

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

<input type="checkbox"/> PERMIT NUMBER		91104265		INSPECTION NUMBER	
JOB ADDRESS					
5500 White Leaf Ct					
LOT NO		BLOCK NO		SUBDIVISION NAME	
FIRE DEPT MAP NO		JOB PHONE		CALL IN DATE	
				6 28 91	
				CALL IN TIME	
				2 8 22A	
INSPECTOR NO		INSPECTOR NAME			
64					

**INSPECTION REQUESTED** → Drywall Nail

*(Large empty area for notes or drawings)*

<input type="checkbox"/> PARTIAL INSPECTION	<input type="checkbox"/> PARTIAL APPROVAL (P)	PARTIAL DESCRIPTION			
<input checked="" type="checkbox"/> APPROVED (A)	<input type="checkbox"/> STOP WORK (S)	<input type="checkbox"/> COMMENTS (C)	<input type="checkbox"/> TEMPORARY APPROVAL (T) -- UNTIL	<input type="checkbox"/> HOLD (H)	
<input type="checkbox"/> REJECTED (R)	REINSPECTION REQUIRED CALL *799 2071				<input type="checkbox"/> PERMIT REQUIRED
<input type="checkbox"/> REFEE (F)	REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET				

INSPECTOR SIGNATURE	<i>[Signature]</i>	INSPECTION DATE	7/11/91
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<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)
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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