental Unit                                                                             | 8.90     |       |
|                                  | Drinking Fountain                                                                       | 2.25     |       |
|                                  | Refrigerator - Ice Maker, Water Dispenser                                               | 2.25     |       |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                     | EA. 2.25 |       |
| 1                                | Hot Water Heater (Gas or Electric)                                                      | 2.25     | 2.25  |
| <b>SEWER SYSTEM</b>              |                                                                                         |          |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                                    | 11.05    | 11.05 |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2.25     |       |
|                                  | Trailer Trap (rental parks)                                                             | 5.50     |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |          |       |
|                                  | Non Permanent Type (rental)                                                             | 2.25     |       |
|                                  | Permanent Type (connected to drain)                                                     | 2.25     |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |          |       |
| 1                                | Single Family Dwelling                                                                  | 6.70     | 6.70  |
|                                  | Multi-Family Dwelling                                                                   | 6.70     |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3.40     |       |
|                                  | Commercial Building per floor                                                           | 3.40     |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2.25     |       |
|                                  | Hotel or Motel                                                                          | 8.90     |       |
|                                  | Plus Each Unit                                                                          | 3.40     |       |
|                                  | Trailer Park                                                                            | 33.00    |       |
|                                  | Plus Each Space                                                                         | 2.25     |       |
|                                  | Irrigation Single Family Dwelling                                                       | 8.90     |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation |          |       |

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

FOR INSPECTIONS  
CALL 229-2071SEWER #7114-3654  
CONNECTION

RECEIPT

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

SIGNED

CONTRACTOR

MASTER CARD NO. 59

BY

Registered Master Plumber Spec. Contr. or Owner

BUILDING DEPT

DATE

FIXTURES X

FEE

2310-2403  
PERMIT  
FEETOTAL  
FEES

69.20

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

PERMIT NO.

93-175420

PLUMBING PERMIT



108486

PLAN CHECK NO. P 248

DATE

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 7521 PACIFIC HEIGHTS AVE

OWNER

PACIFIC PROP

PHONE

361-4121CONTRACTOR STATEWIDE LANDSCAPE STATE LICENSE NO. 102672

CITY

LICENSE NO. 00548-2-00978LOT(s) 134 BLOCK 5 SUBDIVISION SORRENTO

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

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

FOR INSPECTIONS  
CALL 229-2071SEWER #7114-3654  
CONNECTION

RECEIPT

FIXTURES        X       

FEE

2310-2403  
PERMIT  
FEETOTAL FEES 24.40

PERMIT NO.

MUST BE MACHINE VALIDATED

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

SIGNED

CONTRACTOR

MASTER CARD NO.

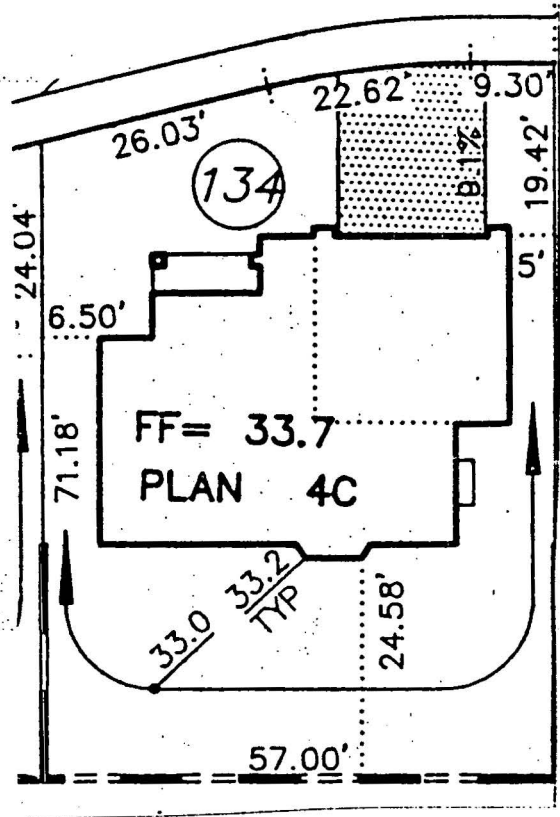
BY

Registered Master Plumber Spec. Cont'r. or Owner

BUILDING DEPT

DATE

Permit Expires 180 Days After Abandonment of Work



lot 134/blk 5  
7521 Pacific Heights Ave.

