

## CITY OF LAS VEGAS, NEVADA

DEVELOPMENT NO

90-004904

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

LOG NO &amp; AREA

030-582-01

DATE

10/3/90

CONST VAL \$

5510.00

ADDRESS OF  
CONSTRUCTION

2713 MASON AVE

OWNER

ERNEST P. BUSKIRK

PHONE

877-8839

LOT(S)

2

BLOCK

2

SUBDIVISION

MC NEIL TRACT #4

ZONE

R-1

PROPOSED CONSTRUCTION

GARAGE

USE

GARAGE/STORAGE

THIS PERMIT FOR

BLDG ☒A/C ☐ELEC ☐PLBG ☐

OTHER PERMITS REQD

FENCE ☐OFF SITE ☐SWIM POOL ☐

FLOOR AREA

BSMT

1ST

2ND

GARAGE

551

PORCH

TOTAL

551

CONTRACTOR

OWNER

STATE  
LICENSE NOCITY  
LICENSE NO

ARCHITECT

ENGINEER

MASTER PLUMBER/  
CONTRACTORMASTER ELECTRICIAN/  
CONTRACTOR

## OTHER INSPECTIONS AND FEES

- 1 Inspections outside of normal business hours = \$30.00 per hour (minimum charge three hours)
- 2 Re inspection fee during normal business hours assessed under provisions of TABLE 3 A of the Uniform Building Code = \$30.00 per hour
- 3 Inspections during normal business hours for which no fee is specifically indicated = \$30.00 per hour (minimum charge one half hour)
- 4 Additional plan review required by changes additions or revisions to approved plans = \$30.00 per hour (minimum charge two hours)

## CONDITIONS OF THE PERMIT

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

BY

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

OWNER

BY

AGENT

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

PLANNING/DEPT

DATE

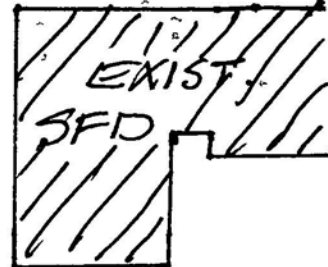
BUILDING DEPT

DATE

| 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  | 1.10   |
| 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                                  |        | 113.10 |
| VENTILATION FAN                    | 2.35  |     |                                             |        |        |
| 2310 2435                          | TOTAL |     |                                             |        |        |

## SPECIAL CONDITIONS

ACCESSORY BUILDING  
SHALL NOT EXCEED  
HEIGHT OF MAIN BUILDING



## RECEIPT

\*\*0005\*\*

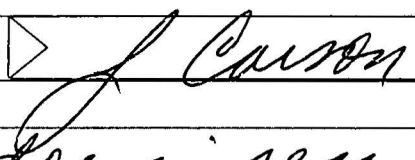
ELEC 1 10  
FLCK 44 00  
SFD 68 00  
CHEK 113 10  
2793A000 15 47

