

# CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR  
3



PERMIT NO

91-095473

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

LOG NO & AREA P 146 DATE Nov 28, 1990 CONST VAL \$ 50 203.00

ADDRESS OF CONSTRUCTION 2405 Elliot Key Drive OWNER McKellar Development Group PHONE 702-795-8700

LOT(S) 19 BLOCK 4 SUBDIVISION La Jolla Classics ZONE R-PDS

PROPOSED CONSTRUCTION Single family dwelling with fireplaces USE \_\_\_\_\_

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

FLOOR AREA 1628 BSMT 1628 1ST 1628 2ND 1628 GARAGE 632 PORCH 70 TOTAL 2330

CONTRACTOR McKellar Development Group STATE LICENSE NO 0027100 CITY LICENSE NO 032606

ARCHITECT Frank Gonzales & Associates ENGINEER ALCA Engineering

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 James A McKellar, Jr OWNER

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

BY Kenneth G Yeoman 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 R Bailey DATE 11/29/90

PLANNING DEPT [Signature] DATE 12/4/90

BUILDING DEPT [Signature] DATE 11/29/90

| PLUMBING                           |       | FEE | ELECTRICAL                                  |      | FEE |
|------------------------------------|-------|-----|---------------------------------------------|------|-----|
| WATER DISTRIBUTION                 | 6.00  |     | RECEPTACLE _____ SWITCH _____               | 40   |     |
| SEWER SYSTEM NEW OR MODIFICATION   | 10.00 |     | EACH LIGHT FIXTURE OR SOCKET _____          | 30   |     |
| FIXTURES WATER SOFTENER HW HEATER  | 2.00  |     | SPECIAL OUTLET APPLIANCE ETC                | 70   |     |
| GARBAGE DISPOSAL WASHER            | 2.00  |     | SERVICE/PANEL SUB/3 00 200A/6 00 400A/12 50 |      |     |
| FUEL PIPING                        | 6.00  |     | A/C UNIT OR MOTORS                          | 3.00 |     |
| IRRIGATION SYSTEM                  | 8.00  |     | 2310 2432 TOTAL                             |      |     |
| MISC                               |       |     | MISC                                        |      |     |
| 2310 2433 TOTAL                    |       |     | 2310 2431 ISSUANCE FEE                      |      |     |
| AIR CONDITIONING                   |       | FEE | 7143 2973 SEWER CONNECTION                  |      |     |
| NEW UNIT 3 TON = 9.00 OVER = 16.50 |       |     | 2310 2431 PLAN REVIEW FEE                   |      |     |
| FURNACE TO 100 000/9.00 OVER/11.00 |       |     | 2310 2431 BLDG PERMIT FEE                   |      |     |
| VAPORATIVE COOLER                  | 6.50  |     | TOTAL FEES                                  |      |     |
| VENTILATION FAN                    | 2.35  |     |                                             |      |     |
| 2310 2435 TOTAL                    |       |     |                                             |      |     |

### SPECIAL CONDITIONS

Plan # 1  
S. F. D.

elic tag 33067  
7-9-91

### RECEIPT

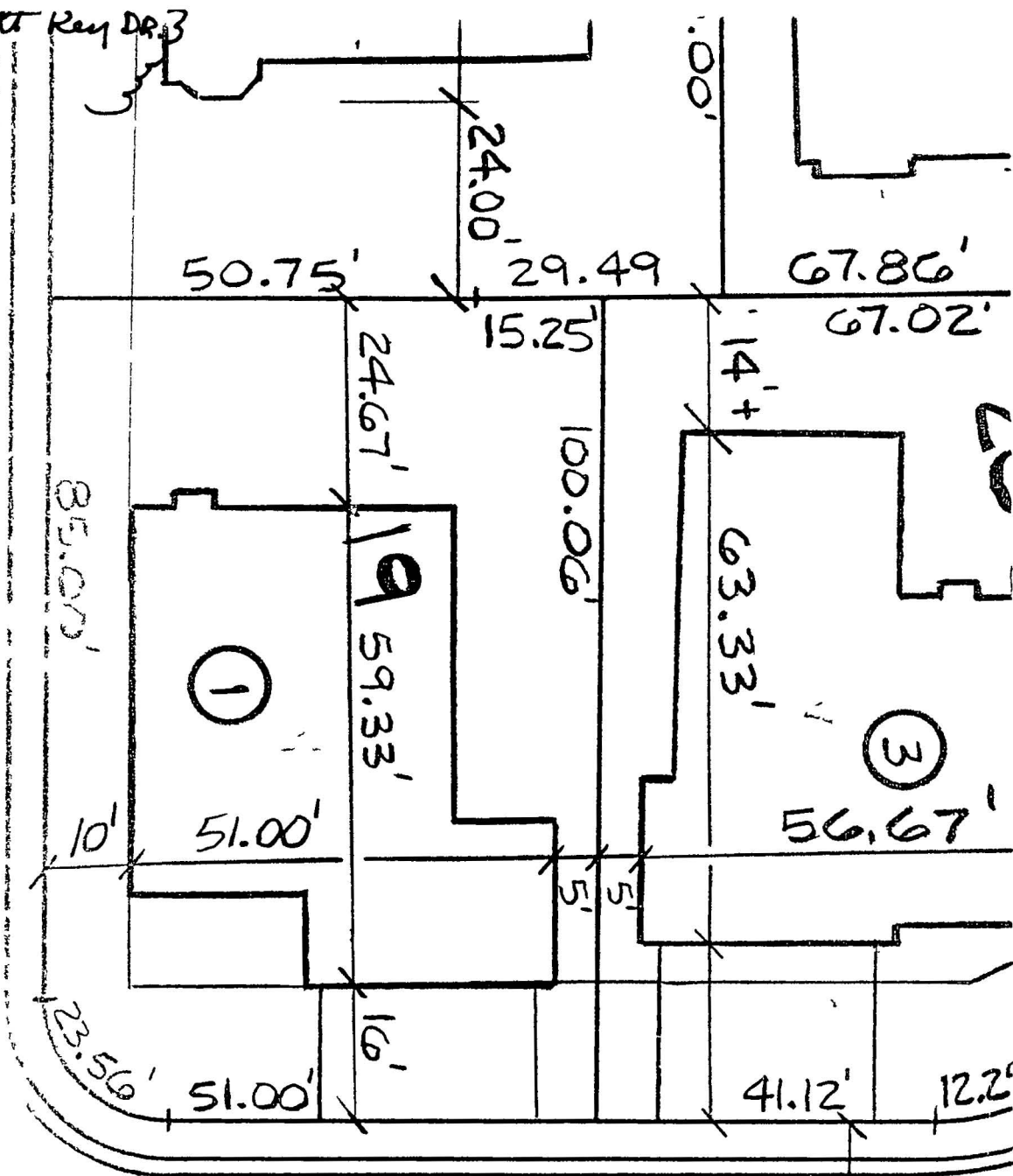
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SFD 3740 00  
SEWR 0250 00  
CHNG 0950 00  
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SFD -3740 00  
CHNG 0740 00  
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ADJ  
SEWR -0250 00  
CHNG 0250 00

