

## CITY OF LAS VEGAS, NEVADA

PERMIT NO. 1 - 100786

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS, CALL 799-2071

## PLUMBING PERMIT

LOG NO. &amp; AREA

P-169 90

DATE

3/22/91

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION

6584 GoldenCreek Way

OWNER

Metropolitan Development Co.

PHONE

795-2295

CONTRACTOR

Imperial Plumbing, Inc.

STATE

LICENSE NO

17916

CITY

LICENSE NO

C11 357 2 12057

LOT(S)

27

BLOCK

2

SUBDIVISION

Governors Place 4

ZONE

PROPOSED CONSTRUCTION

New

USE

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

| UNITS                            | DESCRIPTION                                                                             | FEE     | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |         |       |
| 1                                | For Issuing Each Permit                                                                 | 10 00   | 10.00 |
|                                  | For Issuing Each Supplemental Permit                                                    | 4 50    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |         |       |
| 11                               | Bathtub, Shower, Lavatory, Toilet, Urinal                                               | EA 2 00 | 22.00 |
|                                  | Floor Drain, Floor Sink, Wash Tray, Sink                                                | EA 2 00 |       |
| 3                                | Garbage Disposal, Clothes Washer, Dishwasher (residential)                              | EA 2 00 | 6.00  |
|                                  | Garbage Disposal (commercial)                                                           | EA 8 00 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                                                 | EA 2 00 |       |
|                                  | Clothes Dryer (gas) (venting)                                                           | 2 00    |       |
|                                  | Dental Unit                                                                             | 8 00    |       |
|                                  | Drinking Fountain                                                                       | 2 00    |       |
|                                  | Refrigerator - Ice Maker, Water Dispenser                                               | 2 00    |       |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers                     | 2 00    |       |
| 1                                | Hot Water Heater (Gas or Electric)                                                      | EA 2 00 | 2.00  |
| <b>SEWER SYSTEM</b>              |                                                                                         |         |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                                    | 10 00   | 10.00 |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2 00    |       |
|                                  | Trailer Trap (rental parks)                                                             | 5 00    |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |         |       |
|                                  | Non Permanent Type (rental)                                                             | 2 00    |       |
|                                  | Permanent Type (connected to drain)                                                     | 2 00    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |         |       |
| 1                                | Single Family Dwelling                                                                  | 6 00    | 6.00  |
|                                  | Multi-Family Dwelling                                                                   | 6 00    |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3 00    |       |
|                                  | Commercial Building per floor                                                           | 3 00    |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2 00    |       |
|                                  | Hotel or Motel                                                                          | 8 00    |       |
|                                  | Plus Each Unit                                                                          | 3 00    |       |
|                                  | Trailer Park                                                                            | 30 00   |       |
|                                  | Plus Each Space                                                                         | 2 00    |       |
|                                  | Irrigation Single Family Dwelling                                                       | 8 00    |       |
|                                  | 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 00           | 6.00  |
|                                    | Multi-Family Dwelling                                                                                                                                                                                                | 10 00          |       |
|                                    | Plus Each Unit                                                                                                                                                                                                       | 2 00           |       |
|                                    | Commercial Building (per floor)                                                                                                                                                                                      | 6 00           |       |
|                                    | Plus Each Unit (leased space or office)                                                                                                                                                                              | 6 00           |       |
|                                    | Medium Pressure System (Plan Check)                                                                                                                                                                                  | 12 00          |       |
| 4                                  | Each Gas Appliance (Any Type)                                                                                                                                                                                        | 2 00           | 8.00  |
|                                    | Steam Boilers                                                                                                                                                                                                        | 5 00           |       |
| <b>SOLAR ENERGY SYSTEMS</b>        |                                                                                                                                                                                                                      |                |       |
|                                    | Collectors (including piping) (per collector)                                                                                                                                                                        | 5 00           |       |
|                                    | Storage Tanks (each)                                                                                                                                                                                                 | 5 00           |       |
| <b>PIPELINE CONTRACT</b>           |                                                                                                                                                                                                                      |                |       |
|                                    | For Onsite Sewer, Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                      |                |       |
|                                    | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                            | 25 00 per hour |       |
|                                    | Under provisions of Table 3-A of the Uniform Building Code, work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                    | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                    | 30 00 per hour |       |
|                                    | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                    |                |       |
|                                    | Construction Valuation                                                                                                                                                                                               |                |       |