PERMIT NO

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                          |                                     |                                                                                                                                     |                             |
|----------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| JOB ADDRESS<br><b>- 2713 Mason Ave</b>                                                                   |                                     | PERMIT NO<br><b>804904</b>                                                                                                          |                             |
| LOT NO                                                                                                   | MAP NO<br><b>4-829A</b>             | INSPECTOR<br><b>68</b>                                                                                                              | DATE<br><b>11-26-90</b>     |
| SUBDIVISION NAME                                                                                         |                                     |                                                                                                                                     | PHONE                       |
| INSPECTOR SIGNATURE<br> |                                     | INSPECTION DATE<br><b>11-27-90</b>                                                                                                  |                             |
| <p><b>1 dog in rear yard!</b></p> <p><b>dog to be in house - Locked up</b></p>                           |                                     |                                                                                                                                     |                             |
| <input type="checkbox"/> PARTIAL INSPECTION DESCRIPTION                                                  |                                     |                                                                                                                                     |                             |
| <input type="checkbox"/> APPROVED                                                                        |                                     | <input type="checkbox"/> PERMIT REQUIRED                                                                                            |                             |
| <input type="checkbox"/> STOP WORK                                                                       |                                     |                                                                                                                                     |                             |
| <input checked="" type="checkbox"/> REJECTED CORRECTION NOTICE REINSPECTION REQUIRED CALL 799 2071       |                                     |                                                                                                                                     |                             |
| 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"/> B 2                                                                             | STEM WALL - FORMS & REBAR           | <input type="checkbox"/> P 2                                                                                                        | ON SITE WATER               |
| <input type="checkbox"/> B 3                                                                             | PRE SLAB                            | <input type="checkbox"/> P 3                                                                                                        | BUILDING SEWER (YARD LINES) |
| <input type="checkbox"/> B 4                                                                             | ROOF SHEATHING                      | <input type="checkbox"/> P 4                                                                                                        | UNDERSLAB PLUMBING          |
| <input type="checkbox"/> B 5                                                                             | FRAMING                             | <input type="checkbox"/> P 5                                                                                                        | TOP OUT WATER GAS WASTE     |
| <input type="checkbox"/> B 6                                                                             | INSULATION                          | <input type="checkbox"/> P 6                                                                                                        | FINAL GAS TEST              |
| <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"/> B 9                                                                             | WALL GROUT & STEEL                  | <input type="checkbox"/> M 1                                                                                                        | ROUGH VENT                  |
| <input type="checkbox"/> B 10                                                                            | <del>POOL</del> PRE GUNITE          | <input type="checkbox"/> M 2                                                                                                        | HOOD                        |
| <input type="checkbox"/> B 11                                                                            | <del>POOL</del> PRE PLASTER / FINAL | <input type="checkbox"/> M 3                                                                                                        | FINAL MECHANICAL            |
| <input type="checkbox"/> B 12                                                                            | BUILDING FINAL                      |                                                                                                                                     |                             |
| <input type="checkbox"/> B 13                                                                            | CERT OF OCC                         | <input type="checkbox"/> X 1                                                                                                        | KICKER / FLUSH              |
|                                                                                                          |                                     | <input type="checkbox"/> X 2                                                                                                        | UNDERGROUND HYDRO           |
|                                                                                                          |                                     | <input type="checkbox"/> X 3                                                                                                        | UNDERGROUND FINAL/FLOW      |
|                                                                                                          |                                     | <input type="checkbox"/> X 4                                                                                                        | SPRINKLER SYSTEM HYDRO      |
|                                                                                                          |                                     | <input type="checkbox"/> X 5                                                                                                        | FIRE ALARM                  |
|                                                                                                          |                                     | <input type="checkbox"/> X 6                                                                                                        | OTHER                       |
|                                                                                                          |                                     | <input type="checkbox"/> X 7                                                                                                        | FINAL FIRE                  |
|                                                                                                          |                                     | <input type="checkbox"/> E 1                                                                                                        | UNDERGROUND ELETRICAL       |
|                                                                                                          |                                     | <input type="checkbox"/> E 2                                                                                                        | ROUGH ELECTRICAL            |
|                                                                                                          |                                     | <input type="checkbox"/> E 3                                                                                                        | LOW VOLTAGE ELECTRICAL      |
|                                                                                                          |                                     | <input type="checkbox"/> E 4                                                                                                        | SIGN INSPECTION             |
|                                                                                                          |                                     | <input type="checkbox"/> E 5                                                                                                        | FINAL ELECTRICAL            |
|                                                                                                          |                                     | <input type="checkbox"/> E 6                                                                                                        | TEMP POWER                  |
| <input type="checkbox"/> FINAL INSPECTION                                                                |                                     | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                             |

