

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

PERMIT NO

90-088945

BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential ConstructionLOG NO & AREA T-205 DATE 10-15-90 CONST VAL \$ 63,600ADDRESS OF CONSTRUCTION 9433 Sunrise Summit Ave OWNER Watt Nevada PHONE 369-2461LOT(s) 39 BLOCK B SUBDIVISION LAB COLINAS Summer Village #1 North ZONE P/CPROPOSED CONSTRUCTION SFD with fireplace USE \_\_\_\_\_THIS PERMIT FOR BLDG ☒ A/C ☐ ELEC ☐ PLBG ☐ OTHER PERMITS REQD FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT n/a 1ST 1184 2ND 1052 GARAGE 380 PORCH 77 TOTAL 2693CONTRACTOR Watt Nevada STATE LICENSE NO 0030439 CITY LICENSE NO C11-03409-ARCHITECT Arlo Braun, AIA ENGINEER G.C. Wallace 2-042316

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 Elmer Savage 10-15-90  
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

BY Kent Nash 10-12-90  
LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER DATEBY [Signature] 11/9/90  
PLANNING DEPT DATEBY [Signature] 10/9/90  
BUILDING DEPT DATE

## SPECIAL CONDITIONS

Model #U-4

## RECEIPT

| 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 H/W 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                  |      | <u>\$ 625 -</u>   |
| NEW UNIT 3 TON = 9.00 OVER = 16.50 |       |     | 2310 2431 PLAN REVIEW FEE                   |      | <u>\$ 391 -</u>   |
| FURNACE TO 100 000/9.00 OVER/11.00 |       |     | 2310 2431 BLDG PERMIT FEE                   |      | <u>\$ 1,016 -</u> |
| VAPORATIVE COOLER                  | 6.50  |     | TOTAL FEES                                  |      |                   |
| VENTILATION FAN                    | 2.35  |     |                                             |      |                   |
| 2310 2435 TOTAL                    |       |     |                                             |      |                   |

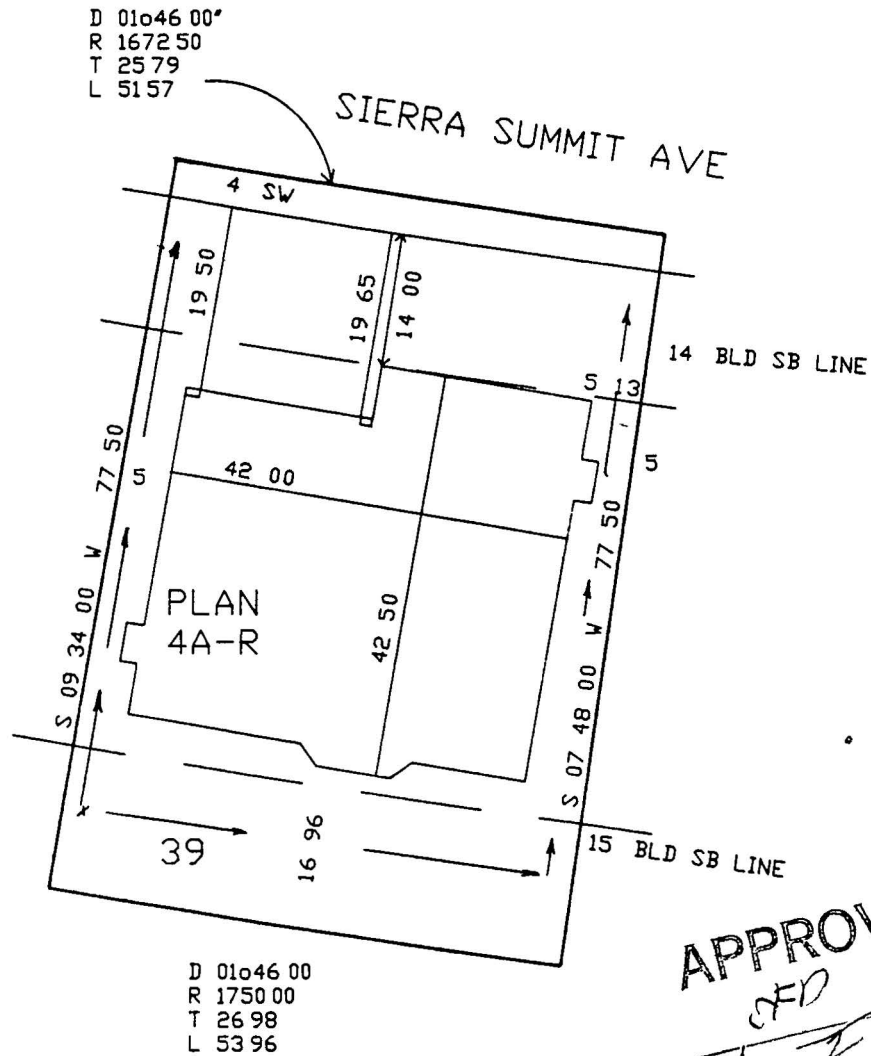
PERMIT NO \_\_\_\_\_  
MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

LAS COLINAS  
FILE \_\_\_\_\_, PG \_\_\_\_\_

LOT 39, BLK "B"

ADDRESS 9433 Sierra Summit Avenue



SCALE: 1" = 20'

