

## CITY OF LAS VEGAS, NEVADA

PERMIT NO 92-15-397

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FOR



099830

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

PLAN CHECK NO M-5578

CONST VAL \$ 975 00

ADDRESS OF CONSTRUCTION 5001 Signal Drive

876-5550

PHONE 656-9383

LOT(s) 111 BLOCK 1 SUBDIVISION Los Prados 2-1B ZONE RPD

PROPOSED CONSTRUCTION Aluminum Patio Cover ICBO 2621P

USE

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

FLOOR AREA BSMT 1ST 2ND GARAGE PORCH TOTAL 325

CONTRACTOR Dura Kool Aluminum Products

STATE LICENSE NO 32068

CITY LICENSE NO 10254

ARCHITECT

ENGINEER

MASTER PLUMBER/  
CONTRACTORMASTER ELECTRICIAN/  
CONTRACTOR

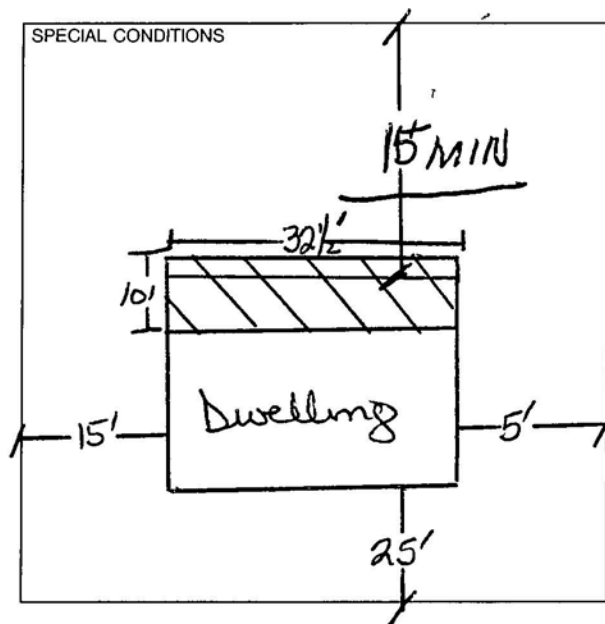
## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT

- 1 I agree to call the City Building Department for inspections before concrete is poured before rough wiring electrical plumbing framing is covered Also for air conditioning drywall and sheathing inspection
- 2 I agree that when the job is completed that I will call for final inspection before occupancy
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- 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

## SPECIAL CONDITIONS



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

OWNER

BY Betty Cohen

AGENT

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

9/11/92

PLANNING DEPT 9/14/92

BUILDING DEPT

DATE

9/14/92

PLUMBING FEE

WATER DISTRIBUTION 6 00

SEWER SYSTEM NEW OR MODIFICATION 10 00

FIXTURES WATER SOFTENER HW HEATER 2 00

GARBAGE DISPOSAL WASHER 2 00

FUEL PIPING 6 00

IRRIGATION SYSTEM 8 00

MISC

2310 2433 TOTAL

AIR CONDITIONING FEE

NEW UNIT 3 TON = 9 00 OVER = 16 50

FURNACE TO 100 000/9 00 OVER/11 00

VAPORATIVE COOLER 6 95

VENTILATION FAN 2 55

2310 2435 TOTAL

## ELECTRICAL

## FEE

RECEPTACLE SWITCH 45

EACH LIGHT FIXTURE OR SOCKET 35

SPECIAL OUTLET APPLIANCE ETC 75

SERVICE/PANEL SUB/3 25 200A/6 45 400A/13 40

A C UNIT OR MOTORS 3 25

2310 2432 TOTAL

MISC 09/15/92

ZONING 100

2310 2431 PLAN REVIEW 24 00

2310 2401 BLDG PERMIT

7143 2973 SEWER CONNECTION

6122 3352 TORTOISE

2897 PIF

88100 1232 TRANSPORT

TOTAL FEES 25 00

RECEIPT 003\*\*  
MUST BE MACHINE VALIDATED

ZONE 5 00  
SFD 92 00  
CHEK 77 00  
3465A000 09 48

PERMIT NO

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO 92-150097

52

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FOR INSPECTIONS CALL 229 2071

BUILDING PERMIT  
FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

PLAN CHECK NO M-5578

DATE 9/8/92

CONST VAL \$ 975.00

ADDRESS OF CONSTRUCTION 5001 Signal Drive

OWNER Arnold Poppe

876-5550

PHONE 656-9383

LOT(s) 111 BLOCK 1 SUBDIVISION 7th Pro-602-1R ZONE RPD

PROPOSED CONSTRUCTION Aluminum Patio Cover ICEO 2621P

USE

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

FLOOR AREA BSMT 1ST 2ND GARAGE PORCH TOTAL 325

CONTRACTOR Dura Kool Aluminum Products

STATE LICENSE NO 32068

CITY LICENSE NO 10254

ARCHITECT ENGINEER

MASTER PLUMBER/CONTRACTOR MASTER ELECTRICIAN/CONTRACTOR

## OTHER INSPECTIONS AND FEES

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- 2 Re-inspect on fee during normal business hours assessed under provisions of TABLE 3 A of the Uniform Building Code = \$30.00 per hour
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## CONDITIONS OF THE PERMIT

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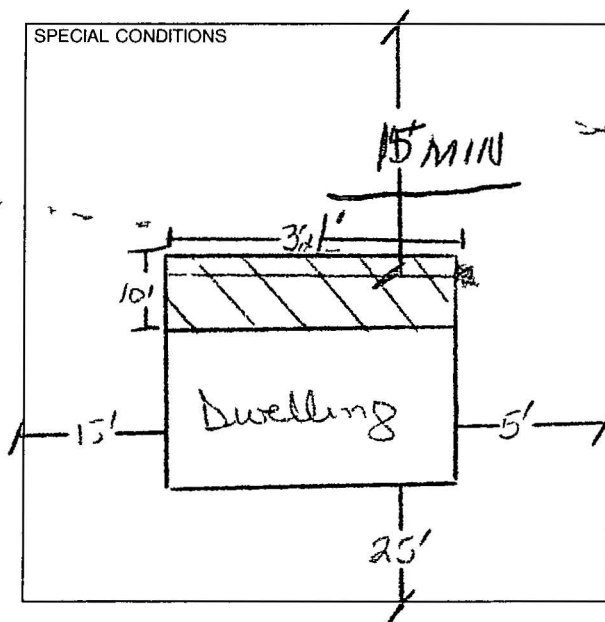
OWNER

BY Betty Cohen

AGENT

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

## SPECIAL CONDITIONS



LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

9/11/92

PLANNING DEPT

DATE

9/14/92

BUILDING DEPT

DATE

| PLUMBING                           |       | FEE |
|------------------------------------|-------|-----|
| WATER DISTRIBUTION                 | 6.00  |     |
| SEWER SYSTEM NEW OR MODIFICATION   | 10.00 |     |
| FIXTURES WATER SOFTENER H/W HEATER | 2.00  |     |
| GARBAGE DISPOSAL WASHER            | 2.00  |     |
| FUEL PIPING                        | 6.00  |     |
| IRRIGATION SYSTEM                  | 8.00  |     |
| MISC                               |       |     |
| 2310 2433                          | TOTAL |     |
| AIR CONDITIONING                   |       | FEE |
| NEW UNIT 3 TON = 9.00 OVER = 16.50 |       |     |
| FURNACE TO 100 000/9.00 OVER/11.00 |       |     |
| VAPORATIVE COOLER                  | 6.95  |     |
| VENTILATION FAN                    | 2.55  |     |
| 2310 2435                          | TOTAL |     |