PERMIT NO \_\_\_\_\_  
MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

2405 Elliott Key Dr. 3  
91-095473



## ELLIOT KEY DRIVE

APPROVED

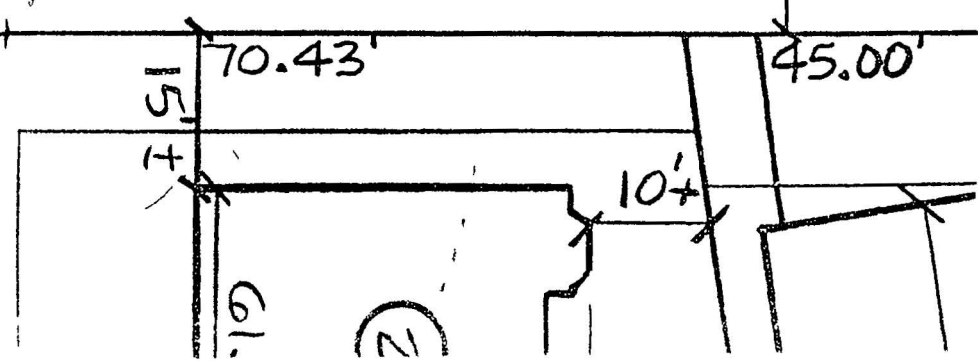
(BLOCK 4 LOT 19

2405 Elliott Key Drive

By *[Signature]*  
COMMUNITY PLANNING & DEVELOPMENT  
City of Las Vegas

12/4/90

23.56'  
67.02'



## CITY OF LAS VEGAS, NEVADA

PERMIT NO 91-096097

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

## ELECTRICAL PERMIT

LOG NO & AREA P-146 '91

22540-8

CONST VAL \$

ADDRESS OF CONSTRUCTION 2405 Elliot Key DrOWNER McKellar Dev LadollaCONTRACTOR Electric Cal Inc.STATE LICENSE NO 11728CCITY LICENSE NO 14380(PRINT NAME OF MASTER ELECTRICIAN)  
Rick L. StoutMASTER CARD NO M1-439PHONE 798-1840PROPOSED CONSTRUCTION Lot 19 plan 1USE final 7-9-91

ELECTRIC PERMIT NO

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

| UNITS                                                                                                               | DESCRIPTION                                                                                                                                                                                                                           | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                              |                                                                                                                                                                                                                                       |       |       |
| 1                                                                                                                   | For Issuing Each Permit                                                                                                                                                                                                               | 10 00 | 10.00 |
|                                                                                                                     | Supplemental Fee                                                                                                                                                                                                                      | 4 50  |       |
| <b>APPLIANCE CHARGE</b>                                                                                             |                                                                                                                                                                                                                                       |       |       |
| <b>Residential or General Commercial</b>                                                                            |                                                                                                                                                                                                                                       |       |       |
| 49                                                                                                                  | Receptacle _____ Switch _____                                                                                                                                                                                                         | 40    | 19.60 |
| 12                                                                                                                  | Each Light Fixture Socket or Exit Light Smoke Detector or Exhaust Fan                                                                                                                                                                 | 30    | 3.60  |
| 4                                                                                                                   | EACH OUTLET FOR SPECIAL PURPOSE Dishwasher Garbage Grinder Trash Compactor GFI Clothes Washer Dryer Electric Range Ovens Water Heater Space Heater Blast Coil Heater (PER KW) Mercury Lamp Quartz Lamp Sodium Lamp 20AMP Sign Circuit | 70    | 2.80  |
|                                                                                                                     | X Ray Unit                                                                                                                                                                                                                            | 10 00 |       |
|                                                                                                                     | Area Lighting (First 3 000 Watts)                                                                                                                                                                                                     | 8 00  |       |
|                                                                                                                     | Each Additional 1 000 Watts                                                                                                                                                                                                           | 3 00  |       |
| <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 00  |       |
|                                                                                                                     | First KVA For Each Unit                                                                                                                                                                                                               | 3 00  |       |
|                                                                                                                     | Each Additional H P Ton or KVA up to 50                                                                                                                                                                                               | 50    |       |
|                                                                                                                     | Each Additional H P Ton or KVA over 50                                                                                                                                                                                                | 35    |       |
|                                                                                                                     | Temporary power or Pole                                                                                                                                                                                                               | 6 00  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                          |                                                                                                                                                                                                                                       |       |       |
| 1                                                                                                                   | Up to 200 AMP                                                                                                                                                                                                                         | 6 00  | 6.00  |
|                                                                                                                     | 400 AMP And 600 AMP                                                                                                                                                                                                                   | 12 50 |       |
|                                                                                                                     | Over 600 AMP To 1200 AMP                                                                                                                                                                                                              | 25 00 |       |
|                                                                                                                     | Over 1200 AMP                                                                                                                                                                                                                         | 50 00 |       |
|                                                                                                                     | Each Additional Meter Socket                                                                                                                                                                                                          | 50    |       |
|                                                                                                                     | Sub Panel Motor Control Center Disconnect Switch Transfer Switch (Each)                                                                                                                                                               | 3 00  |       |
|                                                                                                                     | Swimming Pool (Residential)                                                                                                                                                                                                           | 20 00 |       |
|                                                                                                                     | Swimming Pool (Semi Public)                                                                                                                                                                                                           | 30 00 |       |
|                                                                                                                     | Spas                                                                                                                                                                                                                                  | 8 00  |       |
|                                                                                                                     | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                    | 3 00  |       |