**FOR ASSISTANCE CALL 388-8251**

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                 |                                 |                                                        |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------|------------------------------------|
| JOB ADDRESS<br><b>2713 Mason Ave</b>                                                                                                            |                                 | PERMIT NO<br><b>84904</b>                              |                                    |
| LOT NO                                                                                                                                          | MAP NO<br><b>12-1118A</b>       | INSPECTOR<br><b>68</b>                                 | DATE<br><b>11-27-90</b>            |
| SUBDIVISION NAME                                                                                                                                |                                 |                                                        | PHONE                              |
| INSPECTOR SIGNATURE<br><b>[Signature]</b>                                                                                                       |                                 |                                                        | INSPECTION DATE<br><b>11-28-90</b> |
| <b>garage dog will be in house</b>                                                                                                              |                                 |                                                        |                                    |
| <b>Pending - complete mesh as per plans</b>                                                                                                     |                                 |                                                        |                                    |
| <b>remove rebar stakes from earth</b>                                                                                                           |                                 |                                                        |                                    |
| <b>Support Bars with wires or equal</b>                                                                                                         |                                 |                                                        |                                    |
| <b>PARTIAL INSPECTION DESCRIPTION</b>                                                                                                           |                                 |                                                        |                                    |
| <input checked="" type="checkbox"/> <b>APPROVED</b>                                                                                             |                                 | <input type="checkbox"/> <b>PERMIT REQUIRED</b>        |                                    |
| <input type="checkbox"/> <b>REJECTED CORRECTION</b>                                                                                             |                                 | <input type="checkbox"/> <b>STOP WORK</b>              |                                    |
| <b>NOTICE REINSPECTION REQUIRED CALL 799 2071</b>                                                                                               |                                 |                                                        |                                    |
| INSPECT                                                                                                                                         | DESCRIPTION                     | INSPECT                                                | DESCRIPTION                        |
| <input checked="" type="checkbox"/> B 1                                                                                                         | FOOTING LAYOUT REBAR ZONING     | <input type="checkbox"/> P 1                           | ON SITE SEWER                      |
| <input checked="" type="checkbox"/> B 2                                                                                                         | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P 2                           | ON SITE WATER                      |
| <input checked="" type="checkbox"/> B 3                                                                                                         | PRE SLAB                        | <input type="checkbox"/> P 3                           | BUILDING SEWER (YARD LINES)        |
| <input type="checkbox"/> B 4                                                                                                                    | ROOF SHEATHING                  | <input type="checkbox"/> P 4                           | UNDERSLAB PLUMBING                 |
| <input type="checkbox"/> B 5                                                                                                                    | FRAMING                         | <input type="checkbox"/> P 5                           | TOP OUT WATER GAS WASTE            |
| <input type="checkbox"/> B 6                                                                                                                    | INSULATION                      | <input type="checkbox"/> P 6                           | FINAL GAS TEST                     |
| <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"/> B 9                                                                                                                    | WALL GROUT & STEEL              | <input type="checkbox"/> M 1                           | ROUGH VENT                         |
| <input type="checkbox"/> B 10                                                                                                                   | <b>POOL</b> PRE GUNITE          | <input type="checkbox"/> M 2                           | HOOD                               |
| <input type="checkbox"/> B 11                                                                                                                   | <b>POOL</b> PRE PLASTER / FINAL | <input type="checkbox"/> M 3                           | FINAL MECHANICAL                   |
| <input type="checkbox"/> B 12                                                                                                                   | BUILDING FINAL                  |                                                        |                                    |
| <input type="checkbox"/> B 13                                                                                                                   | CERT OF OCC                     | <input type="checkbox"/> X 1                           | KICKER / FLUSH                     |
| <input type="checkbox"/> <b>FINAL INSPECTION</b>                                                                                                |                                 | <input type="checkbox"/> <b>UNDERGROUND HYDRO</b>      |                                    |
|                                                                                                                                                 |                                 | <input type="checkbox"/> <b>UNDERGROUND FINAL/FLOW</b> |                                    |
|                                                                                                                                                 |                                 | <input type="checkbox"/> <b>SPRINKLER SYSTEM HYDRO</b> |                                    |
|                                                                                                                                                 |                                 | <input type="checkbox"/> <b>FIRE ALARM</b>             |                                    |
|                                                                                                                                                 |                                 | <input type="checkbox"/> <b>OTHER</b>                  |                                    |
|                                                                                                                                                 |                                 | <input type="checkbox"/> <b>FINAL FIRE</b>             |                                    |
|                                                                                                                                                 |                                 | <input type="checkbox"/> <b>UNDERGROUND ELETRICAL</b>  |                                    |
|                                                                                                                                                 |                                 | <input type="checkbox"/> <b>ROUGH ELECTRICAL</b>       |                                    |
|                                                                                                                                                 |                                 | <input type="checkbox"/> <b>LOW VOLTAGE ELECTRICAL</b> |                                    |
|                                                                                                                                                 |                                 | <input type="checkbox"/> <b>SIGN INSPECTION</b>        |                                    |
|                                                                                                                                                 |                                 | <input type="checkbox"/> <b>FINAL ELECTRICAL</b>       |                                    |
|                                                                                                                                                 |                                 | <input type="checkbox"/> <b>TEMP POWER</b>             |                                    |
| <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                 |                                                        |                                    |