## ELECTRICAL

## FEE

|                                             |        |      |
|---------------------------------------------|--------|------|
| RECEPTACLE                                  | SWITCH | 45   |
| EACH LIGHT FIXTURE OR SOCKET                |        | 35   |
| SPECIAL OUTLET APPLIANCE ETC                |        | 75   |
| SERVICE/PANEL SUB/3 25 200A/6 45 400A/13 40 |        |      |
| A/C UNIT OR MOTORS                          |        | 3.25 |
| 2310 2432                                   | TOTAL  |      |
| MISC                                        |        |      |

## ZONING

2310 2431 PLAN REVIEW

2310 2401 BLDG PERMIT

7143 2973 SEWER CONNECTION

6122 3352 TORTOISE

2897 PIF

88100 1232 TRANSPORT

TOTAL FEES

25.00  
24.00RECEIPT  
MUST BE MACHINE VALIDATED

ZONE 5.00  
 3FD 92.00  
 CHECK 97.00  
 3465A000 09 42

PERMIT NO

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

90-089160

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR INSPECTIONS

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

LOG NO &amp; AREA P-12

D

51478

CONST VAL \$ 45,200

ADDRESS OF CONSTRUCTION 5001 SIGNAL DR

OWNER VISTA HILLS INC /US HOME CORP 646-8200

LOT(s) 111 BLOCK 1 SUBDIVISION LOS PRADOS PHASE 2 UNIT 1B ZONE RFD9

PROPOSED CONSTRUCTION SFD 1520

USE

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

FLOOR AREA BSMT 1ST 1521 2ND GARAGE 423 PORCH 44 TOTAL 1988

CONTRACTOR U S HOME CORPORATION STATE LICENSE NO 14506 CITY LICENSE NO 17512

ARCHITECT ROURKE, BURKE &amp; ASSOC ENGINEER

MASTER PLUMBER/CONTRACTOR MASTER ELECTRICIAN/CONTRACTOR

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## SPECIAL CONDITIONS

SEE APPROVED PLAT MAP

BY VISTA HILLS, INC /U S HOME CORP

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

OWNER

BY *Curtis Meyer*  
CURTIS MEYER, VICE PRESIDENT/CONSTRUCTION US HOME CORP

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

PLANNING DEPT

DATE

BUILDING DEPT

DATE

| PLUMBING                           |       | FEE | ELECTRICAL                                  |      | FEE |
|------------------------------------|-------|-----|---------------------------------------------|------|-----|
| WATER DISTRIBUTION                 | 6.00  |     | RECEPTACLE _____ SWITCH _____               | 40   |     |
| SEWER SYSTEM NEW OR MODIFICATION   | 10.00 |     | EACH LIGHT FIXTURE OR SOCKET _____          | 30   |     |
| FIXTURES WATER SOFTENER HW HEATER  | 2.00  |     | SPECIAL OUTLET APPLIANCE ETC                | 70   |     |
| GARBAGE DISPOSAL WASHER            | 2.00  |     | SERVICE/PANEL SUB/3.00 200A/6.00 400A/12.50 |      |     |
| FUEL PIPING                        | 6.00  |     | A/C UNIT OR MOTORS                          | 3.00 |     |
| IRRIGATION SYSTEM                  | 8.00  |     | 2310 2432 TOTAL                             |      |     |
| MISC                               |       |     | MISC                                        |      |     |
| 2310 2433 TOTAL                    |       |     | 2310 2431 ISSUANCE FEE                      | 625  |     |
| AIR CONDITIONING                   |       | FEE | 7143 2973 SEWER CONNECTION                  |      |     |
| NEW UNIT 3 TON = 9.00 OVER = 16.50 |       |     | 2310 2431 PLAN REVIEW FEE                   | 318  |     |
| FURNACE TO 100 000/9.00 OVER/11.00 |       |     | 2310 2431 BLDG PERMIT FEE                   | 943  |     |
| VAPORATIVE COOLER                  | 6.50  |     | TOTAL FEES                                  |      |     |
| VENTILATION FAN                    | 2.35  |     |                                             |      |     |
| 2310 2435 TOTAL                    |       |     |                                             |      |     |

## RECEIPT

PERMIT NO  
MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work



U S HOME CORPORATION

333 N Rancho Drive

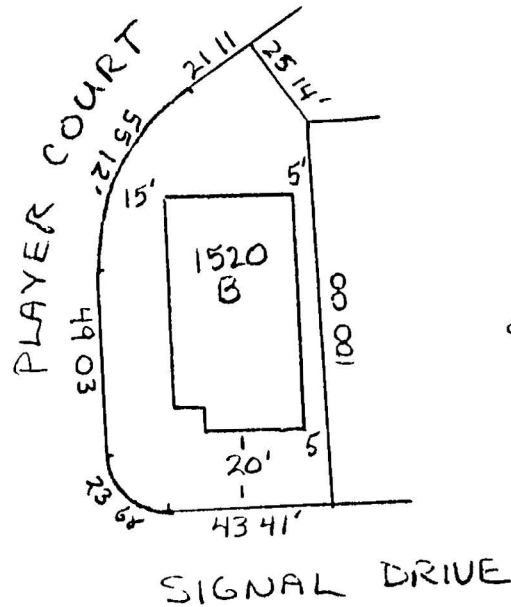
•

Suite 530

Las Vegas Nevada 89106

•

(702) 646-8200



SCALE 1" = 50'

ADDRESS: 5001 SIGNAL DR.

LOT: 111 BLOCK: 1

SUBDIVISION: LOS PRADOS PHASE 2 UNIT 1B

APPROVED

By  11/13/90  
COMMUNITY PLANNING & DEVELOPMENT  
City of Las Vegas



\*\*\*\*\*

POST TENSION OF NEVADA, INC  
21 Middleley Road Henderson, Nevada 89111  
(702) 265-1131

State Contractors License # 0026044

\*\*\*\*\*

# C E R T I F I C A T E O F S T R E S S I N G

We hereby certify that tension was applied to all tendon  
in accordance with engineered specifications on the projects  
listed hereunder

PROJECT/SUBDIVISION LOS FRAIOS *5 - TRAIL BAY*

| <u>BUILDING</u> | <u>ADDRESS</u>  | <u>RAM NO</u> | <u>DATE STRESSED</u> |
|-----------------|-----------------|---------------|----------------------|
| LOT 1 BLOCK 1   | 505 SIGNAL DR   | 2002          | 12/17/90             |
| LOT 2 BLOCK 1   | 506 SIGNAL DR   | 2002          | 12/18/90             |
| LOT 3 BLOCK 1   | 507 SIGNAL DR   | 2002          | 12/18/90             |
| LOT 4 BLOCK 1   | 508 SIGNAL DR   | 2002          | 12/18/90             |
| LOT 107 BLOCK 1 | 5107 FLAYERS CT | 2002          | 12/12/90             |
| LOT 108 BLOCK 1 | 5112 FLAYERS CT | 2002          | 12/12/90             |
| LOT 109 BLOCK 1 | 5117 FLAYERS CT | 2002          | 12/12/90             |
| LOT 110 BLOCK 1 | 5102 FLAYERS CT | 2002          | 12/12/90             |
| LOT 111 BLOCK 1 | 5001 SIGNAL DR  | 2002          | 12/12/90             |
| LOT 112 BLOCK 1 | 5003 SIGNAL DR  | 2002          | 12/12/90             |
| LOT 113 BLOCK 1 | 5005 SIGNAL DR  | 2002          | 12/12/90             |
| LOT 114 BLOCK 1 | 5006 SIGNAL DR  | 2002          | 12/12/90             |
| LOT 120 BLOCK 1 | 5057 SIGNAL DR  | 2002          | 12/17/90             |