**PLOT PLAN APPROVED**  
  
 12/18/72  
 CITY ENGINEER  
 CITY OF LAS VEGAS

14 Copies

A# 109182

P# 92170985

\*\*\*\*\*

**POST TENSION OF NEVADA, INC**

630 Middlegate Road  
Tel: (702) 565-7866

Henderson, Nevada 89015  
Fax: (702) 565-1886

\*\*\*\*\*

**CERTIFICATE OF STRESSING**

We hereby certify that tension was applied to all tendons in accordance with engineered specifications on the projects listed hereunder :

**PROJECT/SUBDIVISION: SORRENTO**

| <u>BUILDING</u> |         | <u>ADDRESS</u>           | <u>RAM NO</u> | <u>DATE STRESSED</u> |
|-----------------|---------|--------------------------|---------------|----------------------|
| LOT 125         | BLOCK 5 | 1825 BUNNY RUN DR.       | 1001          | 02/15/93             |
| LOT 126         | BLOCK 5 | 1821 BUNNY RUN DR.       | 1001          | 02/15/93             |
| LOT 127         | BLOCK 5 | 1817 BUNNY RUN DR.       | 1001          | 02/15/93             |
| LOT 128         | BLOCK 5 | 1813 BUNNY RUN DR.       | 1001          | 02/15/93             |
| LOT 129         | BLOCK 5 | 1809 BUNNY RUN DR.       | 1001          | 02/15/93             |
| LOT 130         | BLOCK 5 | 1805 BUNNY RUN DR.       | 1001          | 02/15/93             |
| LOT 131         | BLOCK 5 | 1801 BUNNY RUN DR.       | 1001          | 02/15/93             |
| LOT 132         | BLOCK 5 | 7529 PACIFIC HEIGHTS     | 1001          | 02/15/93             |
| LOT 133         | BLOCK 5 | 7525 PACIFIC HEIGHTS     | 1001          | 02/15/93             |
| * LOT 134       | BLOCK 5 | * 7521 PACIFIC HEIGHTS * | 1001          | 02/15/93             |
| LOT 149         | BLOCK 6 | 1804 BUNNY RUN DR.       | 1001          | 02/15/93             |
| LOT 150         | BLOCK 6 | 1808 BUNNY RUN DR.       | 1001          | 02/15/93             |
| LOT 151         | BLOCK 6 | 1812 BUNNY RUN DR.       | 1001          | 02/15/93             |
| LOT 152         | BLOCK 6 | 1816 BUNNY RUN DR.       | 1001          | 02/15/93             |
| LOT 153         | BLOCK 6 | 1820 BUNNY RUN DR.       | 1001          | 02/15/93             |

COMB INSP TO CLV

**AUTHORIZED BY:**

**CHARLES A. RITTER**  
**OPERATIONS MANAGER**

**ISSUED TO:**

**D & R CONSTRUCTION**

# CERTIFICATION OF INSULATION

AF 109182  
PT 92170985

|                                                              |                                                                       |                                                  |                                   |  |                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|--------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------|-----------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| P<br>A<br>R<br>T<br>I<br><br>G<br>E<br>N<br>E<br>R<br>A<br>L | ADDRESS OR TRACT                                                      |                                                  | SACRAMENTO INSULATION CONTRACTORS |  |                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                                              | PACIFIC PROPERTIES<br><br>SORRENTO<br><br>7521 Pacific Heights Avenue |                                                  | LOT # 134                         |  | <input type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026<br><input type="checkbox"/> P.O. BOX 4146, STOCKTON, CA 95204 LIC. #202026<br><input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675<br><input checked="" type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026<br>X 1132A W. Bonanza, Las Vegas, NV 89106 |  |  |
|                                                              |                                                                       | DATE INSULATION COMPLETED<br>February/March 1993 |                                   |  |                                                                                                                                                                                                                                                                                                                                                                    |  |  |

