

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FO



089247

PERMIT NO

92-150707

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

PLAN CHECK NO P-203 DATE 6/18/92 CONST VAL \$ 44,400

ADDRESS OF CONSTRUCTION 8220 Grassy Point Circle OWNER Gem Homes Inc PHONE 221-1177

LOT(s) 2 BLOCK \_\_\_\_\_ SUBDIVISION Cimarron Estates #4 ZONE \_\_\_\_\_

PROPOSED CONSTRUCTION S.F.D USE \_\_\_\_\_

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

FLOOR AREA BSMT \_\_\_\_\_ 1ST 1497 2ND \_\_\_\_\_ GARAGE 434 PORCH \_\_\_\_\_ TOTAL 1931

CONTRACTOR Gem Homes Inc STATE LICENSE NO 32501 CITY LICENSE NO 41454

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

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

## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT

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

## SPECIAL CONDITIONS

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

BY \_\_\_\_\_  
AGENT

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

[Signature] 6/25/92  
LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER DATE

[Signature] 6/26/92  
PLANNING DEPT DATE

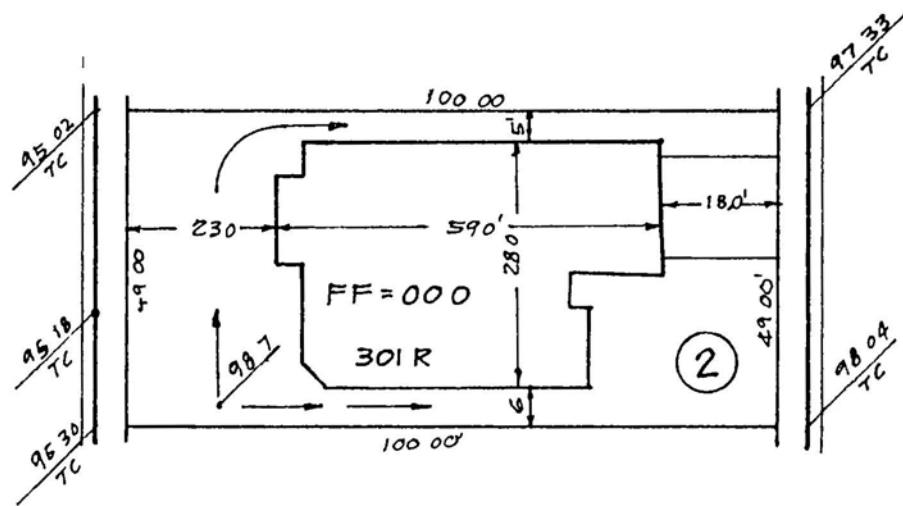
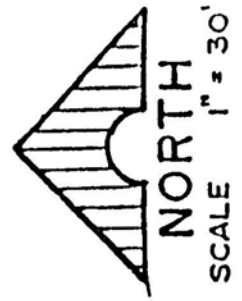
[Signature] 6/19/92  
BUILDING DEPT DATE

| PLUMBING                            |       | FEE | ELECTRICAL                                  |       | FEE     |
|-------------------------------------|-------|-----|---------------------------------------------|-------|---------|
| WATER DISTRIBUTION                  | 6.00  |     | RECEPTACLE _____ SWITCH _____               |       | 45      |
| SEWER SYSTEM NEW OR MODIFICATION    | 10.00 |     | EACH LIGHT FIXTURE OR SOCKET _____          |       | 35      |
| FIXTURES WATER SOFTENER H.W. HEATER | 2.00  |     | SPECIAL OUTLET APPLIANCE ETC _____          |       | 75      |
| GARBAGE DISPOSAL WASHER             | 2.00  |     | SERVICE/PANEL SUB/3 25 200A/6 45 400A/13 40 |       |         |
| FUEL PIPING                         | 6.00  |     | A.C. UNIT OR MOTORS _____                   | 3 25  |         |
| IRRIGATION SYSTEM                   | 8.00  |     | 2310 2432                                   | TOTAL |         |
| MISC                                |       |     | MISC                                        |       |         |
| 2310 2433                           | TOTAL |     |                                             |       |         |
| AIR CONDITIONING                    |       | FEE |                                             |       |         |
| NEW UNIT 3 TON = 9.00 OVER = 16.50  |       |     | 2310 2431 PLAN REVIEW                       |       | 10.00   |
| FURNACE TO 100 000/9.00 OVER/11.00  |       |     | 2310 2401 BLDG PERMIT                       |       | 324.00  |
| VAPORATIVE COOLER                   | 6.95  |     | 7143 2973 SEWER CONNECTION                  |       | 1100.00 |
| VENTILATION FAN                     | 2.55  |     | 6122 3352 TORTOISE                          |       |         |
| 2310 2435                           | TOTAL |     | _____ 2897 PIF                              |       |         |
|                                     |       |     | 88100 1232 TRANSPORT                        |       | 500.00  |
|                                     |       |     | TOTAL FEES                                  |       | 1934.00 |