AUTHORIZED BY

CHARLES A. RITTEY  
OPERATIONS MANAGER

ISSUED TO

JOE HUMPH

# INSTALLATION CARD

THE ADDRESS:

5001 SIGNAL DR  
LOS PRADOS II

FIBREWALL™ POLYMER-FORTIFIED FIBERGLASS  
REINFORCED STUCCO SYSTEM

EXPO STUCCO PRODUCTS

ICBO Evaluation Service, Inc. Report No. 4388

Date of Job Completion

11/1  
3-14-91

PLASTERING CONTRACTOR

Name:

Cedco

Address

9555 SOLUB/06

Approved Contractor Number as Issued by  
the Plastering Manufacturer 28175

Phone

( ) 361-4550

This is to certify that the plastering system on the building exterior at the above address has been  
installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Signature of authorized representative of plastering contractor

Date



EXPO REV 09/08/89/JM

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR

PERMIT NO

90 000093

ELECTRICAL PERMIT

LOG NO &amp; AREA

F12

DATE

51479

CONST VAL \$

ADDRESS OF  
CONSTRUCTION

5001 SIGNAL DR

OWNER

US Home

CONTRACTOR

REPUBLIC Electric

STATE  
LICENSE NO

28531

CITY  
LICENSE NO011-03223-2-  
040839

(PRINT NAME OF MASTER ELECTRICIAN)

GERALD F. STAFFORD

MASTER CARD NO

MI-0430

PHONE

645-7793

PROPOSED CONSTRUCTION

SFD

USE

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

| UNITS                                                                                                                   | DESCRIPTION                                                                                                                                                                                                                                          | FEE   | TOTAL |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                  |                                                                                                                                                                                                                                                      |       |       |
| 1                                                                                                                       | For Issuing Each Permit                                                                                                                                                                                                                              | 10 00 | 10 00 |
|                                                                                                                         | Supplemental Fee                                                                                                                                                                                                                                     | 4 50  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                 |                                                                                                                                                                                                                                                      |       |       |
| <b>Residential or General Commercial</b>                                                                                |                                                                                                                                                                                                                                                      |       |       |
| 71                                                                                                                      | Receptacle 42 Switch 29                                                                                                                                                                                                                              | 40    | 28 40 |
| 21                                                                                                                      | Each Light Fixture Socket or Exit Light<br>Smoke Detector or Exhaust Fan                                                                                                                                                                             | 30    | 6 30  |
| 5                                                                                                                       | 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    | 3 50  |
|                                                                                                                         | X Ray Unit                                                                                                                                                                                                                                           | 10 00 |       |
|                                                                                                                         | Area Lighting (First 3 000 Watts)                                                                                                                                                                                                                    | 8 00  |       |
|                                                                                                                         | Each Additional 1 000 Watts                                                                                                                                                                                                                          | 3 00  |       |
| <b>MOTORS (1 H P AND OVER) TRANSFORMERS ELEVATORS WELDERS<br/>GENERATORS CHILLERS SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                      |       |       |
|                                                                                                                         | First H P or Ton For each Unit                                                                                                                                                                                                                       | 3 00  |       |
|                                                                                                                         | First KVA For Each Unit                                                                                                                                                                                                                              | 3 00  |       |
|                                                                                                                         | Each Additional H P Ton or KVA up to 50                                                                                                                                                                                                              | 50    |       |
|                                                                                                                         | Each Additional H P Ton or KVA over 50                                                                                                                                                                                                               | 35    |       |
| 1                                                                                                                       | Temporary power or Pole                                                                                                                                                                                                                              | 6 00  | 6 00  |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                              |                                                                                                                                                                                                                                                      |       |       |
| 1                                                                                                                       | Up to 200 AMP                                                                                                                                                                                                                                        | 6 00  | 6 00  |
|                                                                                                                         | 400 AMP And 600 AMP                                                                                                                                                                                                                                  | 12 50 |       |
|                                                                                                                         | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                             | 25 00 |       |
|                                                                                                                         | Over 1200 AMP                                                                                                                                                                                                                                        | 50 00 |       |
|                                                                                                                         | Each Additional Meter Socket                                                                                                                                                                                                                         | 50    |       |
|                                                                                                                         | Sub Panel Motor Control Center<br>Disconnect Switch Transfer Switch (Each)                                                                                                                                                                           | 3 00  |       |
|                                                                                                                         | Swimming Pool (Residential)                                                                                                                                                                                                                          | 20 00 |       |
|                                                                                                                         | Swimming Pool (Semi Public)                                                                                                                                                                                                                          | 30 00 |       |
|                                                                                                                         | Spas                                                                                                                                                                                                                                                 | 8 00  |       |
|                                                                                                                         | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                   | 3 00  |       |

| UNITS                                                                        | DESCRIPTION                                                                                                                                                                        | FEE               | TOTAL |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                              | Busways Trolley or Plug in (Ea 100 Ft)                                                                                                                                             | 3 00              |       |
|                                                                              | Gas Pumps Dispensers (Each)                                                                                                                                                        | 3 00              |       |
| 1                                                                            | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                | 3 00              | 3 00  |
| 1                                                                            | Each Air Handler                                                                                                                                                                   | 1 00              | 1 00  |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                 |                                                                                                                                                                                    |                   |       |
|                                                                              | Speaker Outlets (Each)                                                                                                                                                             | 30                |       |
|                                                                              | Signal or Alarm Outlets (Each)                                                                                                                                                     | 30                |       |
|                                                                              | Amplifiers                                                                                                                                                                         | 2 00              |       |
|                                                                              | Control Panel                                                                                                                                                                      | 50                |       |
| 3                                                                            | TV Master System                                                                                                                                                                   | 30                | 90    |
| 2                                                                            | Telephone or Computer Outlet                                                                                                                                                       | 30                | 60    |
| <b>OTHER INSPECTIONS AND FEES<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                    |                   |       |
|                                                                              | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                     | 30 00<br>per hour |       |
|                                                                              | Reinspection fee assessed under provisions of TABLE<br>3 A of the Uniform Building Code = \$30 00 EACH                                                                             | 30 00<br>each     |       |
|                                                                              | Inspections for which no fee is specifically<br>indicated (minimum charge — one half hour)                                                                                         | 30 00<br>per hour |       |
|                                                                              | Additional plan review required by changes additions<br>or revisions to approved plans (minimum charge —<br>one half hour) After work hours — \$30 00 per hour<br>— minimum 1 hour | 30 00<br>per hour |       |
|                                                                              | Starter Permit                                                                                                                                                                     | 50 00             |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                |                                                                                                                                                                                    |                   |       |
|                                                                              | Commercial —Burglar Alarms                                                                                                                                                         |                   |       |
|                                                                              | —Music Systems                                                                                                                                                                     |                   |       |
|                                                                              | —Data Processing                                                                                                                                                                   |                   |       |
|                                                                              | —Communication                                                                                                                                                                     |                   |       |
|                                                                              | Conduit Only—Contract Price                                                                                                                                                        |                   |       |
|                                                                              | All Misc Electric                                                                                                                                                                  |                   |       |