| UNITS                                                                    | DESCRIPTION                                                                                                                                                               | FEE            | TOTAL |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                          | Busways Trolley or Plug in (Ea 100 Ft)                                                                                                                                    | 3 00           |       |
|                                                                          | Gas Pumps Dispensers (Each)                                                                                                                                               | 3 00           |       |
| 1                                                                        | Permanent A/C Unit (5 Tons or Less)                                                                                                                                       | 3 00           | 3.00  |
|                                                                          | Each Air Handler                                                                                                                                                          | 1 00           |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                             |                                                                                                                                                                           |                |       |
|                                                                          | Speaker Outlets (Each)                                                                                                                                                    | 30             |       |
|                                                                          | Signal or Alarm Outlets (Each)                                                                                                                                            | 30             |       |
|                                                                          | Amplifiers                                                                                                                                                                | 2 00           |       |
|                                                                          | Control Panel                                                                                                                                                             | 50             |       |
| 3                                                                        | TV Master System                                                                                                                                                          | 30             | .90   |
| 3                                                                        | Telephone or Computer Outlet                                                                                                                                              | 30             | .90   |
| <b>OTHER INSPECTIONS AND FEES INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                           |                |       |
|                                                                          | Inspections outside of normal business hours.. (minimum charge — three hours)                                                                                             | 30 00 per hour |       |
|                                                                          | Reinspection fee assessed under provisions of TABLE 3 A of the Uniform Building Code = \$30 00 EACH                                                                       | 30 00 each     |       |
|                                                                          | Inspections for which no fee is specifically indicated (minimum charge — one half hour)                                                                                   | 30 00 per hour |       |
|                                                                          | Additional plan review required by changes additions or revisions to approved plans (minimum charge — one half hour) After work hours — \$30 00 per hour — minimum 1 hour | 30 00 per hour |       |
|                                                                          | Starter Permit                                                                                                                                                            | 50 00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                            |                                                                                                                                                                           |                |       |
|                                                                          | Commercial —Burglar Alarms                                                                                                                                                |                |       |
|                                                                          | —Music Systems                                                                                                                                                            |                |       |
|                                                                          | —Data Processing                                                                                                                                                          |                |       |
|                                                                          | —Communication                                                                                                                                                            |                |       |
|                                                                          | Conduit Only—Contract Price                                                                                                                                               |                |       |
|                                                                          | All Misc Electric                                                                                                                                                         |                |       |

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

# 2310-2432

01/21 91

## RECEIPT

-\*\*\*002\*\*

ELEC 232 50

CHK 232 50

32064000 10 17

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 46.80

LESS STARTER PERMIT

TOTAL FEES

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 386 6251

PERMIT NO

91-096457

2071

ELECTRICAL PERMIT

LOG NO &amp; AREA

P146

DATE

11/31/91

CONST VAL \$

ADDRESS OF CONSTRUCTION 2405 ELLIOT KEY DR

OWNER

MCKELLAR DEVOLP. LAJOLIA CLASSICS WO#530

CONTRACTOR ACME ELECTRIC

STATE LICENSE NO 2307

CITY LICENSE NO C&amp;D

LOY G. O'BRIEN

(PRINT NAME OF MASTER ELECTRICIAN)

405

MASTER CARD NO

PHONE 876-1116

PROPOSED CONSTRUCTION

INSTALL

TEMP. POWER POLE

USE

finalized 2-6-91

ELECTRIC PERMIT NO 91-095-473

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

| UNITS                                                                                                                   | DESCRIPTION                                                                                                                                                                                                                                          | FEE   | TOTAL |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                  |                                                                                                                                                                                                                                                      |       |       |
| 1                                                                                                                       | For Issuing Each Permit                                                                                                                                                                                                                              | 10 00 | 10.00 |
|                                                                                                                         | Supplemental Fee                                                                                                                                                                                                                                     | 4 50  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                 |                                                                                                                                                                                                                                                      |       |       |
| <b>Residential or General Commercial</b>                                                                                |                                                                                                                                                                                                                                                      |       |       |
|                                                                                                                         | Receptacle _____ Switch _____                                                                                                                                                                                                                        | 40    |       |
|                                                                                                                         | Each Light Fixture Socket or Exit Light<br>Smoke Detector or Exhaust Fan                                                                                                                                                                             | 30    |       |
|                                                                                                                         | EACH OUTLET FOR SPECIAL PURPOSE<br>Dishwasher Garbage Grinder Trash Compactor<br>GFI Clothes Washer Dryer Electric Range<br>Ovens Water Heater Space Heater Blast Coil<br>Heater (PER KW) Mercury Lamp Quartz Lamp<br>Sodium Lamp 20AMP Sign Circuit | 70    |       |
|                                                                                                                         | X Ray Unit                                                                                                                                                                                                                                           | 10 00 |       |
|                                                                                                                         | Area Lighting (First 3 000 Watts)                                                                                                                                                                                                                    | 8 00  |       |
|                                                                                                                         | Each Additional 1 000 Watts                                                                                                                                                                                                                          | 3 00  |       |
| <b>MOTORS (1 H P AND OVER) TRANSFORMERS ELEVATORS WELDERS<br/>GENERATORS CHILLERS SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                      |       |       |
|                                                                                                                         | First H P or Ton For each Unit                                                                                                                                                                                                                       | 3 00  |       |
|                                                                                                                         | First KVA For Each Unit                                                                                                                                                                                                                              | 3 00  |       |
|                                                                                                                         | Each Additional H P Ton or KVA up to 50                                                                                                                                                                                                              | 50    |       |
|                                                                                                                         | Each Additional H P Ton or KVA over 50                                                                                                                                                                                                               | 35    |       |
| 1                                                                                                                       | Temporary power or Pole                                                                                                                                                                                                                              | 6 00  | 6.00  |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                              |                                                                                                                                                                                                                                                      |       |       |
|                                                                                                                         | Up to 200 AMP                                                                                                                                                                                                                                        | 6 00  |       |
|                                                                                                                         | 400 AMP And 600 AMP                                                                                                                                                                                                                                  | 12 50 |       |
|                                                                                                                         | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                             | 25 00 |       |
|                                                                                                                         | Over 1200 AMP                                                                                                                                                                                                                                        | 50 00 |       |
|                                                                                                                         | Each Additional Meter Socket                                                                                                                                                                                                                         | 50    |       |
|                                                                                                                         | Sub Panel Motor Control Center<br>Disconnect Switch Transfer Switch (Each)                                                                                                                                                                           | 3 00  |       |
|                                                                                                                         | Swimming Pool (Residential)                                                                                                                                                                                                                          | 20 00 |       |
|                                                                                                                         | Swimming Pool (Semi Public)                                                                                                                                                                                                                          | 30 00 |       |
|                                                                                                                         | Spas                                                                                                                                                                                                                                                 | 8 00  |       |
|                                                                                                                         | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                   | 3 00  |       |