|                                                                                                      |                             |  |                              |      |                     |                             |                   |
|------------------------------------------------------------------------------------------------------|-----------------------------|--|------------------------------|------|---------------------|-----------------------------|-------------------|
| P<br>A<br>R<br>T<br>II<br><br>A<br>R<br>E<br>A<br>S<br><br>I<br>N<br>S<br>U<br>L<br>A<br>T<br>E<br>D | WALLS                       |  | CEILINGS                     |      |                     | FLOORS                      |                   |
|                                                                                                      | ( SQUARE FEET)              |  | ( SQUARE FEET)               |      |                     | ( SQUARE FEET)              |                   |
|                                                                                                      | TYPE OF INSULATION          |  | TYPE OF INSULATION           |      |                     | TYPE OF INSULATION          |                   |
|                                                                                                      | MATERIAL <b>FIBERGLASS</b>  |  | MATERIAL <b>FIBERGLASS</b>   |      |                     | MATERIAL <b>FIBERGLASS</b>  |                   |
|                                                                                                      | FORM <b>BATTS</b>           |  | FORM <b>BATTS &amp; BLOW</b> |      |                     | FORM <b>BATTS</b>           |                   |
|                                                                                                      | MANUFACTURER'S PRODUCT I.D. |  | MANUFACTURER'S PRODUCT I.D.  |      |                     | MANUFACTURER'S PRODUCT I.D. |                   |
|                                                                                                      | MANUFACTURER                |  | MANUFACTURER                 |      |                     | MANUFACTURER                |                   |
|                                                                                                      | OCF                         |  | OCF                          |      |                     | OCF                         |                   |
|                                                                                                      |                             |  | BAGS                         |      |                     |                             |                   |
|                                                                                                      | R - VALUE INSTALLED         |  | APPLIED THICKNESS            |      | R - VALUE INSTALLED |                             | APPLIED THICKNESS |
| R-11                                                                                                 |                             |  |                              | R-30 |                     |                             |                   |

|                                                 |  |                         |  |
|-------------------------------------------------|--|-------------------------|--|
| KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE |  |                         |  |
| MATERIAL <b>FIBERGLASS</b>                      |  | FORM <b>BATTS</b>       |  |
| R-VALUE <b>R-19</b>                             |  | MANUFACTURER <b>OCF</b> |  |

|                               |  |
|-------------------------------|--|
| AIR INFILTRATION SEALANT      |  |
| MANUFACTURER <b>W R GRACE</b> |  |

|                                                                                                                                                |  |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|
| THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS. |  |                  |
| SIGNATURE - INSULATION CONTRACTOR<br>                                                                                                          |  | TITLE<br>MANAGER |
| SIGNATURE - GENERAL CONTRACTOR                                                                                                                 |  | DATE<br>4/5/93   |
| REMARKS:                                                                                                                                       |  |                  |

# UltraKote, Inc.

FIBER - REINFORCED STUCCO

A# 109182  
P# 92170985

2865 N.W. Grand Avenue • Phoenix, AZ 85017 • (602) 224-6012

Job Address

INSTALLATION CARD

ICBO Report No. 4658

Semento 134/5  
7521 Pacific Heights

Date of Job Completion 3-22-93

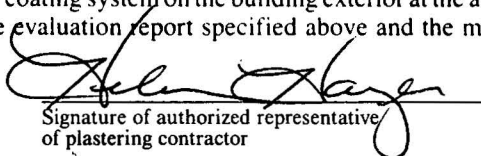
Name: GYPSUM CONSTRUCTION, INC.

Address: 3235 W. Desert Inn Road, Las Vegas, NV 89102

Telephone No. (702) 253-5022

Above contractor is approved by UltraKote, Inc.