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

# 2310 2432

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

BUILDING DEPT

DATE

Permit Expires 180 Days After Abandonment of Work

PERMIT  
FEE

65.70

LESS  
STARTER PERMITTOTAL  
FEES

65.70

PERMIT NO

MUST BE MACHINE VALIDATED

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

423

PERMIT NO

90 777338  
PLUMBING PERMIT

FG



51480

LOG NO &amp; AREA

P12

DATE

CONST VAL \$

ADDRESS OF  
CONSTRUCTION

5001 Signal Dr

OWNER

US Home

PHONE

646-8200

CONTRACTOR

H-K Plbg

STATE  
LICENSE NO

26317

CITY

LICENSE NO

35134

LOT(s)

111

BLOCK

1

SUBDIVISION

Los Prados

ZONE

PROPOSED CONSTRUCTION

PLUMBING  
PERMIT NO

USE

SFD

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>            |                                                                                         |         |       |
| 8                                | Bathtub Shower Lavatory Toilet Urinal                                                   | EA 2 00 | 16    |
| 1                                | Floor Drain Floor Sink Wash Tray Sink                                                   | EA 2 00 | 2     |
| 3                                | Garbage Disposal Clothes Washer Dishwasher (residential)                                | EA 2 00 | 6     |
|                                  | Garbage Disposal (commercial)                                                           | EA 8 00 |       |
|                                  | Clothes Washer Dishwasher (commercial)                                                  | EA 2 00 |       |
| 1                                | Clothes Dryer (gas) (venting)                                                           | EA 2 00 | 2     |
|                                  | Dental Unit                                                                             | 8 00    |       |
|                                  | Drinking Fountain                                                                       | 2 00    |       |
| 1                                | Refrigerator Ice Maker Water Dispenser                                                  | 60      | 2     |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                       | 2 00    |       |
| 1                                | Hot Water Heater (Gas or Electric)                                                      | EA 2 00 | 2     |
| <b>SEWER SYSTEM</b>              |                                                                                         |         |       |
| 1                                | New Replacement Modification or Any Drainage Work                                       | 10 00   | 10    |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2 00    |       |
|                                  | Trailer Trap (rental parks)                                                             | 5 00    |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |         |       |
|                                  | Non Permanent Type (rental)                                                             | 2 00    |       |
|                                  | Permanent Type (connected to drain)                                                     | 2 00    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |         |       |
| 1                                | Single Family Dwelling                                                                  | 6 00    | 6     |
|                                  | Multi Family Dwelling                                                                   | 6 00    |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3 00    |       |
|                                  | Commercial Building per floor                                                           | 3 00    |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2 00    |       |
|                                  | Hotel or Motel                                                                          | 8 00    |       |
|                                  | Plus Each Unit                                                                          | 3 00    |       |
|                                  | Trailer Park                                                                            | 30 00   |       |
|                                  | Plus Each Space                                                                         | 2 00    |       |
|                                  | Irrigation Single Family Dwelling                                                       | 8 00    |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                         | FEE            | TOTAL |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                     |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                              | 6 00           | 6     |
|                                   | 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                                                                                                                                                                                              |                |       |

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

202

FIXTURES X

FEE

2310 2403  
PERMIT  
FEETOTAL  
FEES

62 00

RECEIPT

PERMIT NO

MUST BE MACHINE VALIDATED

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

91-096330

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

F



22439

AIR CONDITIONING PERMIT

LOG NO & AREA P-12DATE 1/11/91

CONST VAL \$

ADDRESS OF  
CONSTRUCTION5001 Signal Dr.

OWNER

U.S. Home

PHONE

CONTRACTOR

J.A. Gammst

STATE

LICENSE NO

017508

CITY

LICENSE NO

C11-02582  
035891LOT(s) 111BLOCK 1

SUBDIVISION

LOS PRADOS

ZONE

PROPOSED CONSTRUCTION

HVAC

USE

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                      | FEE   | TOTAL        |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                  |       |              |
| <u>1</u>                 | For the issuance of each permit                                                                                                                                                                                                                  | 15 00 | <u>15 00</u> |
|                          | For issuing each supplemental permit                                                                                                                                                                                                             | 4 50  |              |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                  |       |              |
|                          | For the installation or relocation of each forced air or gravity type furnace or burner including ducts and vents attached to such appliance up to and including 100 000 Btu/h                                                                   | 9 00  |              |
|                          | For the installation or relocation of each forced air or gravity type furnace or burner including ducts and vents attached to such appliance over 100 000 Btu/h                                                                                  | 11 00 |              |
|                          | For the installation or relocation of each floor furnace including vent                                                                                                                                                                          | 9 00  |              |
|                          | For the installation or relocation of each suspended heater recessed wall heater or floor mounted unit heater                                                                                                                                    | 9 00  |              |
|                          | For the installation relocation or replacement of each appliance vent installed and not included in an appliance permit                                                                                                                          | 4 50  |              |
|                          | For the repair of alteration of or addition to each heating appliance refrigeration unit cooling unit absorption unit or each heating cooling absorption or evaporative cooling system including installation of controls regulated by this code | 9 00  |              |
|                          | For the installation or relocation of each boiler or compressor to and including three tons or each absorption system to and including 100 000 Btu/h                                                                                             | 9 00  |              |
| <u>1</u>                 | 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 | <u>16 50</u> |
|                          | For the installation or relocation of each boiler or compressor over 15 tons to and including 30 tons or each absorption system over 500 000 Btu/h to and including 1 000 000 Btu/h                                                              | 22 50 |              |
|                          | For the installation or relocation of each boiler or compressor over 30 tons to and including 50 tons or for each absorption system over 1 000 000 Btu/h to and including 1 750 000 Btu/h                                                        | 33 50 |              |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons or each absorption system over 1 750 000 Btu/h                                                                                                        | 56 00 |              |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                                                                                                                                            | FEE            | TOTAL       |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
|                                   | For each air handling unit to and including 10 000 cubic feet per minute including ducts attached thereto<br><b>Note</b> This fee shall not apply to an air handling unit which is a portion of a factory assembled appliance cooling unit evaporative cooler or absorption unit for which a permit is required elsewhere in this code | 6 50           |             |
|                                   | For each air handling unit over 10 000 cfm                                                                                                                                                                                                                                                                                             | 11 00          |             |
|                                   | For each evaporative cooler other than portable type                                                                                                                                                                                                                                                                                   | 6 50           |             |
| <u>3</u>                          | For each ventilation fan<br>COMMERCIAL<br>RESIDENTIAL                                                                                                                                                                                                                                                                                  | 4 50<br>2 35   | <u>7 05</u> |
|                                   | 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 |             |
|                                   | Re inspect on 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

CONTRACTOR

MASTER CARD NO

BY

Spec Contr or Owner

BUILDING DEPT

DATE

PERMIT  
FEETOTAL  
FEES38.55

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

02-160007

**INSPECTION  
NUMBER**

13

JOB ADDRESS

5001 SIGNAL DR

LOT NO

111

BLOCK NO

1

SUBDIVISION NAME

LOS PAVOS 2-1 B

FIRE DEPT MAP NO

1721-76

JOB PHONE

656-9383

CALL IN DATE

09/24/92

CALL IN TIME

12.30

SCHEDULE DATE

09/25/92

INSPECTOR NO

52

INSPECTOR NAME

PANDALL BRESCIE

**INSPECTION  
REQUESTED**

BUILDING FINAL (140)