| UNITS                                                                        | DESCRIPTION                                                                                                                                                                        | FEE               | TOTAL |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                              | Busways Trolley or Plug in (Ea 100 Ft)                                                                                                                                             | 3 00              |       |
|                                                                              | Gas Pumps Dispensers (Each)                                                                                                                                                        | 3 00              |       |
|                                                                              | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                | 3 00              |       |
|                                                                              | Each Air Handler                                                                                                                                                                   | 1 00              |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                 |                                                                                                                                                                                    |                   |       |
|                                                                              | Speaker Outlets (Each)                                                                                                                                                             | 30                |       |
|                                                                              | Signal or Alarm Outlets (Each)                                                                                                                                                     | 30                |       |
|                                                                              | Amplifiers                                                                                                                                                                         | 2 00              |       |
|                                                                              | Control Panel                                                                                                                                                                      | 50                |       |
|                                                                              | TV Master System                                                                                                                                                                   | 30                |       |
|                                                                              | Telephone or Computer Outlet                                                                                                                                                       | 30                |       |
| <b>OTHER INSPECTIONS AND FEES<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                    |                   |       |
|                                                                              | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                     | 30 00<br>per hour |       |
|                                                                              | Reinspection fee assessed under provisions of TABLE<br>3 A of the Uniform Building Code = \$30 00 EACH                                                                             | 30 00<br>each     |       |
|                                                                              | Inspections for which no fee is specifically<br>indicated (minimum charge — one half hour)                                                                                         | 30 00<br>per hour |       |
|                                                                              | Additional plan review required by changes additions<br>or revisions to approved plans (minimum charge —<br>one half hour) After work hours — \$30 00 per hour<br>— minimum 1 hour | 30 00<br>per hour |       |
|                                                                              | Starter Permit                                                                                                                                                                     | 50 00             |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                |                                                                                                                                                                                    |                   |       |
|                                                                              | Commercial —Burglar Alarms                                                                                                                                                         |                   |       |
|                                                                              | —Music Systems                                                                                                                                                                     |                   |       |
|                                                                              | —Data Processing                                                                                                                                                                   |                   |       |
|                                                                              | —Communication                                                                                                                                                                     |                   |       |
|                                                                              | Conduit Only—Contract Price                                                                                                                                                        |                   |       |
|                                                                              | All Misc Electric                                                                                                                                                                  |                   |       |

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

# 2310 2432

02/04/91

## RECEIPT

\*\*0005\*\*

ELEC 90 00

CHEK 50 00

0484A00 12 54

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 16.00

LESS  
STARTER PERMIT

TOTAL FEES 16.00

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 386 6251

T NO

91-096658  
PLUMBING PERMIT

22904-A

LOG NO & AREA P146 DATE 11/17/91 CONST VAL \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION 2405 Elliott Key Dr OWNER Mr Keller PHONE \_\_\_\_\_CONTRACTOR N & N Plumbing STATE LICENSE NO 23019 CITY LICENSE NO 2-029053LOT(s) 19 BLOCK 1 SUBDIVISION Desert Shores - La Jolla (Classic) ZONE \_\_\_\_\_PROPOSED CONSTRUCTION Complete plumbing installation USE Finalized 7-9-91  
PLUMBING PERMIT NO \_\_\_\_\_

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

| UNITS                            | DESCRIPTION                                                                                   | FEE   | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                               |       |       |
| 1                                | For Issuing Each Permit                                                                       | 10 00 | 10 -  |
|                                  | For Issuing Each Supplemental Permit                                                          | 4 50  |       |
| <b>FIXTURE CHARGE</b>            |                                                                                               |       |       |
| 7                                | Bathtub Shower Lavatory Toilet Urinal EA                                                      | 2 00  | 14 -  |
| 1                                | Floor Drain Floor Sink Wash Tray Sink EA                                                      | 2 00  | 2 -   |
| 3                                | Garbage Disposal Clothes Washer Dishwasher (residential) EA                                   | 2 00  | 6 -   |
|                                  | 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  |       |
| 1                                | Refrigerator Ice Maker Water Dispenser                                                        | 2 00  | 2 -   |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                             | 2 00  |       |
| 1                                | Hot Water Heater (Gas or Electric) EA                                                         | 2 00  | 2 -   |
| <b>SEWER SYSTEM</b>              |                                                                                               |       |       |
| 1                                | New Replacement Modification or Any Drainage Work                                             | 10 00 | 10 -  |
|                                  | 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 -   |
|                                  | 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)                                                                                                                                                                                 | 2 00           |       |
| 5                                 | Each Gas Appliance (Any Type)                                                                                                                                                                                       | 2 00           | 10 -  |
|                                   | 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  
CONNECTIONFIXTURES \_\_\_\_\_ X 02/05/91