APPROVED

By *[Signature]* 1/19/90  
COMMUNITY PLANNING & DEVELOPMENT  
City of Las Vegas

NOTE: 14 FRONT SB LINE  
15 REAR SB LINE  
5 SIDE SB LINE  
15 SIDE SB LINE AT  
CORNER LOTS

BRENNER & ASSOCIATES, INC  
LAND SURVEYORS

2915 W CHARLESTON BLVD LAS VEGAS NEV 89102 / (702) 877-0317

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

NO

90-089569  
PLUMBING PERMITLOG NO & AREA P205 DATE 11/14/90 CONST VAL \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION 9433 Sierra Summit Avenue OWNER Watt Nevada PHONE 642-9959CONTRACTOR Classic Plumbing, Inc STATE LICENSE NO 016762 CITY LICENSE NO C 11 H 09201797LOT(s) 39 BLOCK B SUBDIVISION Las Colinas ZONE \_\_\_\_\_PROPOSED CONSTRUCTION Complete plumbing for new single family home USE \_\_\_\_\_PLUMBING  
PERMIT NO \_\_\_\_\_Approval for the work under this permit will be given only after refuse  
and debris have been removed from job site and public right of way

| UNITS                            | DESCRIPTION                                                                                   | FEE   | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                               |       |       |
| 1                                | For Issuing Each Permit                                                                       | 10 00 | 10.00 |
|                                  | For Issuing Each Supplemental Permit                                                          | 4 50  |       |
| <b>FIXTURE CHARGE</b>            |                                                                                               |       |       |
| 1                                | Bathub Shower Lavatory Toilet Urinal EA                                                       | 2 00  | 2.00  |
| 1                                | Floor Drain Floor Sink Wash Tray Sink EA                                                      | 2 00  | 2.00  |
| 1                                | Garbage Disposal Clothes Washer Dishwasher (residential) EA                                   | 2 00  | 2.00  |
|                                  | Garbage Disposal (commercial) EA                                                              | 8 00  |       |
|                                  | Clothes Washer Dishwasher (commercial) EA                                                     | 2 00  |       |
|                                  | Clothes Dryer (gas) (venting) EA                                                              | 2 00  |       |
|                                  | Dental Unit                                                                                   | 8 00  |       |
|                                  | Drinking Fountain                                                                             | 2 00  |       |
|                                  | Refrigerator Ice Maker Water Dispenser                                                        | 2 00  |       |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                             | 2 00  |       |
| 1                                | Hot Water Heater (Gas or Electric) EA                                                         | 2 00  | 2.00  |
| <b>SEWER SYSTEM</b>              |                                                                                               |       |       |
| 1                                | New Replacement Modification or Any Drainage Work                                             | 10 00 | 10.00 |
|                                  | Grease or Sand Trap or Interceptor                                                            | 2 00  |       |
|                                  | Trailer Trap (rental parks)                                                                   | 5 00  |       |
| <b>WATER SOFTENERS</b>           |                                                                                               |       |       |
|                                  | Non Permanent Type (rental)                                                                   | 2 00  |       |
|                                  | Permanent Type (connected to drain)                                                           | 2 00  |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                               |       |       |
| 1                                | Single Family Dwelling                                                                        | 6 00  | 6.00  |
|                                  | Multi Family Dwelling                                                                         | 6 00  |       |
|                                  | Plus Each Dwelling Unit                                                                       | 3 00  |       |
|                                  | Commercial Building per floor                                                                 | 3 00  |       |
|                                  | Plus Each Unit (leased space or office)                                                       | 2 00  |       |
|                                  | Hotel or Motel                                                                                | 8 00  |       |
|                                  | Plus Each Unit                                                                                | 3 00  |       |
|                                  | Trailer Park                                                                                  | 30 00 |       |
|                                  | Plus Each Space                                                                               | 2 00  |       |
|                                  | Irrigation Single Family Dwelling                                                             | 8 00  |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation _____ |       |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                         | FEE            | TOTAL |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                     |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                              | 6 00           | 6.00  |
|                                   | Multi Family Dwelling                                                                                                                                                                                               | 10 00          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                      | 2 00           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                     | 6 00           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                             | 6 00           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                 | 2 00           |       |
|                                   | Each Gas Appliance (Any Type)                                                                                                                                                                                       | 2 00           |       |
|                                   | Steam Boilers                                                                                                                                                                                                       | 5 00           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                     |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                       | 5 00           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                | 5 00           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                     |                |       |
|                                   | For Onsite Sewer Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                     |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                           | 25 00 per hour |       |
|                                   | Under provisions of Table 3 A of the Uniform Building Code work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                   | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 30 00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                   |                |       |
|                                   | Construction Valuation _____                                                                                                                                                                                        |                |       |

FOR INSPECTIONS  
CALL 799-2071SEWER # 7114 3654  
CONNECTION

RECEIPT

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

FEE \_\_\_\_\_

2310 2403

PERMIT FEE 60.00TOTAL  
FEES \_\_\_\_\_

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

Diane M. Byington 59  
SIGNED \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ MASTER CARD NO \_\_\_\_\_

BY \_\_\_\_\_ Registered Master Plumber Spec Contractor or Owner

Clara Hooley 11/14/90  
BUILDING DEPT \_\_\_\_\_ DATE \_\_\_\_\_

## CITY OF LAS VEGAS, NEVADA

PERMIT N90-090978

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR

AIR CONDITIONING PERMIT

LOG NO &amp; AREA

DATE

OCTOBER

CONST VAL \$

ADDRESS OF  
CONSTRUCTION

9433

SIERRA SUMMIT AVENUE

OWNER

WATT NEVADA DEVELOPMENT

PHONE

362-9878

CONTRACTOR

NEVCO AIR CONDITIONING &amp; SHEET METAL

STATE

LICENSE NO

24377

CITY

LICENSE NO

C11023112033289

LOT(S)