656-9383 GATE UNLOCKED

☐ 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 \*229 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*P. Brescie*

INSPECTION DATE

9-25-92

☒ **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 \* 229-6251 See Reverse Side For Inspection Types



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                    |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                               |  | 92-160097                                                                                                                        |  | <b>INSPECTION NUMBER</b>              |  | 13                                                      |                 |
| <b>JOB ADDRESS</b>                                                                                                 |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| 5001 SIGNAL DR                                                                                                     |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <b>LOT NO</b>                                                                                                      |  | <b>BLOCK NO</b>                                                                                                                  |  | <b>SUBDIVISION NAME</b>               |  |                                                         |                 |
| 111                                                                                                                |  | 1                                                                                                                                |  | LOS PRADOS 2-1 B                      |  |                                                         |                 |
| <b>FIRE DEPT MAP NO</b>                                                                                            |  | <b>JOB PHONE</b>                                                                                                                 |  | <b>CALL IN DATE</b>                   |  | <b>CALL IN TIME</b>                                     |                 |
| 1721-76                                                                                                            |  | 656-9383                                                                                                                         |  | 09/24/92                              |  | 12:30                                                   |                 |
| <b>INSPECTOR NO</b>                                                                                                |  | <b>INSPECTOR NAME</b>                                                                                                            |  |                                       |  |                                                         |                 |
| 52                                                                                                                 |  | RANDALL BRESEE                                                                                                                   |  |                                       |  |                                                         |                 |
| <b>INSPECTION REQUESTED</b>                                                                                        |  | BUILDING FINAL (140)                                                                                                             |  |                                       |  |                                                         |                 |
| 656-9383 GATE UNLOCKED                                                                                             |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                        |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | <b>PARTIAL DESCRIPTION</b>            |  |                                                         |                 |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                   |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |                 |
|                                                                                                                    |  |                                                                                                                                  |  |                                       |  | <input type="checkbox"/> HOLD (H)                       |                 |
| <input type="checkbox"/> REJECTED (R)                                                                              |  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |  |                                       |  |                                                         |                 |
| <input type="checkbox"/> REFEE (F)                                                                                 |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |  |                                       |  |                                                         |                 |
| <input type="checkbox"/> PERMIT REQUIRED                                                                           |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                         |  |                                                                                                                                  |  | <b>INSPECTION DATE</b>                |  |                                                         |                 |
| R Bresee                                                                                                           |  |                                                                                                                                  |  | 9-25-92                               |  |                                                         |                 |
| <input checked="" 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 |  |                                                                                                                                  |  |                                       |  |                                                         | <b>229-6769</b> |

For Additional Assistance Call \* 229-6251 See Reverse Side For Inspection Types

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                         |                         |                            |                               |
|-----------------------------------------|-------------------------|----------------------------|-------------------------------|
| JOB ADDRESS<br><i>5001 Signal Dr</i>    |                         | PERMIT NO.<br><i>89160</i> |                               |
| LOT NO                                  | MAP NO<br><i>7-213p</i> | INSPECTOR<br><i>58</i>     | DATE<br><i>11-30-90</i>       |
| SUBDIVISION NAME                        |                         |                            | PHONE                         |
| INSPECTOR SIGNATURE<br><i>J. Larson</i> |                         |                            | INSPECTION DATE<br><i>123</i> |

*Clean ftgs.*  
*Lower UFER.*  
*Provide 2' cable clearance.*

☐ 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 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           | PRE GUNITE                  | <input type="checkbox"/> M 2 | HOOD                        | <input type="checkbox"/> E 3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11           | 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 388-8251

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                           |                             |                                 |                        |
|-------------------------------------------|-----------------------------|---------------------------------|------------------------|
| JOB ADDRESS<br><i>5001 Signal</i>         |                             | PERMIT NO<br><i>89160</i>       |                        |
| LOT NO                                    | MAP NO<br><i>17-24SP 67</i> | INSPECTOR<br><i>[Signature]</i> | DATE<br><i>12-3-90</i> |
| SUBDIVISION NAME                          |                             |                                 | PHONE                  |
| INSPECTOR SIGNATURE<br><i>[Signature]</i> |                             |                                 | INSPECTION DATE        |

I CERTIFY FOUNDATION IS  
IN CORRECT LOCATION AS PER  
ZONING & PROP LINE SETBACKS

*[Signature]*

☐ 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           | <i>POOL</i> PRE GUNITE          | <input type="checkbox"/> M 2 | HOOD                        | <input type="checkbox"/> E 3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11           | <i>POOL</i> 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 388-8251**

## DEPARTMENT OF BUILDING &amp; SAFETY CITY OF LAS VEGAS

|                                                                                                          |                    |                    |
|----------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| JOB ADDRESS<br>5001 Signal Dr                                                                            |                    | PERMIT NO<br>89160 |
| LOT NO                                                                                                   | MAP NO<br>18-830 A | INSPECTOR<br>69    |
| SUBDIVISION NAME<br>Las Prados                                                                           |                    | DATE<br>12-27-90   |
| INSPECTOR SIGNATURE<br> |                    | PHONE<br>12-28     |

|                                                                                               |                                 |                                                                                                                                     |                             |                                    |                        |
|-----------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|
| <input checked="" type="checkbox"/> PARTIAL INSPECTION    DESCRIPTION                         |                                 |                                                                                                                                     |                             |                                    |                        |
| ROOF ONLY - RECON SHEAR                                                                       |                                 |                                                                                                                                     |                             |                                    |                        |
| <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 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                                                                 | <u>POOL</u> PRE GUNITE          | <input type="checkbox"/> M 2                                                                                                        | HOOD                        | <input type="checkbox"/> E 3       | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11                                                                 | <u>POOL</u> PRE PLASTER / FINAL | <input type="checkbox"/> M 3                                                                                                        | FINAL MECHANICAL            | <input type="checkbox"/> E 4       | SIGN INSPECTION        |
| <input type="checkbox"/> B 12                                                                 | BUILDING FINAL                  |                                                                                                                                     |                             | <input type="checkbox"/> E 5       | FINAL ELECTRICAL       |
| <input type="checkbox"/> B 13                                                                 | CERT OF OCC                     | <input type="checkbox"/> X 1                                                                                                        | KICKER / FLUSH              | <input type="checkbox"/> E 6       | TEMP POWER             |
| <input type="checkbox"/> FINAL INSPECTION                                                     |                                 | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                             |                                    |                        |

**FOR ASSISTANCE CALL 386-6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                       |                          |                             |                                |
|---------------------------------------|--------------------------|-----------------------------|--------------------------------|
| JOB ADDRESS<br><b>5001 Signal Dr</b>  |                          | PERMIT NO<br><b>0899160</b> |                                |
| LOT NO                                | MAP NO<br><b>7-251 P</b> | INSPECTOR<br><b>69</b>      | DATE<br><b>1-22-91</b>         |
| SUBDIVISION NAME<br><b>Los Bravos</b> |                          |                             | PHONE                          |
| INSPECTOR SIGNATURE<br>               |                          |                             | INSPECTION DATE<br><b>1-23</b> |