FEE \_\_\_\_\_

2310 2403  
PERMIT  
FEE \_\_\_\_\_TOTAL  
FEES 6800

RECEIPT

\*\*0005\*\*

F L P G 712 00

C H E K 712 50

2587A000 15 00

gas tag #17289  
7-9-91

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 Contractor or Owner

BUILDING DEPT

DATE

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251LOG NO & AREA P 146ADDRESS OF  
CONSTRUCTION 2405 ELLIOT KEY DRIVECONTRACTOR FORCED AIR SYSTEMSLOT(s) 19 BLOCK 4 SUBDIVISIONPROPOSED CONSTRUCTION HVACDATE 2/17/91

CONST VAL \$

OWNER MCKELLAR CONSTRUCTION PHONESTATE  
LICENSE NO 0026745CITY  
LICENSE NO 034483

LA JOLLA CLASSICS

ZONE

final 7-9-91

USE

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                      | FEE   | TOTAL |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                  |       |       |
| 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  |       |
|                          | 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  |       |
| 1                        | 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 | 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 |       |

| 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<br>COMMERCIAL<br>RESIDENTIAL                                                                                                                                                                                                                                                                                  | 4 50<br>2 35   | 7 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           |       |
| <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 BTU H                                                                                                                                                                       | 6 00           |       |

2310-2435

RECEIPT

\*\*0005\*\*

A/C 771 00

CHEK 771 00

B756A000 15 05

02/07/91

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 FORCED AIR SYSTEMS CONTRACTOR MASTER CARD NO  
BY [Signature] Spec Cont r or Owner  
BUILDING DEPT [Signature] DATE 2/17/91

PERMIT  
FEETOTAL  
FEES3855

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

92-153458

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FOR



091827-0

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction  
cover 520 00  
CONST VAL \$room 1560.00PLAN CHECK NO M-4703

DATE

ADDRESS OF CONSTRUCTION 2405 Elliot Key DriveOWNER Koji & Agnes MaeyamaPHONE 256-7881LOT(s) 3 BLOCK 243 SUBDIVISION La Jolla Classic ZONE R-PDSPROPOSED CONSTRUCTION Aluminum Patio Cover ICBO 3190P  
Glass Patio Room Enclosure ICBO 3190P

USE

THIS PERMIT FOR BLDG ☐ A/C ☐ ELEC ☐ PLBG ☐OTHER PERMITS REQD FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT \_\_\_\_\_ 1ST \_\_\_\_\_ 2ND \_\_\_\_\_ GARAGE \_\_\_\_\_ PORCH 520 + 78 = 598CONTRACTOR Dura Kool Aluminum ProductsSTATE LICENSE NO 32068CITY LICENSE NO 10254

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

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

## OTHER INSPECTIONS AND FEES

- Inspections outside of normal business hours = \$30 00 per hour (minimum charge three hours)
- Re inspection fee during normal business hours assessed under provisions of TABLE 3 A of the Uniform Building Code = \$30 00 per hour
- Inspections during normal business hours for which no fee is specifically indicated = \$30 00 per hour (minimum charge one half hour)
- Additional plan review required by changes additions or revisions to approved plans = \$30 00 per hour (minimum charge two hours)

## CONDITIONS OF THE PERMIT

- 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
- I agree that when the job is completed that I will call for final inspection before occupancy
- I agree to perform all construction in accordance with City Ordinances and Building Codes
- 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
- 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
- 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
- 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS

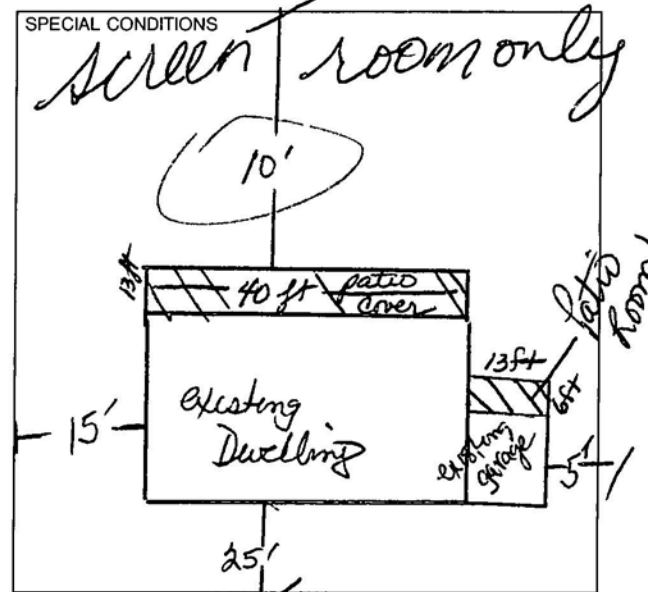
BY \_\_\_\_\_  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY

OWNER

BY S. Kidd  
AGENT

I hereby certify that I have reviewed this application and the proposed plans and have found that the proposed development meets the requirements of the City of Las Vegas Flood Hazard Reduction Ordinance for the issuance of this Development Permit

## SPECIAL CONDITIONS



LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

## ELECTRICAL

FEE

PLANNING DEPT

DATE

BUILDING DEPT

DATE

## PLUMBING

FEE

|                                   |       |  |
|-----------------------------------|-------|--|
| WATER DISTRIBUTION                | 6 00  |  |
| SEWER SYSTEM NEW OR MODIFICATION  | 10 00 |  |
| FIXTURES WATER SOFTENER HW 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                    |      |  |

|                                             |          |
|---------------------------------------------|----------|
| 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                             | 07/21/92 |
| MISC                                        |          |

|                             |  |
|-----------------------------|--|
| 2310 2431 PLAN REVIEW       |  |
| 2310 2401 BLDG PERMIT       |  |
| 7 143 2973 SEWER CONNECTION |  |
| 6 122 3352 TORTOISE         |  |
| 2897 PIF                    |  |
| 88 100 1232 TRANSPORT       |  |