39

BLOCK

B

SUBDIVISION

LAS COLINAS - SUMMERLIN

ZONE

PROPOSED CONSTRUCTION

H V A C

USE

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                      | FEE   | TOTAL |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                  |       |       |
| 1                        | For the issuance of each permit                                                                                                                                                                                                                  | 15 00 | 15 00 |
|                          | For issuing each supplemental permit                                                                                                                                                                                                             | 4 50  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                  |       |       |
|                          | For the installation or relocation of each forced air or gravity type furnace or burner including ducts and vents attached to such appliance up to and including 100 000 Btu/h                                                                   | 9 00  |       |
|                          | For the installation or relocation of each forced air or gravity type furnace or burner including ducts and vents attached to such appliance over 100 000 Btu/h                                                                                  | 11 00 |       |
|                          | For the installation or relocation of each floor furnace including vent                                                                                                                                                                          | 9 00  |       |
|                          | For the installation or relocation of each suspended heater recessed wall heater or floor mounted unit heater                                                                                                                                    | 9 00  |       |
|                          | For the installation relocation or replacement of each appliance vent installed and not included in an appliance permit                                                                                                                          | 4 50  |       |
|                          | For the repair of alteration of or addition to each heating appliance refrigeration unit cooling unit absorption unit or each heating cooling absorption or evaporative cooling system including installation of controls regulated by this code | 9 00  |       |
| 1                        | 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  | 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 |       |

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

| UNITS                             | DESCRIPTION                                                                                                                                                                                                                                                                                                                            | FEE            | TOTAL |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                   | For each air handling unit to and including 10 000 cubic feet per minute including ducts attached thereto<br><b>Note</b> This fee shall not apply to an air handling unit which is a portion of a factory assembled appliance cooling unit evaporative cooler or absorption unit for which a permit is required elsewhere in this code | 6 50           |       |
|                                   | For each air handling unit over 10 000 cfm                                                                                                                                                                                                                                                                                             | 11 00          |       |
|                                   | For each evaporative cooler other than portable type                                                                                                                                                                                                                                                                                   | 6 50           |       |
|                                   | For each ventilation fan                                                                                                                                                                                                                                                                                                               | 4 50           |       |
|                                   | COMMERCIAL                                                                                                                                                                                                                                                                                                                             | 2 35           |       |
|                                   | RESIDENTIAL                                                                                                                                                                                                                                                                                                                            |                |       |
|                                   | 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

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 *Julie Cullina* CONTRACTOR *NEVCO* MASTER CARD NO

PERMIT FEE

15 00

BY *Cona Hoesly* Spec Contr or Owner *4/29/90* DATE

TOTAL FEES

40 50

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

FOR



21231

PERMIT NO

91-095411

## ELECTRICAL PERMIT

LOG NO & AREA P-205 DATE 1-18-91 CONST VAL \$ADDRESS OF CONSTRUCTION 9433 SIERRA SUMMIT LN OWNER WATT - NEVADACONTRACTOR HOLLAND & HOLLAND STATE LICENSE NO 021113 CITY LICENSE NO 021963(PRINT NAME OF MASTER ELECTRICIAN) BILL HOLLAND MASTER CARD NO 165 PHONE 362-6812PROPOSED CONSTRUCTION SFD USE

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 -  |
|                                                                                                                     | Supplemental Fee                                                                                                                                                                                                                                     | 4 50  |       |
| <b>APPLIANCE CHARGE</b>                                                                                             |                                                                                                                                                                                                                                                      |       |       |
| <b>Residential or General Commercial</b>                                                                            |                                                                                                                                                                                                                                                      |       |       |
| 88                                                                                                                  | Receptacle <u>55</u> Switch <u>33</u>                                                                                                                                                                                                                | 40    | 3520  |
| 24                                                                                                                  | Each Light Fixture Socket or Exit Light Smoke Detector or Exhaust Fan                                                                                                                                                                                | 30    | 7.20  |
| 7                                                                                                                   | 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    | 490   |
|                                                                                                                     | 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 -   |
|                                                                                                                     | 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           |       |
| 2                                                                        | Permanent A/C Unit (5 Tons or Less)                                                                                                                                       | 3 00           | 6 -   |
| 2                                                                        | Each Air Handler                                                                                                                                                          | 1 00           | 2 -   |
| <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 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

## RECEIPT

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

SIGNED HOMEOWNER CONTRACTOR

PERMIT FEE 71 30

LESS STARTER PERMIT

TOTAL FEES

PERMIT NO

MUST BE MACHINE VALIDATED

BUILDING DEPT

Permit Expires 180 Days After Abandonment of Work

DATE

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

NO. 1 - 099705

## PLUMBING PERMIT

LOG NO & AREA P-205 DATE 3-5-91 CONST VAL \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION 9433 Sierra Summit Ave OWNER Watt Nevada PHONE 369-2401CONTRACTOR R & R Landscaping STATE LICENSE NO 0030153 CITY LICENSE NO C11-02189-2-023628LOT(s) 39 BLOCK B SUBDIVISION \_\_\_\_\_ ZONE \_\_\_\_\_PROPOSED CONSTRUCTION Irrigation USE \_\_\_\_\_  
PLUMBING PERMIT NO \_\_\_\_\_