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

  
Signature of authorized representative  
of plastering contractor

3/3/93  
Date

This installation card must be presented to the building inspector after completion of work and before final inspection.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                   |                                                                                                                                                    |                                                                      |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 92-170985                                                                |                                                                                                                                                    | <input checked="" type="checkbox"/> <b>APPLICATION NUMBER</b> 109182 |                                                                |
| <b>JOB ADDRESS</b> 7521 PACIFIC HEIGHTS                                                                                           |                                                                                                                                                    |                                                                      | <b>INSPECTION NUMBER</b> 9                                     |
| <b>LOT/BLOCK</b> 134.5                                                                                                            | <b>RECORDED SUBDIVISION NAME</b> SORRENTO II                                                                                                       |                                                                      |                                                                |
| <b>FIRE DEPT. MAP NO.</b> -                                                                                                       | <b>JOB PHONE</b> 256-3845                                                                                                                          | <b>CALL-IN DATE</b> 05/25/93                                         | <b>CALL-IN TIME</b> 11:18                                      |
|                                                                                                                                   |                                                                                                                                                    | <b>SCHEDULE DATE</b> 05/26/93                                        |                                                                |
| <b>INSPECTOR/NAME</b> JAMES BAKER - 62                                                                                            |                                                                                                                                                    | <b>MARKETING/BUSINESS NAME</b>                                       |                                                                |
| <b>INSPECTION REQUESTED</b> BUILDING FINAL (140)                                                                                  |                                                                                                                                                    |                                                                      |                                                                |
|                                                                                                                                   |                                                                                                                                                    |                                                                      |                                                                |
| <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>D. Nolan</i>                                                                                        |                                                                                                                                                    | <b>INSPECTION DATE</b> 5-26-93                                       |                                                                |
| <input checked="" 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> |                                                                      |                                                                |
| ~ IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                                    |                                                                      | <b>229-6769</b>                                                |

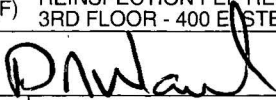
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |  |                                                                                                                                     |  |                                                              |  |                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|---------------------------------------------------------|--|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>                                                                        |  | 93-174553                                                                                                                           |  | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> |  | 9                                                       |  |
| JOB ADDRESS                                                                                                                     |  |                                                                                                                                     |  |                                                              |  |                                                         |  |
| 7521 PACIFIC HEIGHTS AV                                                                                                         |  |                                                                                                                                     |  |                                                              |  | 111669                                                  |  |
| LOT NO.                                                                                                                         |  | BLOCK NO.                                                                                                                           |  | SUBDIVISION NAME                                             |  |                                                         |  |
|                                                                                                                                 |  |                                                                                                                                     |  | SORRENTO                                                     |  |                                                         |  |
| FIRE DEPT. MAP NO.                                                                                                              |  | JOB PHONE                                                                                                                           |  | CALL-IN DATE                                                 |  | CALL-IN TIME                                            |  |
| 2218-72                                                                                                                         |  | 256-3845                                                                                                                            |  | 04/28/93                                                     |  | 07:20                                                   |  |
| SCHEDULE DATE                                                                                                                   |  | 04/29/93                                                                                                                            |  |                                                              |  |                                                         |  |
| INSPECTOR NO.                                                                                                                   |  | INSPECTOR NAME                                                                                                                      |  |                                                              |  |                                                         |  |
| 70                                                                                                                              |  | DAVE MARSH                                                                                                                          |  |                                                              |  |                                                         |  |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b>                                                                 |  | ELEC METER TAG (133)                                                                                                                |  |                                                              |  |                                                         |  |
| <p># 50399</p>                                                                                                                  |  |                                                                                                                                     |  |                                                              |  |                                                         |  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | PARTIAL DESCRIPTION                                          |  |                                                         |  |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C)                        |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |  |
| <input type="checkbox"/> REJECTED (R)                                                                                           |  | <input type="checkbox"/> REFEED (F)                                                                                                 |  | <input type="checkbox"/> HOLD (H)                            |  |                                                         |  |
|                                                                                                                                 |  | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |  |                                                              |  | <input type="checkbox"/> PERMIT REQUIRED                |  |
|                                                                                                                                 |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                                              |  |                                                         |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |  | <i>Daniel</i>                                                                                                                       |  |                                                              |  | <b>INSPECTION DATE</b>                                  |  |
|                                                                                                                                 |  |                                                                                                                                     |  |                                                              |  | 4-29-93                                                 |  |
| <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 |  |                                                                                                                                     |  |                                                              |  | 229-6769                                                |  |