*Shear*

- ① NEED A.B. DETAIL GARAGE TO HOUSE WALL
- ② NEEDS NOTE ⑤ DETAIL

*POST PERMIT*

*WILL CHECK @ FRAMES*

☐ PARTIAL INSPECTION DESCRIPTION

☒ **APPROVED**
☐ **PERMIT REQUIRED**
☐ **STOP WORK**

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

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

☐ **FINAL INSPECTION**

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

**FOR ASSISTANCE CALL 386-8251**

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

|                                                                                                              |                                 |                                                                                                                                  |                                |
|--------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| JOB ADDRESS<br><b>5001 Signal Dr</b>                                                                         |                                 | PERMIT NO<br><b>89160</b>                                                                                                        |                                |
| LOT NO                                                                                                       | MAP NO<br><b>1P-141P</b>        | INSPECTOR<br><b>69</b>                                                                                                           | DATE<br><b>1-16-91</b>         |
| SUBDIVISION NAME                                                                                             |                                 |                                                                                                                                  | PHONE                          |
| INSPECTOR SIGNATURE<br><b>[Signature]</b><br><i>shear</i>                                                    |                                 |                                                                                                                                  | INSPECTION DATE<br><b>1-17</b> |
| <p>① NEED A.B. DETAIL GARAGE TO HOUSE WALL</p> <p>② NEED NOTE ⑤ DETAIL</p> <p>③ COMPLETE SHEAR WEST WALL</p> |                                 |                                                                                                                                  |                                |
| <input type="checkbox"/> PARTIAL INSPECTION DESCRIPTION                                                      |                                 |                                                                                                                                  |                                |
| <input type="checkbox"/> APPROVED                                                                            |                                 | <input type="checkbox"/> PERMIT REQUIRED                                                                                         |                                |
| <input type="checkbox"/> STOP WORK                                                                           |                                 |                                                                                                                                  |                                |
| <input checked="" type="checkbox"/> REJECTED CORRECTION NOTICE REINSPECTION REQUIRED CALL 799-2071           |                                 |                                                                                                                                  |                                |
| INSPECT                                                                                                      | DESCRIPTION                     | INSPECT                                                                                                                          | DESCRIPTION                    |
| <input type="checkbox"/> B 1                                                                                 | FOOTING LAYOUT REBAR ZONING     | <input type="checkbox"/> P 1                                                                                                     | ON SITE SEWER                  |
| <input type="checkbox"/> B 2                                                                                 | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P 2                                                                                                     | ON SITE WATER                  |
| <input type="checkbox"/> B 3                                                                                 | PRE SLAB                        | <input type="checkbox"/> P 3                                                                                                     | BUILDING SEWER (YARD LINES)    |
| <input type="checkbox"/> B 4                                                                                 | ROOF SHEATHING                  | <input type="checkbox"/> P 4                                                                                                     | UNDERSLAB PLUMBING             |
| <input type="checkbox"/> B 5                                                                                 | FRAMING                         | <input type="checkbox"/> P 5                                                                                                     | TOP OUT WATER GAS WASTE        |
| <input type="checkbox"/> B 6                                                                                 | INSULATION                      | <input type="checkbox"/> P 6                                                                                                     | FINAL GAS TEST                 |
| <input type="checkbox"/> B 7                                                                                 | DRYWALL NAILING                 | <input type="checkbox"/> P 7                                                                                                     | FINAL PLUMBING                 |
| <input type="checkbox"/> B 8                                                                                 | EXTERIOR LATH/STUCCO            |                                                                                                                                  |                                |
| <input type="checkbox"/> B 9                                                                                 | WALL GROUT & STEEL              | <input type="checkbox"/> M 1                                                                                                     | ROUGH VENT                     |
| <input type="checkbox"/> B 10                                                                                | <b>POOL</b> PRE GUNITE          | <input type="checkbox"/> M 2                                                                                                     | HOOD                           |
| <input type="checkbox"/> B 11                                                                                | <b>POOL</b> PRE PLASTER / FINAL | <input type="checkbox"/> M 3                                                                                                     | FINAL MECHANICAL               |
| <input type="checkbox"/> B 12                                                                                | BUILDING FINAL                  |                                                                                                                                  |                                |
| <input type="checkbox"/> B 13                                                                                | CERT OF OCC                     | <input type="checkbox"/> X 1                                                                                                     | KICKER / FLUSH                 |
|                                                                                                              |                                 | <input type="checkbox"/> 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 checked="" type="checkbox"/> X 6                                                                                          | OTHER <b>SHEAR</b>             |
|                                                                                                              |                                 | <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 388-6251**



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                      |                         |                        |                               |
|--------------------------------------|-------------------------|------------------------|-------------------------------|
| JOB ADDRESS<br><b>5001 Signal Dr</b> |                         |                        | PERMIT NO<br><b>89160</b>     |
| LOT NO                               | MAP NO<br><b>2-114P</b> | INSPECTOR<br><b>69</b> | DATE<br><b>2-28-91</b>        |
| SUBDIVISION NAME                     |                         |                        | PHONE                         |
| INSPECTOR SIGNATURE<br>              |                         |                        | INSPECTION DATE<br><b>3-1</b> |

- ① REPLACE SHED @ GARAGE FRONT
- ② ADD INT. @ GARAGE OR OTHER A.B. REQUIREMENT FOR GARAGE TO HOUSE SHED
- ③ COMPLETE FRAMING ABOVE GARAGE WINDOW (USE 4X6)
- ④ STRAP B.P. @ RISER
- ⑤ FLS ALL DECK SPACE @ LID LINES
- ⑥ SHIM DOORS. NUMEROUS
- ⑦ ADD CRIPS ABOVE WIND. @ ENTRY
- ⑧ NEED A.B. GARAGE/LIVING RM

⑨ PARTIAL INSPECTION DESCRIPTION  
 ⑨ SECURE WIRING FROM W/H FLUR

|                                   |                                          |                                    |
|-----------------------------------|------------------------------------------|------------------------------------|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> PERMIT REQUIRED | <input type="checkbox"/> 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 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           | <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><i>5001 Signal dr.</i>     |                         | PERMIT NO<br><i>89160</i>    |
| LOT NO                                    | MAP NO<br><i>22.49P</i> | INSPECTOR<br><i>69</i>       |
| SUBDIVISION NAME<br><i>Los Prados</i>     |                         | DATE<br><i>3/4/91</i>        |
| INSPECTOR SIGNATURE<br><i>[Signature]</i> |                         | PHONE                        |
|                                           |                         | INSPECTION DATE<br><i>35</i> |

*2<sup>nd</sup> NOTICE*

- ① *1/2" A.B. REQUIREMENT @ GARAGE TO HOUSE WALL*
- ② *COMPLETE FRAMING ABOVE GARAGE WINDOW.*

*Will Check @ Insul.*

☐ 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 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           | <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             |

☐ **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><i>5001 Signal Dr</i>      |                         | PERMIT NO<br><i>89160</i> |                                |
| LOT NO                                    | MAP NO<br><i>7 2126</i> | INSPECTOR<br><i>69</i>    | DATE<br><i>3/12/91</i>         |
| SUBDIVISION NAME                          |                         |                           | PHONE                          |
| INSPECTOR SIGNATURE<br><i>[Signature]</i> |                         |                           | INSPECTION DATE<br><i>3-13</i> |