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

| UNITS                            | DESCRIPTION                                                                                   | FEE   | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                               |       |       |
| 1                                | For Issuing Each Permit                                                                       | 10 00 | 10    |
|                                  | For Issuing Each Supplemental Permit                                                          | 4 50  |       |
| <b>FIXTURE CHARGE</b>            |                                                                                               |       |       |
|                                  | Bathub Shower Lavatory Toilet Urinal EA                                                       | 2 00  |       |
|                                  | Floor Drain Floor Sink Wash Tray Sink EA                                                      | 2 00  |       |
|                                  | Garbage Disposal Clothes Washer Dishwasher (residential) EA                                   | 2 00  |       |
|                                  | Garbage Disposal (commercial) EA                                                              | 8 00  |       |
|                                  | Clothes Washer Dishwasher (commercial) EA                                                     | 2 00  |       |
|                                  | Clothes Dryer (gas) (venting)                                                                 | 2 00  |       |
|                                  | Dental Unit                                                                                   | 8 00  |       |
|                                  | Drinking Fountain                                                                             | 2 00  |       |
|                                  | Refrigerator Ice Maker Water Dispenser                                                        | 2 00  |       |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                             | 2 00  |       |
|                                  | Hot Water Heater (Gas or Electric) EA                                                         | 2 00  |       |
| <b>SEWER SYSTEM</b>              |                                                                                               |       |       |
|                                  | New Replacement Modification or Any Drainage Work                                             | 10 00 |       |
|                                  | Grease or Sand Trap or Interceptor                                                            | 2 00  |       |
|                                  | Trailer Trap (rental parks)                                                                   | 5 00  |       |
| <b>WATER SOFTENERS</b>           |                                                                                               |       |       |
|                                  | Non Permanent Type (rental)                                                                   | 2 00  |       |
|                                  | Permanent Type (connected to drain)                                                           | 2 00  |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                               |       |       |
|                                  | Single Family Dwelling                                                                        | 6 00  |       |
|                                  | Multi Family Dwelling                                                                         | 6 00  |       |
|                                  | Plus Each Dwelling Unit                                                                       | 3 00  |       |
|                                  | Commercial Building per floor                                                                 | 3 00  |       |
|                                  | Plus Each Unit (leased space or office)                                                       | 2 00  |       |
|                                  | Hotel or Motel                                                                                | 8 00  |       |
|                                  | Plus Each Unit                                                                                | 3 00  |       |
|                                  | Trailer Park                                                                                  | 30 00 |       |
|                                  | Plus Each Space                                                                               | 2 00  |       |
| 1                                | Irrigation Single Family Dwelling                                                             | 8 00  | 8     |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation _____ |       |       |
|                                  |                                                                                               |       |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                         | FEE            | TOTAL |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                     |                |       |
|                                   | Single Family Dwelling                                                                                                                                                                                              | 6 00           |       |
|                                   | Multi Family Dwelling                                                                                                                                                                                               | 10 00          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                      | 2 00           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                     | 6 00           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                             | 6 00           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                 | 12 00          |       |
|                                   | Each Gas Appliance (Any Type)                                                                                                                                                                                       | 2 00           |       |
|                                   | Steam Boilers                                                                                                                                                                                                       | 5 00           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                     |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                       | 5 00           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                | 5 00           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                     |                |       |
|                                   | For Onsite Sewer Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                     |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                           | 25 00 per hour |       |
|                                   | Under provisions of Table 3 A of the Uniform Building Code work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                   | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 30 00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                   |                |       |
|                                   | Construction Valuation _____                                                                                                                                                                                        |                |       |

FOR INSPECTIONS  
CALL 799-2071SEWER # 7114 3654  
CONNECTION

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

FEE \_\_\_\_\_

2310 2403

PERMIT

FEE

18.00

TOTAL  
FEES \_\_\_\_\_

RECEIPT

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

BUILD NO/DEPT

DATE

3/6/91

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

PERMIT NO

91-106218  
PLUMBING PERMIT

39110

LOG NO &amp; AREA

P205

DATE

5-2-11

CONST VAL \$

ADDRESS OF  
CONSTRUCTION

9433 SIERRA SUMMIT AVE

OWNER

WATT NEVADA

PHONE

362-8279

CONTRACTOR

C C &amp; C

STATE

LICENSE NO

0026186

CITY

LICENSE NO

C11-02793-2

037663

LOT(s)