FOR INSPECTIONS  
CALL 799-2071SEWER # 7114-3654  
CONNECTION

RECEIPT

FIXTURES \_\_\_\_\_ X \_\_\_\_\_

FEE \_\_\_\_\_

2310-2403  
PERMIT  
FEE \_\_\_\_\_TOTAL  
FEES 70.00

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

MUST BE MACHINE VALIDATED

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

SIGNED

CONTRACTOR

MASTER CARD NO

BY

Registered Master Plumber Spec. Contr. or Owner

BUILDING DEPT

DATE

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

91-103118

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS, CALL 799-2071

AIR CONDITIONING PERMIT

LOG NO. & AREA P-16.9-90 DATE 04/02/91 CONST. VAL. \$ADDRESS OF CONSTRUCTION 6584 GOLDENCREEK WY OWNER METROPOLITAN DEV PHONE 293-4436CONTRACTOR BOULDER CITY A/C INC STATE LICENSE NO. 017286 CITY LICENSE NO. 023624LOT(S) 27 BLOCK 2 SUBDIVISION WINDROSE ESTATES 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 50  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                           |       |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h.                                                                         | 9 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 00 |       |
|                          | For the installation or relocation of each floor furnace, including vent                                                                                                                                                                                  | 9 00  |       |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater.                                                                                                                                           | 9 00  |       |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit                                                                                                                                  | 4 50  |       |
|                          | 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 00  |       |
| 2                        | 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 00  | 18.00 |
|                          | For the installation or relocation of each boiler or compressor over three tons to and including 15 tons, or each absorption system over 100,000 Btu/h and including 500,000 Btu/h                                                                        | 16 50 |       |
|                          | 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                                                                      | 22 50 |       |
|                          | 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.                                                               | 33 50 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h                                                                                                                | 56 00 |       |

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 50         |       |
|       | For each air-handling unit over 10,000 cfm                                                                                                                                                                                                                                                                                                 | 11 00        |       |
|       | For each evaporative cooler other than portable type                                                                                                                                                                                                                                                                                       | 6 50         |       |
| 3     | For each ventilation fan. <span style="float:right">COMMERCIAL<br/>RESIDENTIAL</span>                                                                                                                                                                                                                                                      | 4 50<br>2 35 | 2.05  |
|       | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                       | 6 50         |       |
|       | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood                                                                                                                                                                                                                                 | 6 50         |       |
|       | For each fire damper installed in an existing system                                                                                                                                                                                                                                                                                       | 4 50         |       |

## OTHER INSPECTIONS AND FEES:

|  |                                                                                                                                                                                     |                |  |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|
|  | 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 BTU H                  | 6.00           |  |

2310-2435

RECEIPT

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

SIGNED Boulder City A/C Inc CONTRACTOR MASTER CARD NO  
 BY David Clark Sec Cont'r for Owner  
 BUILDING DEPT DATE 4/15/91