TOTAL FEES

52 00

RECEIPT  
MUST BE MACHINE VALIDATED  
SFD 52 00  
CHEK 52 00  
9912A000 09 24

PERMIT NO

Permit Expires 180 Days After Abandonment of Work

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |                                                                                                                                  |                                       |                                                         |                                   |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/>                                                                                               | <b>PERMIT NUMBER</b>                                                                                                             | 90-087254                             | <b>INSPECTION NUMBER</b>                                | 37360-0                           |
| <b>JOB ADDRESS</b> 2405 Elliot Key Dr.                                                                                 |                                                                                                                                  |                                       |                                                         |                                   |
| <b>LOT NO.</b>                                                                                                         | <b>BLOCK NO.</b>                                                                                                                 | <b>SUBDIVISION NAME</b>               |                                                         |                                   |
| 18(19)                                                                                                                 | 4                                                                                                                                | Laguna                                |                                                         |                                   |
| <b>FIRE DEPT MAP NO.</b>                                                                                               | <b>JOB PHONE</b>                                                                                                                 | <b>CALL IN DATE</b>                   | <b>CALL IN TIME</b>                                     | <b>SCHEDULE DATE</b>              |
|                                                                                                                        |                                                                                                                                  | 7/5/91                                | 5 12 30p                                                |                                   |
| <b>INSPECTOR NO.</b>                                                                                                   |                                                                                                                                  | <b>INSPECTOR NAME</b>                 |                                                         |                                   |
| 7062                                                                                                                   |                                                                                                                                  |                                       |                                                         |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                            |                                                                                                                                  | footing                               |                                                         |                                   |
|                                                                                                                        |                                                                                                                                  |                                       |                                                         |                                   |
| <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                                                        |                                       |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                             |                                                                                                                                  | <b>INSPECTION DATE</b>                |                                                         |                                   |
| [Signature]                                                                                                            |                                                                                                                                  | 7-8-91                                |                                                         |                                   |
| <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 |                                                                                                                                  |                                       |                                                         |                                   |

**DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS**

|                                 |                   |                     |
|---------------------------------|-------------------|---------------------|
| JOB ADDRESS<br>2504 Elliot Key  |                   | PERMIT NO.<br>95473 |
| LOT NO.                         | MAP NO.<br>1-22Sp | INSPECTOR<br>C66    |
| SUBDIVISION NAME                |                   | DATE<br>1-25-91     |
| INSPECTOR SIGNATURE<br>J. Brown |                   | PHONE<br>1-25-91    |

[illegible]☐ PARTIAL INSPECTION DESCRIPTION

☒ **APPROVED**

☐ PERMIT REQUIRED

☐ **STOP WORK**☐ **REJECTED CORRECTION NOTICE REINSPECTION REQUIRED CALL 799 2071**

| INSPECT                                 | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                                 | DESCRIPTION            |
|-----------------------------------------|---------------------------------|------------------------------|-----------------------------|-----------------------------------------|------------------------|
| <input checked="" type="checkbox"/> B 1 | FOOTING LAYOUT REBAR ZONING     | <input type="checkbox"/> P 1 | ON SITE SEWER               | <input type="checkbox"/> X 2            | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B 2            | STEM WALL – FORMS & REBAR       | <input type="checkbox"/> P 2 | ON SITE WATER               | <input type="checkbox"/> X 3            | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B 3            | PRE SLAB                        | <input type="checkbox"/> P 3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X 4            | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B 4            | ROOF SHEATHING                  | <input type="checkbox"/> P 4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X 5            | FIRE ALARM             |
| <input type="checkbox"/> B 5            | FRAMING                         | <input type="checkbox"/> P 5 | TOP OUT WATER GAS WASTE     | <input type="checkbox"/> X 6            | OTHER                  |
| <input type="checkbox"/> B 6            | INSULATION                      | <input type="checkbox"/> P 6 | FINAL GAS TEST              | <input type="checkbox"/> X 7            | FINAL FIRE             |
| <input type="checkbox"/> B 7            | DRYWALL NAILING                 | <input type="checkbox"/> P 7 | FINAL PLUMBING              |                                         |                        |
| <input type="checkbox"/> B 8            | EXTERIOR LATH/STUCCO            |                              |                             | <input checked="" type="checkbox"/> E 1 | UNDERGROUND ELETRICAL  |
| <input type="checkbox"/> B 9            | WALL GROUT & STEEL              | <input type="checkbox"/> M 1 | ROUGH VENT                  | <input type="checkbox"/> E 2            | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B 10           | <b>POOL</b> PRE GUNITE          | <input type="checkbox"/> M 2 | HOOD                        | <input type="checkbox"/> E 3            | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11           | <b>POOL</b> PRE PLASTER / FINAL | <input type="checkbox"/> M 3 | FINAL MECHANICAL            | <input type="checkbox"/> E 4            | SIGN INSPECTION        |
| <input type="checkbox"/> B 12           | BUILDING FINAL                  |                              |                             | <input type="checkbox"/> E 5            | FINAL ELECTRICAL       |
| <input type="checkbox"/> B 13           | CERT OF OCC                     | <input type="checkbox"/> X 1 | KICKER / FLUSH              | <input type="checkbox"/> E 6            | TEMP POWER             |

☐ **FINAL INSPECTION**

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

**FOR ASSISTANCE CALL 386-6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                   |                           |                               |
|---------------------------------------------------|---------------------------|-------------------------------|
| JOB ADDRESS<br><b>2405 Elliot Key Dr</b>          |                           | PERMIT NO<br><b>96457</b>     |
| LOT NO                                            | MAP NO<br><b>10-1027A</b> | DATE<br><b>2-5-91</b>         |
| SUBDIVISION NAME<br><b>La Jolla Classics Acme</b> |                           | PHONE<br><b>876-1116</b>      |
| INSPECTOR SIGNATURE<br><b>J. Lawson</b>           |                           | INSPECTION DATE<br><b>2-6</b> |