39

BLOCK

B

SUBDIVISION

LAS COLINAS

ZONE

PROPOSED CONSTRUCTION

SPRINKLER SYSTEM

USE

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

| UNITS                            | DESCRIPTION                                                                             | FEE     | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |         |       |
|                                  | For Issuing Each Permit                                                                 | 10 00   | X     |
|                                  | For Issuing Each Supplemental Permit                                                    | 4 50    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |         |       |
|                                  | Bathtub Shower Lavatory Toilet Urinal                                                   | EA 2 00 |       |
|                                  | Floor Drain Floor Sink Wash Tray Sink                                                   | EA 2 00 |       |
|                                  | Garbage Disposal Clothes Washer Dishwasher (residential)                                | EA 2 00 |       |
|                                  | Garbage Disposal (commercial)                                                           | EA 8 00 |       |
|                                  | Clothes Washer Dishwasher (commercial)                                                  | EA 2 00 |       |
|                                  | Clothes Dryer (gas) (venting)                                                           | 2 00    |       |
|                                  | Dental Unit                                                                             | 8 00    |       |
|                                  | Drinking Fountain                                                                       | 2 00    |       |
|                                  | Refrigerator Ice Maker Water Dispenser                                                  | 2 00    |       |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                       | 2 00    |       |
|                                  | Hot Water Heater (Gas or Electric)                                                      | EA 2 00 |       |
| <b>SEWER SYSTEM</b>              |                                                                                         |         |       |
|                                  | New Replacement Modification or Any Drainage Work                                       | 10 00   |       |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2 00    |       |
|                                  | Trailer Trap (rental parks)                                                             | 5 00    |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |         |       |
|                                  | Non Permanent Type (rental)                                                             | 2 00    |       |
|                                  | Permanent Type (connected to drain)                                                     | 2 00    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |         |       |
|                                  | Single Family Dwelling                                                                  | 6 00    |       |
|                                  | Multi Family Dwelling                                                                   | 6 00    |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3 00    |       |
|                                  | Commercial Building per floor                                                           | 3 00    |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2 00    |       |
|                                  | Hotel or Motel                                                                          | 8 00    |       |
|                                  | Plus Each Unit                                                                          | 3 00    |       |
|                                  | Trailer Park                                                                            | 30 00   |       |
|                                  | Plus Each Space                                                                         | 2 00    |       |
|                                  | Irrigation Single Family Dwelling                                                       | 8 00    | X     |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                         | FEE            | TOTAL |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                     |                |       |
|                                   | Single Family Dwelling                                                                                                                                                                                              | 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           |       |
|                                   | Each Gas Appliance (Any Type)                                                                                                                                                                                       | 2 00           |       |
|                                   | Steam Boilers                                                                                                                                                                                                       | 5 00           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                     |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                       | 5 00           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                | 5 00           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                     |                |       |
|                                   | For Onsite Sewer Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                     |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                           | 25 00 per hour |       |
|                                   | Under provisions of Table 3 A of the Uniform Building Code work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                   | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 30 00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                   |                |       |
|                                   | Construction Valuation                                                                                                                                                                                              |                |       |

FOR INSPECTIONS  
CALL 799-2071SEWER # 7114 3654  
CONNECTION

RECEIPT

FIXTURES X

FEE 8.00

2310 2403

PERMIT

FEE 10.00

TOTAL

FEES 18.00

PERMIT NO

MUST BE MACHINE VALIDATED

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

SIGNED

CONTRACTOR

MASTER CARD NO

BY

Registered Master Plumber Spec Contractor or Owner

BUILDING DEPT

DATE



**gale insulation of nevada, inc**

5115 INDUSTRIAL ROAD SUITE 808  
LAS VEGAS NEVADA 89118  
(702) 739 6798



## Installed Insulation Certificate

We certify insulation material listed herein meeting applicable federal state and local specifications has been installed at the following residence surrounding conditioned space

| R FACTOR | AREA | TYPE | INCHES/BAGS (BLOWN) |
|----------|------|------|---------------------|
|----------|------|------|---------------------|

|      |                |                  |        |
|------|----------------|------------------|--------|
| R-30 | CEILING AREA   | CELLULOSE BLOW   | 8 69"  |
| R-30 | "              | FIBERGLASS BATTS | 9 1/2" |
| R-13 | EXTERIOR WALLS | "                | 3 5/8" |

Certified by

Title

OFFICE MNGR

LAS COLINAS- LOT 39, BLK B

Address or Lot Number 9433 SIERRA SUMMIT AVE

Date Installed

3 27-91

# UltraKote 1

FIBER - REINFORCED STUCCO

## INSTALLATION CARD

Job Site Location

9433 Sierra Ave  
LV, NV

ICBO Report No 4658 (issued 8/28/89)

Job Completion Date

1/25

Contractor

Business Name

Navela Stabo Plastering

Address

4224 Loose Rd

CITY

STATE

ZIP

Telephone (702)

649 8822

UltraKote Assigned License Number

196

State Contractor License Number

This is to certify that UltraKote 1 and the lath system has been installed in accordance with the evaluation report No 4685 and the UltraKote 1 Inc instructions

Signature of authorized representatives of plastering contractor

*Ken Stabo*

Date

1/25

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91-106218

**INSPECTION  
NUMBER**

3

**JOB ADDRESS**

1433 SIERRA SUMMIT AV

**LOT NO**

39

**BLOCK NO**

B

**SUBDIVISION NAME**

LAS COLINAS

**FIRE DEPT MAP NO**

2215-47

**JOB PHONE**

362-8277

**CALL IN DATE**

11/14/91

**CALL IN TIME**

11:27

**SCHEDULE DATE**

11/15/91

**INSPECTOR NO**

84

**INSPECTOR NAME**

BOB WARD

**INSPECTION  
REQUESTED**

OTHER (453)