PERMIT  
FEETOTAL  
FEES 40.05

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                            |                                                                                                                                     |                                                                 |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> <span style="font-size: 1.5em;">93973</span>                                                                                                 |                                                                                                                                     | <input type="checkbox"/> <b>INSPECTION NUMBER</b>               |                                                              |
| JOB ADDRESS <span style="font-size: 1.2em;">6584 Golden Brook Way</span>                                                                                                                   |                                                                                                                                     |                                                                 |                                                              |
| LOT NO                                                                                                                                                                                     | BLOCK NO.                                                                                                                           | SUBDIVISION NAME <span style="font-size: 1.2em;">Carnava</span> |                                                              |
| FIRE DEPT. MAP NO                                                                                                                                                                          | JOB PHONE                                                                                                                           | CALL-IN DATE <span style="font-size: 1.2em;">6-26-91</span>     | CALL-IN TIME <span style="font-size: 1.2em;">4-11/30A</span> |
| SCHEDULE DATE                                                                                                                                                                              |                                                                                                                                     |                                                                 |                                                              |
| INSPECTOR NO. <span style="font-size: 1.5em;">82</span>                                                                                                                                    | INSPECTOR NAME                                                                                                                      |                                                                 |                                                              |
| <b>INSPECTION REQUESTED</b> <span style="font-size: 1.5em;">f plug f 11410 f gas test</span><br><br><span style="font-size: 2em; display: block; text-align: center;">423, 340, 440</span> |                                                                                                                                     |                                                                 |                                                              |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                                             |                                                              |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                                                                           | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C)                           | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL      |
| <input type="checkbox"/> HOLD (H)                                                                                                                                                          |                                                                                                                                     |                                                                 |                                                              |
| <input type="checkbox"/> REJECTED (R)                                                                                                                                                      | REINSPECTION REQUIRED - CALL *799-2071                                                                                              |                                                                 | <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 <span style="font-size: 1.5em;">E. J. Harris</span>                                                                                                                    |                                                                                                                                     | INSPECTION DATE <span style="font-size: 1.5em;">6/27/91</span>  |                                                              |
| <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 <span style="float: right;">▶</span>                        |                                                                                                                                     |                                                                 |                                                              |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                    |                      |                       |                          |                         |
|----------------------------------------------------|----------------------|-----------------------|--------------------------|-------------------------|
| <input type="checkbox"/>                           | <b>PERMIT NUMBER</b> | <i>93973</i>          | <b>INSPECTION NUMBER</b> |                         |
| <b>JOB ADDRESS</b> <i>10584 - Bolder Brook Way</i> |                      |                       |                          |                         |
| <b>LOT NO.</b>                                     |                      | <b>BLOCK NO.</b>      |                          | <b>SUBDIVISION NAME</b> |
| <b>FIRE DEPT MAP NO.</b>                           |                      | <b>JOB PHONE</b>      | <b>CALL-IN DATE</b>      | <b>CALL-IN TIME</b>     |
|                                                    |                      |                       | <i>4-22-91</i>           | <i>1-1152A</i>          |
| <b>INSPECTOR NO</b>                                |                      | <b>INSPECTOR NAME</b> |                          |                         |
| <i>3284</i>                                        |                      |                       |                          |                         |
| <b>INSPECTION REQUESTED</b> <i>R vent</i>          |                      |                       |                          |                         |

① Dryer vent pulled loose above dryer location

② Run water heater vent out of ceiling - 1" clearance

Approved provided above completed

|                                                                                                                              |                                                                                                                                   |                                       |                                                         |                                          |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                     | <b>PARTIAL DESCRIPTION</b>            |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                             | <input type="checkbox"/> STOP WORK (S)                                                                                            | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                        | REINSPECTION REQUIRED - CALL 799-2071                                                                                             |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                           | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                   |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b> <i>Rinal</i>                                                                                      |                                                                                                                                   | <b>INSPECTION DATE</b>                |                                                         |                                          |
|                                                                                                                              |                                                                                                                                   | <i>4-23-91</i>                        |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                    | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C OF O ISSUANCE (Commercial Only) |                                       |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7 00 A.M. - 7 15 A.M OR 2.45 P.M - 3.00 P.M AT |                                                                                                                                   |                                       |                                                         |                                          |

FOR ADDITIONAL ASSISTANCE CALL 386-6251  
SEE REVERSE SIDE FOR INSPECTION TYPES