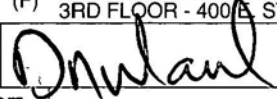
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                               |                                        |                                                                                                                                     |                                                         |                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                                           | <b>PERMIT<br/>NUMBER</b>               | 93-174553                                                                                                                           | <b>APPLICATION<br/>NUMBER</b>                           | 111669                                                                        |
| JOB ADDRESS                                                                                                                                                                                                                   |                                        |                                                                                                                                     | INSPECTION NUMBER                                       |                                                                               |
| 7521 PACIFIC HEIGHTS AV                                                                                                                                                                                                       |                                        |                                                                                                                                     | 8                                                       |                                                                               |
| LOT/BLOCK                                                                                                                                                                                                                     |                                        | RECORDED SUBDIVISION NAME                                                                                                           |                                                         |                                                                               |
|                                                                                                                                                                                                                               |                                        | SORRENTO                                                                                                                            |                                                         |                                                                               |
| FIRE DEPT. MAP NO.                                                                                                                                                                                                            | JOB PHONE                              | CALL-IN-DATE                                                                                                                        | CALL-IN TIME                                            | SCHEDULE DATE                                                                 |
| 2218-72                                                                                                                                                                                                                       | 256-3845                               | 05/21/93                                                                                                                            | 14:40                                                   | 05/24/93                                                                      |
| INSPECTOR/NAME                                                                                                                                                                                                                |                                        | MARKETING/BUSINESS NAME                                                                                                             |                                                         |                                                                               |
| DAVE MARSH - 70                                                                                                                                                                                                               |                                        |                                                                                                                                     |                                                         |                                                                               |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">INSPECTION<br/>REQUESTED</div> <div style="text-align: center;">FINAL ELECTRICAL (240)</div> </div> |                                        |                                                                                                                                     |                                                         |                                                                               |
|                                                                                                                                                                                                                               |                                        |                                                                                                                                     |                                                         |                                                                               |
| <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                                                                                                                                                                                                           |                                        | INSPECTION DATE                                                                                                                     |                                                         |                                                                               |
|                                                                                                                                            |                                        | S-24-93                                                                                                                             |                                                         |                                                                               |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                                     |                                        | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                                                               |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                                                               |                                        |                                                                                                                                     |                                                         | <div style="border-left: 1px solid black; padding-left: 10px;">229-6769</div> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                      |                                                                                                                                     |                           |                   |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|
| <input checked="" type="checkbox"/>                                                                                             | <b>PERMIT NUMBER</b> | <b>93-171784</b>                                                                                                                    | <b>APPLICATION NUMBER</b> | <b>110899</b>     |
| JOB ADDRESS                                                                                                                     |                      |                                                                                                                                     | INSPECTION NUMBER         |                   |
| <b>7521 PACIFIC HEIGHTS AV</b>                                                                                                  |                      |                                                                                                                                     | <b>9</b>                  |                   |
| LOT/BLOCK                                                                                                                       |                      | RECORDED SUBDIVISION NAME                                                                                                           |                           |                   |
| <b>134.5</b>                                                                                                                    |                      | <b>SORRENTO PH 7</b>                                                                                                                |                           |                   |
| FIRE DEPT. MAP NO.                                                                                                              | JOB PHONE            | CALL-IN DATE                                                                                                                        | CALL-IN TIME              | SCHEDULE DATE     |
| <b>2218-72</b>                                                                                                                  | <b>256-3845</b>      | <b>05/21/93</b>                                                                                                                     | <b>14:41</b>              | <b>05/24/93</b>   |
| INSPECTOR/NAME                                                                                                                  |                      | MARKETING/BUSINESS NAME                                                                                                             |                           |                   |
| <b>DAVE MARSH - 70</b>                                                                                                          |                      |                                                                                                                                     |                           |                   |
| <b>INSPECTION REQUESTED</b> <span style="float: right; font-size: 1.2em;">▶</span> <b>FINAL MECHANICAL (340)</b>                |                      |                                                                                                                                     |                           |                   |
|                                                                                                                                 |                      |                                                                                                                                     |                           |                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |                      | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                           |                   |
| <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                                                                                                                     |                           |                   |
|                                              |                      | <b>5-24-93</b>                                                                                                                      |                           |                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |                      | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                           |                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                      |                                                                                                                                     |                           | ▶ <b>229-6769</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                      |                             |                          |               |
|-------------------------------------|----------------------|-----------------------------|--------------------------|---------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | 93-172126                   | <b>INSPECTION NUMBER</b> | 10            |
| JOB ADDRESS                         |                      |                             |                          |               |
| 7521 PACIFIC HEIGHTS AV 111040      |                      |                             |                          |               |
| LOT NO.                             |                      | BLOCK NO.                   | SUBDIVISION NAME         |               |
| 134                                 |                      | 5                           | SORRENTO                 |               |
| FIRE DEPT. MAP NO.                  | JOB PHONE            | CALL-IN DATE                | CALL-IN TIME             | SCHEDULE DATE |
| 2218-72                             | 256-3845             | 04/28/93                    | 07:20                    | 04/29/93      |
| INSPECTOR NO.                       |                      | INSPECTOR NAME              |                          |               |
| 70                                  |                      | DAVE MARSH                  |                          |               |
| <b>INSPECTION REQUESTED</b>         |                      | <b>FINAL GAS TEST (423)</b> |                          |               |