IRRIGATION BACKFLOW

☐ **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**

*RW*

**INSPECTION DATE**

11-15-91

☐ **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

229-6769

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

\*EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                           |                           |                            |                                    |
|-------------------------------------------|---------------------------|----------------------------|------------------------------------|
| JOB ADDRESS<br><i>9433 Sierra Summit</i>  |                           | PERMIT NO.<br><i>88945</i> |                                    |
| LOT NO.                                   | MAP NO.<br><i>15-228p</i> | INSPECTOR<br><i>62</i>     | DATE<br><i>11-15-90</i>            |
| SUBDIVISION NAME                          |                           |                            | PHONE                              |
| INSPECTOR SIGNATURE<br><i>[Signature]</i> |                           |                            | INSPECTION DATE<br><i>11/16-90</i> |

| <input type="checkbox"/> PARTIAL INSPECTION DESCRIPTION                                 |                                     |                                          |                                      |                                    |                        |
|-----------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------|--------------------------------------|------------------------------------|------------------------|
| <input checked="" type="checkbox"/> APPROVED                                            |                                     | <input type="checkbox"/> PERMIT REQUIRED |                                      | <input type="checkbox"/> STOP WORK |                        |
| <input type="checkbox"/> 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 checked="" type="checkbox"/> P 5  | <del>TOP OUT WATER &amp; WASTE</del> | <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                                                           | <del>POOL</del> PRE GUNITE          | <input type="checkbox"/> M 2             | HOOD                                 | <input type="checkbox"/> E 3       | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11                                                           | <del>POOL</del> 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 388-8251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                              |                           |                            |                                    |
|----------------------------------------------|---------------------------|----------------------------|------------------------------------|
| JOB ADDRESS<br><b>7433 Sierra Summit</b>     |                           | PERMIT NO.<br><b>88948</b> |                                    |
| LOT NO.                                      | MAP NO.<br><b>17-208p</b> | INSPECTOR<br><b>6062</b>   | DATE<br><b>11-20-90</b>            |
| SUBDIVISION NAME                             |                           |                            | PHONE                              |
| INSPECTOR SIGNATURE<br><b>D S Van Patten</b> |                           |                            | INSPECTION DATE<br><b>11-21-90</b> |

Lower UFRS  
 WRAP Copper  
 INSTALL TUB Boxes ect  
 Finish Formis

☐ 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 checked="" 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 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 388-6251

**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><b>9433 Sierra Summit</b> |                           |                        | PERMIT NO<br><b>88945</b>         |  |
| LOT NO                                   | MAP NO<br><b>11-2.43P</b> | INSPECTOR<br><b>84</b> | DATE<br><b>1-30-91</b>            |  |
| SUBDIVISION NAME                         |                           |                        | PHONE                             |  |
| INSPECTOR SIGNATURE<br><b>RWand</b>      |                           |                        | INSPECTION DATE<br><b>1-31-91</b> |  |

*4 plan*

*Shear Wall*

*Nail Front at living room better*

☐ 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 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 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>9433 Sierra Summit Ave</b> |                          | PERMIT NO<br><b>88945</b> |                                   |
| LOT NO                                       | MAP NO<br><b>2 1:49p</b> | INSPECTOR<br><b>84</b>    | DATE<br><b>3/8/91</b>             |
| SUBDIVISION NAME                             |                          |                           | PHONE                             |
| INSPECTOR SIGNATURE<br><b>&gt; RWand</b>     |                          |                           | INSPECTION DATE<br><b>3-11-91</b> |

- ① Shear wall incomplete at m. Bath
- ② Duct smashed above stairs at garage
- ③ Shear wall plate nailing incomplete
- ④ No water test on plb —
- ⑤ Exhaust Fan duct incomplete

Not ready for Inspection  
All work must be complete

30<sup>00</sup> Ref Fee Re Q

☐ PARTIAL INSPECTION DESCRIPTION

☐ APPROVED

☐ PERMIT REQUIRED

☐ STOP WORK

☒ ~~REJECTED~~ CORRECTION NOTICE REINSPECTION REQUIRED CALL 793-2071

| 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 checked="" type="checkbox"/> B 5 | FRAMING                         | <input checked="" 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 checked="" type="checkbox"/> M 2 | ROUGH VENT                  | <input checked="" 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 383-8251

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                           |        |                        |                                   |  |
|-------------------------------------------|--------|------------------------|-----------------------------------|--|
| JOB ADDRESS<br><b>9433 SIERRA SUMMIT</b>  |        |                        | PERMIT NO<br><b>88445</b>         |  |
| LOT NO<br><b>39</b>                       | MAP NO | INSPECTOR<br><b>84</b> | DATE<br><b>3-12-91</b>            |  |
| SUBDIVISION NAME<br><b>LOS COLINAS</b>    |        |                        | PHONE                             |  |
| INSPECTOR SIGNATURE<br><b>[Signature]</b> |        |                        | INSPECTION DATE<br><b>3-13-91</b> |  |

- ① Complete tightening All ABS - red heads  
RE-INSPECTION FEE PAID
- ② Get shear transfer at master bath  
H-1s + Plate nailing ect
- ③ Fill corner at entry - (mk on FIR)
- ④ Pt load from Glu-hem at garage
- ⑤ Install ABS marked on FIR

Will ck AT Insulation

☐ 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 checked="" type="checkbox"/> B 5 | FRAMING                         | <input checked="" 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 checked="" type="checkbox"/> M 1 | ROUGH VENT                  | <input checked="" 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)

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

[illegible]