**FOR ASSISTANCE CALL 388-6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                  |        |                                |      |
|----------------------------------|--------|--------------------------------|------|
| JOB ADDRESS<br><b>2713 Mason</b> |        | PERMIT NO.<br><b>90-084904</b> |      |
| LOT NO                           | MAP NO | INSPECTOR<br><b>68</b>         | DATE |

|                  |       |
|------------------|-------|
| SUBDIVISION NAME | PHONE |
|------------------|-------|

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| INSPECTOR SIGNATURE<br><b>J. C. Carson</b> | INSPECTION DATE<br><b>4-10-9</b> |
|--------------------------------------------|----------------------------------|

①. WEB Bracing REQ. (1x4) AT locations shown on truss ~~calc.~~ calculations. (Both sides)

②. Roof Sheathing approved - need to cover ASAP.

③. ~~Hydro~~ Hydro-Air Engineering not on our approved truss FABRICATOR List Call 386-6251 and ask what to do.

④. Exterior covering needs to be covered ASAP.

☐ 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 checked="" 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 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             |

|                                           |                                                                                                                                     |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> FINAL INSPECTION | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>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**

90-084904

**INSPECTION  
NUMBER**

146

**JOB ADDRESS**

2713 Mason Ave

**LOT NO**

**BLOCK NO**

**SUBDIVISION NAME**

Buskirk

**FIRE DEPT MAP NO**

**JOB PHONE**

**CALL IN DATE**

**CALL IN TIME**

**SCHEDULE DATE**

877-8839

295-4456

6 27 91

10-1128A

**INSPECTOR NO**

**INSPECTOR NAME**

68

Carson

**INSPECTION  
REQUESTED**

"final" bldg garage

Need permission to enter  
rear yard —  
any dogs?

☐ **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**

John Carson

**INSPECTION DATE**

6-28-91

☐ **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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                           |                              |                                 |                               |                      |
|-------------------------------------------|------------------------------|---------------------------------|-------------------------------|----------------------|
| <input type="checkbox"/>                  | <b>PERMIT NUMBER</b>         | 90-084904                       | <b>INSPECTION NUMBER</b>      | 140,129,             |
| <b>JOB ADDRESS</b><br>2713 Mason Ave 107, |                              |                                 |                               |                      |
| <b>LOT NO</b>                             |                              | <b>BLOCK NO</b><br>Buskirk      | <b>SUBDIVISION NAME</b>       |                      |
| <b>FIRE DEPT MAP NO</b><br>8778839        | <b>JOB PHONE</b><br>29544526 | <b>CALL IN DATE</b><br>6-28-91  | <b>CALL IN TIME</b><br>8-401P | <b>SCHEDULE DATE</b> |
| <b>INSPECTOR NO</b><br>68                 |                              | <b>INSPECTOR NAME</b><br>Cawson |                               |                      |

**INSPECTION REQUESTED** "dog died" gate open  
permission to enter

|                                                                                                                        |                                                                                                                                  |                                       |                                                          |                                          |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|------------------------------------------|
| <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><br>Tom Cawson                                                                               |                                                                                                                                  | <b>INSPECTION DATE</b><br>7-2-91      |                                                          |                                          |
| <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 |                                                                                                                                  |                                       |                                                          |                                          |