# 29507

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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>                |                                                         |                                          |
| DMM and                                                                                                                         |                                                                                                                                     | 4-29-93                               |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |                                                         | <b>229-6769</b>                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                               |                          |                                                                                                                                     |                               |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                                                           | <b>PERMIT<br/>NUMBER</b> | <b>93-172126</b>                                                                                                                    | <b>APPLICATION<br/>NUMBER</b> | <b>111040</b>   |
| JOB ADDRESS                                                                                                                                                                                                                                   |                          |                                                                                                                                     | INSPECTION NUMBER             |                 |
| <b>7521 PACIFIC HEIGHTS AV</b>                                                                                                                                                                                                                |                          |                                                                                                                                     | <b>10</b>                     |                 |
| LOT/BLOCK                                                                                                                                                                                                                                     |                          | RECORDED SUBDIVISION NAME                                                                                                           |                               |                 |
| <b>134.5</b>                                                                                                                                                                                                                                  |                          | <b>SORRENTO</b>                                                                                                                     |                               |                 |
| FIRE DEPT. MAP NO.                                                                                                                                                                                                                            | JOB PHONE                | CALL-IN-DATE                                                                                                                        | CALL-IN TIME                  | SCHEDULE DATE   |
| <b>2218-72</b>                                                                                                                                                                                                                                | <b>256-3845</b>          | <b>05/21/93</b>                                                                                                                     | <b>14:42</b>                  | <b>05/24/93</b> |
| INSPECTOR/NAME                                                                                                                                                                                                                                |                          | MARKETING/BUSINESS NAME                                                                                                             |                               |                 |
| <b>DAVE MARSH - 70</b>                                                                                                                                                                                                                        |                          |                                                                                                                                     |                               |                 |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;"> <b>INSPECTION<br/>REQUESTED</b> </div> <div style="text-align: center;"> <b>FINAL PLUMBING (440)</b> </div> </div> |                          |                                                                                                                                     |                               |                 |
|                                                                                                                                                                                                                                               |                          |                                                                                                                                     |                               |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                                   |                          | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                               |                 |
| <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 <i>DM</i>                                                                                                                                                                                                                 |                          | INSPECTION DATE <b>5-24-93</b>                                                                                                      |                               |                 |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                                                     |                          | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                               |                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                                                                               |                          |                                                                                                                                     |                               | <b>229-6769</b> |

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