☐ PARTIAL INSPECTION DESCRIPTION

| <input checked="" type="checkbox"/> <b>APPROVED</b>                                            |                                 | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |                             | <input type="checkbox"/> <b>STOP WORK</b> |                        |
|------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------|-----------------------------|-------------------------------------------|------------------------|
| <input type="checkbox"/> <b>REJECTED CORRECTION NOTICE REINSPECTION REQUIRED CALL 799-2071</b> |                                 |                                                 |                             |                                           |                        |
| 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                                                                  | <i>POOL</i> PRE GUNITE          | <input type="checkbox"/> M 2                    | HOOD                        | <input type="checkbox"/> E 3              | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11                                                                  | <i>POOL</i> 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><i>5001 Signal dr.</i>     |                    |                               | PERMIT NO<br><i>89160</i>      |
| LOT NO                                    | MAP NO<br><i>3</i> | INSPECTOR<br><i>12:39p 69</i> | DATE<br><i>3/13/91</i>         |
| SUBDIVISION NAME                          |                    |                               | PHONE                          |
| INSPECTOR SIGNATURE<br><i>[Signature]</i> |                    |                               | INSPECTION DATE<br><i>3-14</i> |

☐ PARTIAL INSPECTION DESCRIPTION

☒ **APPROVED**

☐ **PERMIT REQUIRED**

☐ **STOP WORK**

☐ **REJECTED CORRECTION NOTICE REINSPECTION REQUIRED CALL 798-2071**

| INSPECT                                 | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-----------------------------------------|---------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input type="checkbox"/> B 1            | FOOTING LAYOUT REBAR ZONING     | <input type="checkbox"/> P 1 | ON SITE SEWER               | <input type="checkbox"/> X 2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B 2            | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P 2 | ON SITE WATER               | <input type="checkbox"/> X 3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B 3            | PRE SLAB                        | <input type="checkbox"/> P 3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X 4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B 4            | ROOF SHEATHING                  | <input type="checkbox"/> P 4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X 5 | FIRE ALARM             |
| <input type="checkbox"/> B 5            | FRAMING                         | <input type="checkbox"/> P 5 | TOP OUT WATER GAS WASTE     | <input type="checkbox"/> X-6 | OTHER                  |
| <input type="checkbox"/> B 6            | INSULATION                      | <input type="checkbox"/> P 6 | FINAL GAS TEST              | <input type="checkbox"/> X 7 | FINAL FIRE             |
| <input type="checkbox"/> B 7            | DRYWALL NAILING                 | <input type="checkbox"/> P 7 | FINAL PLUMBING              |                              |                        |
| <input checked="" 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           | <u>POOL</u> PRE GUNITE          | <input type="checkbox"/> M 2 | HOOD                        | <input type="checkbox"/> E 3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11           | <u>POOL</u> 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 303-6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

89160

**INSPECTION  
NUMBER**

JOB ADDRESS

5001 Signal Dr

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

4/17/91

CALL IN TIME

14 2 03p

SCHEDULE DATE

INSPECTOR NO

89161

INSPECTOR NAME

**INSPECTION  
REQUESTED**

F/Elect (Tag only)

E tag # 31374  
30 day temporary power

☐ 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**

*Jiff Green*

INSPECTION DATE

4-18-91

☐ PROJECT  
COMPLETE

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

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY  
CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

89160

**INSPECTION  
NUMBER**

JOB ADDRESS

5001 Signal dr.

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

4/26/91

1220p

INSPECTOR NO

INSPECTOR NAME

69

**INSPECTION  
REQUESTED**

F/Bldg.

☐ 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

4-29

☒ **PROJECT  
COMPLETE**

BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS  
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FOR ADDITIONAL ASSISTANCE CALL 386 6251  
SEE REVERSE SIDE FOR INSPECTION TYPES



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                          |                        |                         |                                  |
|------------------------------------------|------------------------|-------------------------|----------------------------------|
| JOB ADDRESS: <b>5001 Signal Dr</b>       |                        | PERMIT NO: <b>89893</b> |                                  |
| LOT NO:                                  | MAP NO: <b>10-246P</b> | INSPECTOR: <b>72</b>    | DATE: <b>11-26-90</b>            |
| SUBDIVISION NAME: <b>Las Pradas</b>      |                        |                         | PHONE:                           |
| INSPECTION SIGNATURE: <b>[Signature]</b> |                        |                         | INSPECTION DATE: <b>11-27-90</b> |

☐ PARTIAL INSPECTION DESCRIPTION

☒ **APPROVED**
☐ **PERMIT REQUIRED**
☐ **STOP WORK**

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

| INSPECT                       | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                                 | DESCRIPTION                   |
|-------------------------------|---------------------------------|------------------------------|-----------------------------|-----------------------------------------|-------------------------------|
| <input type="checkbox"/> B 1  | FOOTING LAYOUT REBAR ZONING     | <input type="checkbox"/> P 1 | ON SITE SEWER               | <input type="checkbox"/> X 2            | UNDERGROUND HYDRO             |
| <input type="checkbox"/> B 2  | STEM WALL — FORMS & REBAR       | <input type="checkbox"/> P 2 | ON SITE WATER               | <input type="checkbox"/> X 3            | UNDERGROUND FINAL/FLOW        |
| <input type="checkbox"/> B 3  | PRE SLAB                        | <input type="checkbox"/> P 3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X 4            | SPRINKLER SYSTEM HYDRO        |
| <input type="checkbox"/> B 4  | ROOF SHEATHING                  | <input type="checkbox"/> P 4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X 5            | FIRE ALARM                    |
| <input type="checkbox"/> B 5  | FRAMING                         | <input type="checkbox"/> P 5 | TOP OUT WATER GAS WASTE     | <input type="checkbox"/> X 6            | OTHER                         |
| <input type="checkbox"/> B 6  | INSULATION                      | <input type="checkbox"/> P 6 | FINAL GAS TEST              | <input type="checkbox"/> X 7            | FINAL FIRE                    |
| <input type="checkbox"/> B 7  | DRYWALL NAILING                 | <input type="checkbox"/> P 7 | FINAL PLUMBING              |                                         |                               |
| <input type="checkbox"/> B 8  | EXTERIOR LATH/STUCCO            |                              |                             | <input type="checkbox"/> E 1            | UNDERGROUND 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 checked="" type="checkbox"/> E 6 | TEMP POWER <b>[Signature]</b> |

☐ **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 383-6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                           |                          |                                    |
|-------------------------------------------|--------------------------|------------------------------------|
| JOB ADDRESS<br><i>5001 Signal</i>         |                          | PERMIT NO.<br><i>89160</i>         |
| LOT NO.                                   | MAP NO.<br><i>1-218p</i> | INSPECTOR<br><i>71</i>             |
| SUBDIVISION NAME                          |                          | DATE<br><i>2-4-91</i>              |
| INSPECTOR SIGNATURE<br><i>[Signature]</i> |                          | PHONE                              |
|                                           |                          | INSPECTION DATE<br><i>5 FEB 91</i> |