**29742**

☐ PARTIAL INSPECTION DESCRIPTION

☐ APPROVED

☐ PERMIT REQUIRED

☐ STOP WORK

☐ REJECTED CORRECTION NOTICE REINSPECTION REQUIRED CALL 799 2071

| INSPECT                       | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                                 | DESCRIPTION            |
|-------------------------------|---------------------------------|------------------------------|-----------------------------|-----------------------------------------|------------------------|
| <input type="checkbox"/> B 1  | FOOTING LAYOUT REBAR ZONING     | <input type="checkbox"/> P 1 | ON SITE SEWER               | <input type="checkbox"/> X 2            | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B 2  | STEM WALL — FORMS & REBAR       | <input type="checkbox"/> P 2 | ON SITE WATER               | <input type="checkbox"/> X 3            | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B 3  | PRE SLAB                        | <input type="checkbox"/> P 3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X 4            | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B 4  | ROOF SHEATHING                  | <input type="checkbox"/> P 4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X 5            | FIRE ALARM             |
| <input type="checkbox"/> B 5  | FRAMING                         | <input type="checkbox"/> P 5 | TOP OUT WATER GAS WASTE     | <input type="checkbox"/> X 6            | OTHER                  |
| <input type="checkbox"/> B 6  | INSULATION                      | <input type="checkbox"/> P 6 | FINAL GAS TEST              | <input type="checkbox"/> X 7            | FINAL FIRE             |
| <input type="checkbox"/> B 7  | DRYWALL NAILING                 | <input type="checkbox"/> P 7 | FINAL PLUMBING              |                                         |                        |
| <input type="checkbox"/> B 8  | EXTERIOR LATH/STUCCO            |                              |                             | <input type="checkbox"/> E 1            | UNDERGROUND ELECTRICAL |
| <input type="checkbox"/> B 9  | WALL GROUT & STEEL              | <input type="checkbox"/> M 1 | ROUGH VENT                  | <input type="checkbox"/> E 2            | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B 10 | <b>POOL</b> PRE GUNITE          | <input type="checkbox"/> M 2 | HOOD                        | <input type="checkbox"/> E 3            | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11 | <b>POOL</b> PRE PLASTER / FINAL | <input type="checkbox"/> M 3 | FINAL MECHANICAL            | <input type="checkbox"/> E 4            | SIGN INSPECTION        |
| <input type="checkbox"/> B 12 | BUILDING FINAL                  |                              |                             | <input type="checkbox"/> E 5            | FINAL ELECTRICAL       |
| <input type="checkbox"/> B 13 | CERT OF OCC                     | <input type="checkbox"/> X 1 | KICKER / FLUSH              | <input checked="" type="checkbox"/> E 6 | TEMP POWER <i>pole</i> |

☒ FINAL INSPECTION

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

**FOR ASSISTANCE CALL 386-6251**

**DEPARTMENT OF BUILDING & SAFETY    CITY OF LAS VEGAS**

[illegible]

**FOR ASSISTANCE CALL 386-6251**

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

[illegible]

**FOR ASSISTANCE CALL 386-6251**

**DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS**

|                                    |                   |                     |
|------------------------------------|-------------------|---------------------|
| JOB ADDRESS<br>2408 Elliott Key Dr |                   | PERMIT NO<br>954-81 |
| LOT NO<br>19 bl 4                  | MAP NO<br>15-115P | INSPECTOR<br>6660   |
| SUBDIVISION NAME                   |                   | DATE<br>3-26-91     |
| INSPECTOR SIGNATURE<br>[Signature] |                   | PHONE               |
| INSPECTION DATE<br>3-27-91         |                   |                     |

☐ PARTIAL INSPECTION DESCRIPTION

☒ **APPROVED**

☐ PERMIT REQUIRED☐ STOP WORK

☐ REJECTED    ☐ CORRECTION NOTICE    ☐ REINSPECTION REQUIRED CALL 799 2071

| INSPECT                                 | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                                 | DESCRIPTION            |
|-----------------------------------------|---------------------------------|------------------------------|-----------------------------|-----------------------------------------|------------------------|
| <input type="checkbox"/> B 1            | FOOTING LAYOUT REBAR ZONING     | <input type="checkbox"/> P 1 | ON SITE SEWER               | <input type="checkbox"/> X 2            | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B 2            | STEM WALL – FORMS & REBAR       | <input type="checkbox"/> P 2 | ON SITE WATER               | <input type="checkbox"/> X 3            | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B 3            | PRE SLAB                        | <input type="checkbox"/> P 3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X 4            | SPRINKLER SYSTEM HYDRO |
| <input checked="" type="checkbox"/> B 4 | ROOF SHEATHING                  | <input type="checkbox"/> P 4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X 5            | FIRE ALARM             |
| <input type="checkbox"/> B 5            | FRAMING                         | <input type="checkbox"/> P 5 | TOP OUT WATER GAS WASTE     | <input checked="" type="checkbox"/> X 6 | OTHER <i>sheen</i>     |
| <input type="checkbox"/> B 6            | INSULATION                      | <input type="checkbox"/> P 6 | FINAL GAS TEST              | <input type="checkbox"/> X 7            | FINAL FIRE             |
| <input type="checkbox"/> B 7            | DRYWALL NAILING                 | <input type="checkbox"/> P 7 | FINAL PLUMBING              |                                         |                        |
| <input type="checkbox"/> B 8            | EXTERIOR LATH/STUCCO            |                              |                             | <input type="checkbox"/> E 1            | UNDERGROUND ELETRICAL  |
| <input type="checkbox"/> B 9            | WALL GROUT & STEEL              | <input type="checkbox"/> M 1 | ROUGH VENT                  | <input type="checkbox"/> E 2            | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B 10           | <b>POOL</b> PRE GUNITE          | <input type="checkbox"/> M 2 | HOOD                        | <input type="checkbox"/> E 3            | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11           | <b>POOL</b> PRE PLASTER / FINAL | <input type="checkbox"/> M 3 | FINAL MECHANICAL            | <input type="checkbox"/> E 4            | SIGN INSPECTION        |
| <input type="checkbox"/> B 12           | BUILDING FINAL                  |                              |                             | <input type="checkbox"/> E 5            | FINAL ELECTRICAL       |
| <input type="checkbox"/> B 13           | CERT OF OCC                     | <input type="checkbox"/> X 1 | KICKER / FLUSH              | <input type="checkbox"/> E 6            | TEMP POWER             |

☐ **FINAL INSPECTION**

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

**FOR ASSISTANCE CALL 386 6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91-095473

**INSPECTION  
NUMBER**

JOB ADDRESS

2405 Elliot Key Dr

LOT NO

19

BLOCK NO

4

SUBDIVISION NAME

La Jolla Classics

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

4/4/91

CALL IN TIME

11:123P

SCHEDULE DATE

INSPECTOR NO

60

INSPECTOR NAME

**INSPECTION  
REQUESTED**

topout; R vent; R elec; frame

work Floor For connection's

will check AT insulation  
inspection

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL 799 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