**FOR ASSISTANCE CALL 388-8251**

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

| JOB ADDRESS<br><b>9433 Sierra Summit</b>                                                |                             |                                                                                                                                  |                                          |                             |                                    | PERMIT NO                         |                        |  |
|-----------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|------------------------------------|-----------------------------------|------------------------|--|
| LOT NO                                                                                  |                             | MAP NO                                                                                                                           |                                          | INSPECTOR<br><b>84</b>      |                                    | DATE                              |                        |  |
| SUBDIVISION NAME                                                                        |                             |                                                                                                                                  |                                          |                             |                                    | PHONE                             |                        |  |
| INSPECTOR SIGNATURE<br>➤ <i>RW</i>                                                      |                             |                                                                                                                                  |                                          |                             |                                    | INSPECTION DATE<br><b>3-18-91</b> |                        |  |
|                                                                                         |                             |                                                                                                                                  |                                          |                             |                                    |                                   |                        |  |
|                                                                                         |                             |                                                                                                                                  |                                          |                             |                                    |                                   |                        |  |
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|                                                                                         |                             |                                                                                                                                  |                                          |                             |                                    |                                   |                        |  |
| <input type="checkbox"/> PARTIAL INSPECTION DESCRIPTION                                 |                             |                                                                                                                                  |                                          |                             |                                    |                                   |                        |  |
| <input checked="" type="checkbox"/> APPROVED                                            |                             |                                                                                                                                  | <input type="checkbox"/> PERMIT REQUIRED |                             | <input type="checkbox"/> STOP WORK |                                   |                        |  |
| <input type="checkbox"/> 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 checked="" 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                                                           | POOL PRE GUNITE             |                                                                                                                                  | <input type="checkbox"/> M 2             | HOOD                        |                                    | <input type="checkbox"/> E 3      | LOW VOLTAGE ELECTRICAL |  |
| <input type="checkbox"/> B 11                                                           | POOL 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 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>9433 Sierra Summit Ave</b> |                           |                        | PERMIT NO<br><b>88945</b>         |  |
| LOT NO                                       | MAP NO<br><b>2 2123 P</b> | INSPECTOR<br><b>84</b> | DATE<br><b>3/22/91</b>            |  |
| SUBDIVISION NAME                             |                           |                        | PHONE                             |  |
| INSPECTOR SIGNATURE<br><b>[Signature]</b>    |                           |                        | INSPECTION DATE<br><b>3-25-91</b> |  |

Green board - not corrected  
 At shower - Second Notice  
 Next Insp - 30<sup>th</sup> Refee if  
 not corrected -

☐ 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 checked="" 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

INSPECTION  
NUMBER

JOB ADDRESS

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

INSPECTOR NO

INSPECTOR NAME

INSPECTION  
REQUESTED

140, 240, 340, 440

(pm)

- TAPE ON AC J-BOX NOT ACCEPTABLE FAILED (NORTH)
- STRAP AC FLEX
- USE CORRECT SCREWS ON DEAD FRONT NOT 1 1/2" DRYWALL
- WHAT SIZE BAKER ON MICRO/REC?
- INSTALL KIT FLOR LIGHTS
- HOOD VENT NOT INSTALLED
- MASTER CLOSET LIGHT CLEARANCE
- 6 FT RULE MASTER B.R.  $\Phi$
- CHK LIGHT GROUND UP HALL BATH
- NOTCH HOOD VENT  $\Phi$  (CABINET)
- YARD GRADING

|                                                  |                                                                             |                                       |                                                         |                                          |
|--------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION      | <input type="checkbox"/> PARTIAL APPROVAL (P)                               | PARTIAL DESCRIPTION                   |                                                         |                                          |
| <input 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 checked="" 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 <u>DR MARSH</u>       | INSPECTION DATE <u>5-24-91</u>                                                                                                   |
| <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 AM 7 15 AM OR 2 45 PM 3 00 PM AT

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

88945

**INSPECTION  
NUMBER**

JOB ADDRESS

9433 Sierra Summit Ave

LOT NO

BLOCK NO

SUBDIVISION NAME

Las Colinas

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

5-28-91

7 2.09p

INSPECTOR NO

INSPECTOR NAME

84

**INSPECTION  
REQUESTED**

"all finals"

PM

Make All corrections from 5-24-91

☐ 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**

RW

INSPECTION DATE

5-29-91

☐ **PROJECT  
COMPLETE**

BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS  
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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

\* EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

**INSPECTION  
NUMBER**

JOB ADDRESS

9433 Sierra Summit

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

5 29 91

per 84

INSPECTOR NO

INSPECTOR NAME

84

**INSPECTION  
REQUESTED**

F/Bldg /Plb-mech

① Remove light at m Bedroom closet per conversation

② Strap Flex at units

③ Fix breaker for Lights

Approved provide above done

☐ 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**

Rhward

INSPECTION DATE

5 31 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 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

\* EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229

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

|                                                                                         |                             |                                                                                                                                  |                                                 |
|-----------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| JOB ADDRESS<br><b>9433 Sierra Summit</b>                                                |                             | PERMIT NO.<br><b>8894</b>                                                                                                        |                                                 |
| LOT NO.                                                                                 | MAP NO.<br><b>8-235P</b>    | INSPECTOR<br><b>60 <del>02</del></b>                                                                                             | DATE<br><b>11-16-90</b>                         |
| SUBDIVISION NAME                                                                        |                             |                                                                                                                                  | PHONE                                           |
| INSPECTOR SIGNATURE<br><b>[Signature]</b>                                               |                             |                                                                                                                                  | INSPECTION DATE<br><b>11-18-90</b><br><b>Am</b> |
|                                                                                         |                             |                                                                                                                                  |                                                 |
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| <input type="checkbox"/> PARTIAL INSPECTION DESCRIPTION                                 |                             |                                                                                                                                  |                                                 |
| <input checked="" type="checkbox"/> APPROVED                                            |                             | <input type="checkbox"/> PERMIT REQUIRED                                                                                         |                                                 |
|                                                                                         |                             | <input type="checkbox"/> STOP WORK                                                                                               |                                                 |
| <input type="checkbox"/> REJECTED CORRECTION NOTICE REINSPECTION REQUIRED CALL 799 2071 |                             |                                                                                                                                  |                                                 |
| INSPECT                                                                                 | DESCRIPTION                 | INSPECT                                                                                                                          | DESCRIPTION                                     |
| <input 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 checked="" type="checkbox"/> P 3                                                                                          | BUILDING SEWER (YARD LINES)                     |
| <input type="checkbox"/> B 4                                                            | ROOF SHEATHING              | <input checked="" 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                                                           | POOL PRE GUNITE             | <input type="checkbox"/> M 2                                                                                                     | HOOD                                            |
| <input type="checkbox"/> B 11                                                           | POOL 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 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