☐ PARTIAL INSPECTION DESCRIPTION

☒ **APPROVED** ☐ **PERMIT REQUIRED** ☐ **STOP WORK**

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

| INSPECT                       | DESCRIPTION                     | INSPECT                      | DESCRIPTION                 | INSPECT                                 | DESCRIPTION            |
|-------------------------------|---------------------------------|------------------------------|-----------------------------|-----------------------------------------|------------------------|
| <input type="checkbox"/> B 1  | FOOTING LAYOUT REBAR ZONING     | <input type="checkbox"/> P 1 | ON SITE SEWER               | <input type="checkbox"/> X 2            | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B 2  | STEM WALL - FORMS & REBAR       | <input type="checkbox"/> P 2 | ON SITE WATER               | <input type="checkbox"/> X 3            | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B 3  | PRE SLAB                        | <input type="checkbox"/> P 3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X 4            | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B 4  | ROOF SHEATHING                  | <input type="checkbox"/> P 4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X 5            | FIRE ALARM             |
| <input type="checkbox"/> B 5  | FRAMING                         | <input type="checkbox"/> P 5 | TOP OUT WATER GAS WASTE     | <input type="checkbox"/> X 6            | OTHER                  |
| <input type="checkbox"/> B 6  | INSULATION                      | <input type="checkbox"/> P 6 | FINAL GAS TEST              | <input type="checkbox"/> X 7            | FINAL FIRE             |
| <input type="checkbox"/> B 7  | DRYWALL NAILING                 | <input type="checkbox"/> P 7 | FINAL PLUMBING              |                                         |                        |
| <input type="checkbox"/> B 8  | EXTERIOR LATH/STUCCO            |                              |                             | <input type="checkbox"/> E 1            | UNDERGROUND ELETRICAL  |
| <input type="checkbox"/> B 9  | WALL GROUT & STEEL              | <input 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)

**FOR ASSISTANCE CALL 386-8251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

89160

**INSPECTION  
NUMBER**

JOB ADDRESS

5001 Signal Dr

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

4/16/91

4:25p

INSPECTOR NO

INSPECTOR NAME

71

**INSPECTION  
REQUESTED**

F/Elect

☐ 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**

INSPECTION DATE

*[Signature]*

17 APR 91

☐ **PROJECT  
COMPLETE**

BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS  
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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                      |                         |                           |                                    |
|--------------------------------------|-------------------------|---------------------------|------------------------------------|
| JOB ADDRESS<br><b>5001 Signal Dr</b> |                         | PERMIT NO<br><b>89160</b> |                                    |
| LOT NO                               | MAP NO<br><b>7-222P</b> | INSPECTOR<br><b>83</b>    | DATE<br><b>11-19-90</b>            |
| SUBDIVISION NAME                     |                         |                           | PHONE                              |
| INSPECTOR SIGNATURE<br>              |                         |                           | INSPECTION DATE<br><b>11-20-90</b> |

☐ 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 checked="" type="checkbox"/> P 3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X 4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B 4  | ROOF SHEATHING              | <input checked="" 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 | PRE GUNITE                  | <input type="checkbox"/> M 2            | HOOD                        | <input type="checkbox"/> E 3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B 11 | 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  
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**FOR ASSISTANCE CALL 386-6251**

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

[illegible]

**FOR ASSISTANCE CALL 386-6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

89160

**INSPECTION  
NUMBER**

JOB ADDRESS

5001 Signal Dr.

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

4/15/91

5256p

INSPECTOR NO

INSPECTOR NAME

83

**INSPECTION  
REQUESTED**

F/plbg & F/gas test

Must have ONE toilet  
set for F/inspection

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☒ REJECTED (R)

REINSPECTION REQUIRED CALL 799 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

E. J. Davis

INSPECTION DATE

4/16/91

☐ **PROJECT  
COMPLETE**

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SEE REVERSE SIDE FOR INSPECTION TYPES

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

89160

**INSPECTION  
NUMBER**

JOB ADDRESS

5001 Signal dr.

LOT NO

BLOCK NO

SUBDIVISION NAME

111

Las Prados

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

4/16/91

11:22p

INSPECTOR NO

INSPECTOR NAME

83

**INSPECTION  
REQUESTED**

F/gas test & F/plbg.

☐ 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

4-17-1

☐ **PROJECT  
COMPLETE**

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This home has been professionally insulated with

# Owens-Corning Fiberglas Insulation



5001 SIGNAL DR  
LOS PRADOS  
111/1

To meet the stated thermal resistances (R Values) the manufacturer provides the following specifications

## Blanket Insulation

Blanket and batt insulation when installed according to the manufacturer's recommendations will provide the stated R Value

| R Value                                 | Minimum Thickness                            |
|-----------------------------------------|----------------------------------------------|
| To Obtain an insulation resistance R of | Installed insulation should not be less than |
| R 38                                    | 12' Thick                                    |
| R 30                                    | 9½" Thick                                    |
| R 22                                    | 6¾" Thick                                    |
| R 19                                    | 6¼" Thick†                                   |
| R 13                                    | 3⅝" Thick††                                  |
| R 11                                    | 3½" Thick                                    |

†R 18 in a 5½' cavity  
††R 12.7 in a 3½' cavity

## ThermaGlas™

### Loose Fill Insulation 03M04250

Stated R Value is provided by installing the required number of bags per 1 000 sq ft at a thickness not less than the label minimum thickness. Installation of the required number of bags may yield more than the specified minimum thickness and minimum sq ft weight. Failure by the installer to provide both the required bags and at least the minimum thickness will result in lower insulation R Value.

Specification For Open Blow Attics

Nominal net weight of insulation per bag is 35 lbs

| R VALUE                                 | BAGS PER 1000 SQ FT                                           | MAXIMUM NET COVERAGE                            | MINIMUM WEIGHT SQ FT                                             | MINIMUM THICKNESS                            |
|-----------------------------------------|---------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------|----------------------------------------------|
| To obtain an insulation resistance R of | No. of bags per 1000 sq ft of net area shall not be less than | Contents of this bag should not cover more than | Weight per sq ft of installed insulation should not be less than | Installed insulation should not be less than |
| R 49                                    | 33.3                                                          | 30 Sq Ft                                        | 1.173                                                            | 19½ In                                       |
| R 44                                    | 30.3                                                          | 33 Sq Ft                                        | 1.053                                                            | 17½ In                                       |
| R 38                                    | 26.3                                                          | 38 Sq Ft                                        | 0.910                                                            | 15¼ In                                       |
| R 30                                    | 20.4                                                          | 49 Sq Ft                                        | 0.718                                                            | 12 In                                        |
| R 26                                    | 17.9                                                          | 56 Sq Ft                                        | 0.622                                                            | 10¼ In                                       |
| R 22                                    | 15.2                                                          | 66 Sq Ft                                        | 0.527                                                            | 8¾ In                                        |
| R 19                                    | 13.0                                                          | 77 Sq Ft                                        | 0.455                                                            | 7½ In                                        |
| R 11                                    | 7.5                                                           | 133 Sq Ft                                       | 0.263                                                            | 4½ In                                        |

R means resistance to heat flow. The higher the R value, the greater the insulating power.

The following products have been installed as specified above

|          | Type (check appropriate box) |                          |                          |                          |                          | R value | thickness | no pkgs | coverage area |
|----------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|-----------|---------|---------------|
|          | kraft                        | unfaced                  | foil                     | FS 25                    | loose fill               |         |           |         |               |
| Ceilings | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33      | 12¾       |         |               |
| Floors   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |           |         |               |
| Walls    | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13      | 3⅝        |         |               |

Installed by

Builder

*[Signature]*  
signature date

*[Signature]* 4 25 91  
signature date