SVAN FETTER

INSPECTION DATE

4-5-91

☐ **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 AM 7 15 AM OR 2 45 PM 3 00 PM AT

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

095473

**INSPECTION  
NUMBER**

JOB ADDRESS

2405 Elliot Key dr.

LOT NO

19

BLOCK NO

4

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

4/19/91 8:15 PM

INSPECTOR NO

60

INSPECTOR NAME

Craig Moore

**INSPECTION  
REQUESTED**

insulation

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL 799 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

Craig Moore

INSPECTION DATE

☐ **PROJECT  
COMPLETE**

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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                 |                      |                  |                          |                  |
|---------------------------------|----------------------|------------------|--------------------------|------------------|
| <input type="checkbox"/>        | <b>PERMIT NUMBER</b> | 91095473         | <b>INSPECTION NUMBER</b> |                  |
| JOB ADDRESS 2405 Elliott Key Dr |                      |                  |                          |                  |
| LOT NO                          | A                    | BLOCK NO         | 4                        | SUBDIVISION NAME |
|                                 |                      | LaJolla Classics |                          |                  |
| FIRE DEPT MAP NO                | JOB PHONE            | CALL IN DATE     | CALL IN TIME             | SCHEDULE DATE    |
|                                 |                      | 4 26 91          | 9 127p                   |                  |
| INSPECTOR NO                    | INSPECTOR NAME       |                  |                          |                  |
| 60                              |                      |                  |                          |                  |

**INSPECTION REQUESTED** Drywall Nailing

|                                                                                                                        |                                                                                                                                  |                                       |                                                         |                                          |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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                                                        |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                             | [Signature]                                                                                                                      |                                       | <b>INSPECTION DATE</b> 4-29-91                          |                                          |
| <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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                           |  |                                                                                                                                     |  |                                                   |  |                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|----------------------------------------------------------|--|
| <input type="checkbox"/> <b>PERMIT NUMBER</b>                                                                             |  | <b>095473</b>                                                                                                                       |  | <input type="checkbox"/> <b>INSPECTION NUMBER</b> |  |                                                          |  |
| JOB ADDRESS <b>2405 Elliot Key Dr.</b>                                                                                    |  |                                                                                                                                     |  |                                                   |  |                                                          |  |
| LOT NO                                                                                                                    |  | BLOCK NO                                                                                                                            |  | SUBDIVISION NAME <b>La Jolla classics</b>         |  |                                                          |  |
| FIRE DEPT MAP NO                                                                                                          |  | JOB PHONE                                                                                                                           |  | CALL IN DATE <b>5/3/91</b>                        |  | CALL IN TIME <b>3 12-57p</b>                             |  |
| SCHEDULE DATE                                                                                                             |  | INSPECTOR NO <b>60</b>                                                                                                              |  |                                                   |  |                                                          |  |
| INSPECTOR NAME                                                                                                            |  |                                                                                                                                     |  |                                                   |  |                                                          |  |
| <b>INSPECTION REQUESTED</b>                                                                                               |  | <b>ext. lath</b>                                                                                                                    |  |                                                   |  |                                                          |  |
|                                                                                                                           |  |                                                                                                                                     |  |                                                   |  |                                                          |  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                               |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |  | PARTIAL DESCRIPTION                               |  |                                                          |  |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                          |  | <input type="checkbox"/> STOP WORK (S)                                                                                              |  | <input type="checkbox"/> COMMENTS (C)             |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) -- UNTIL |  |
|                                                                                                                           |  |                                                                                                                                     |  |                                                   |  | <input type="checkbox"/> HOLD (H)                        |  |
| <input type="checkbox"/> REJECTED (R)                                                                                     |  | REINSPECTION REQUIRED - CALL *799 2071                                                                                              |  |                                                   |  | <input type="checkbox"/> PERMIT REQUIRED                 |  |
| <input type="checkbox"/> REFEE (F)                                                                                        |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR 400 E STEWART STREET                                                      |  |                                                   |  |                                                          |  |
| INSPECTOR SIGNATURE <b>[Signature]</b>                                                                                    |  |                                                                                                                                     |  | INSPECTION DATE <b>5-6-91</b>                     |  |                                                          |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                 |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |  |                                                   |  |                                                          |  |
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FOR ADDITIONAL ASSISTANCE CALL \*386-6251  
SEE REVERSE SIDE FOR INSPECTION TYPES

\*EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229

# CITY OF LAS VEGAS

|                                                                                                                                  |  |                |  |                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|--------------------------------------------|--|
| <input type="checkbox"/> PERMIT NUMBER                                                                                           |  | 91095473       |  | <input type="checkbox"/> INSPECTION NUMBER |  |
| JOB ADDRESS 2405 Elliott Key Dr                                                                                                  |  |                |  |                                            |  |
| LOT NO 19                                                                                                                        |  | BLOCK NO 4     |  | SUBDIVISION NAME                           |  |
| FIRE DEPT MAP NO                                                                                                                 |  | JOB PHONE      |  | CALL IN DATE 7 8 91                        |  |
| INSPECTOR NO 60                                                                                                                  |  | INSPECTOR NAME |  | CALL IN TIME 8 11 48A                      |  |
| SCHEDULE DATE                                                                                                                    |  |                |  |                                            |  |
| INSPECTION REQUESTED F/plumb, mech, elect, bldg gas & elect tag                                                                  |  |                |  |                                            |  |
| GAS 17289                                                                                                                        |  |                |  |                                            |  |
| elect 33067                                                                                                                      |  |                |  |                                            |  |
| PARTIAL INSPECTION                                                                                                               |  |                |  |                                            |  |
| 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"/> REFEE (F)                                                                                               |  |                |  |                                            |  |
| REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |  |                |  |                                            |  |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                         |  |                |  |                                            |  |
| INSPECTOR SIGNATURE [Signature]                                                                                                  |  |                |  |                                            |  |
| INSPECTION DATE 7-9-91                                                                                                           |  |                |  |                                            |  |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                             |  |                |  |                                            |  |
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