**PERMIT  
NUMBER**

88945

**INSPECTION  
NUMBER**

JOB ADDRESS

9433 Sierra Summit

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

4-26-91

3-110P

INSPECTOR NO

INSPECTOR NAME

84

**INSPECTION  
REQUESTED**

gas test ; f elec

① Condensers disconnect no clearance

② " " not mounted properly

③ Tighten screws at water band clamps

④ Complete receipts at kit counter

☒ PARTIAL  
INSPECTION

☒ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

Gas only

☐ 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**

RWend

INSPECTION DATE

4-29-91

☐ **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 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



**PERMIT  
NUMBER**

88945

**INSPECTION  
NUMBER**

JOB ADDRESS

9433 Sierra Summit

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

4-28-91

1-204P

INSPECTOR NO

INSPECTOR NAME

84

**INSPECTION  
REQUESTED**

filed

Incomplete - No A/C ~~disconnects~~  
disconnects

☐ 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**

*[Signature]*

INSPECTION DATE

4-26-91

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

|                                                                                                                                                                |                      |                                                                                                                                                 |                          |                                              |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------|----------------------|
| <input type="checkbox"/>                                                                                                                                       | <b>PERMIT NUMBER</b> | <i>88945</i>                                                                                                                                    | <b>INSPECTION NUMBER</b> |                                              |                      |
| <b>JOB ADDRESS</b> <i>9433 Sierra Summit Ave</i>                                                                                                               |                      |                                                                                                                                                 |                          |                                              |                      |
| <b>LOT NO</b>                                                                                                                                                  |                      | <b>BLOCK NO</b>                                                                                                                                 | <b>SUBDIVISION NAME</b>  |                                              |                      |
|                                                                                                                                                                |                      | <i>Bob</i>                                                                                                                                      | <i>Las Colinas</i>       |                                              |                      |
| <b>FIRE DEPT MAP NO</b>                                                                                                                                        |                      | <b>JOB PHONE</b>                                                                                                                                | <b>CALL IN DATE</b>      | <b>CALL IN TIME</b>                          | <b>SCHEDULE DATE</b> |
|                                                                                                                                                                |                      |                                                                                                                                                 | <i>5-2-91</i>            | <i>9-215P</i>                                |                      |
| <b>INSPECTOR NO</b>                                                                                                                                            |                      | <b>INSPECTOR NAME</b>                                                                                                                           |                          |                                              |                      |
| <i>84</i>                                                                                                                                                      |                      |                                                                                                                                                 |                          |                                              |                      |
| <b>INSPECTION REQUESTED</b> <i>f elec</i> <span style="float: right;"><i>(Am)</i></span>                                                                       |                      |                                                                                                                                                 |                          |                                              |                      |
|                                                                                                                                                                |                      |                                                                                                                                                 |                          |                                              |                      |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                                             |                      | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            |                          | <b>PARTIAL DESCRIPTION</b>                   |                      |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                                        |                      | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   |                          | <input type="checkbox"/> <b>COMMENTS (C)</b> |                      |
|                                                                                                                                                                |                      | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T)</b>                                                                                          |                          | <b>— UNTIL</b>                               |                      |
|                                                                                                                                                                |                      |                                                                                                                                                 |                          | <input type="checkbox"/> <b>HOLD (H)</b>     |                      |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                                                   |                      | <b>REINSPECTION REQUIRED CALL 799 2071</b>                                                                                                      |                          |                                              |                      |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                                      |                      | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |                          |                                              |                      |
|                                                                                                                                                                |                      | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                                 |                          |                                              |                      |
| <b>INSPECTOR SIGNATURE</b> <i>RWend</i>                                                                                                                        |                      |                                                                                                                                                 |                          | <b>INSPECTION DATE</b> <i>5-3-91</i>         |                      |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                                               |                      | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                          |                                              |                      |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br>CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT <span style="float: right;">▶</span> |                      |                                                                                                                                                 |                          |                                              |                      |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91-106218

**INSPECTION  
NUMBER**

3

**JOB ADDRESS**

9433 SIERRA SUMMIT AV

**LOT NO**

39

**BLOCK NO**

B

**SUBDIVISION NAME**

LAS COLINAS

**FIRE DEPT MAP NO**

2215-47

**JOB PHONE**

362-8277

**CALL IN DATE**

11/14/91

**CALL IN TIME**

11:27

**SCHEDULE DATE**

11/15/91

**INSPECTOR NO**

84

**INSPECTOR NAME**

BOB WARD

**INSPECTION  
REQUESTED**

OTHER (450)

IRRIGATION BACKFLOW

☐ **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**

*R Ward*

**INSPECTION DATE**

11-15-91

☐ **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

229-6769

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

\*EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229