RECEIPT  
MUST BE MACHINE VALIDATED

PERMIT NO

Permit Expires 180 Days After Abandonment of Work



LOT 2 CIMARRON EST. #4

8220 GRASSY POINT CIR.

**PLOT PLAN APPROVED**  
By *[Signature]* 6/26/12  
COMMUNITY PLANNING & DEVELOPMENT  
City of Las Vegas

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FOR INFO



092192

92-153286  
AIR CONDITIONING PERMITPLAN CHECK NO P-203 DATE 1/10/92 CONST VAL \$ADDRESS OF CONSTRUCTION 8220 Grassy Point Cir OWNER Gem Homes PHONE 253-9492CONTRACTOR Sun Star Aire STATE LICENSE NO 0029664 CITY LICENSE NO C11036302044280LOT(s) 2 BLOCK SUBDIVISION Cimarron Estates IV ZONE

PROPOSED CONSTRUCTION USE

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                      | FEE   | TOTAL |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                  |       |       |
| 1                        | For the issuance of each permit                                                                                                                                                                                                                  | 16 05 | 16.05 |
|                          | For issuing each supplemental permit                                                                                                                                                                                                             | 4 85  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                  |       |       |
| 1                        | 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 65  | 9.65  |
|                          | 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 80 |       |
|                          | For the installation or relocation of each floor furnace including vent                                                                                                                                                                          | 9 65  |       |
|                          | For the installation or relocation of each suspended heater recessed wall heater or floor mounted unit heater                                                                                                                                    | 9 65  |       |
|                          | For the installation relocation or replacement of each appliance vent installed and not included in an appliance permit                                                                                                                          | 4 85  |       |
|                          | 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 65  |       |
|                          | 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 65  |       |
|                          | 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                                                                | 17 65 |       |
|                          | 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                                                              | 24 15 |       |
|                          | 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                                                        | 35 85 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons or each absorption system over 1 750 000 Btu/h                                                                                                        | 59 95 |       |

| 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 95                      |              |
|                                   | For each air handling unit over 10 000 cfm                                                                                                                                                                                                                                                                                             | 11 80                     |              |
|                                   | For each evaporative cooler other than portable type                                                                                                                                                                                                                                                                                   | 6 95                      |              |
|                                   | For each ventilation fan                                                                                                                                                                                                                                                                                                               | COMMERCIAL<br>RESIDENTIAL | 4 85<br>2 55 |
|                                   | For each ventilation system which is not a portion of any heating or air conditioning system authorized by a permit                                                                                                                                                                                                                    | 6 95                      |              |
|                                   | For the installation of each hood which is served by mechanical exhaust including the ducts for such hood                                                                                                                                                                                                                              | 6 95                      |              |
|                                   | For each fire damper installed in an existing system                                                                                                                                                                                                                                                                                   | 4 85                      |              |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                                                                                                                                        |                           |              |
|                                   | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                                                                                                                                                                            | 25 00 per hour            |              |
|                                   | Reinspection fee assessed under provisions of TABLE 3 A of the Uniform Building Code = \$15 00 EACH                                                                                                                                                                                                                                    | 15 00 each                |              |
|                                   | Inspections for which no fee is specifically indicated (minimum charge — one half hour)                                                                                                                                                                                                                                                | 30 00 per hour            |              |
|                                   | Additional plan review required by changes additions or revisions to approved plans (minimum charge — two hours)                                                                                                                                                                                                                       | 30 00 per hour            |              |
|                                   | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                                                                                                                                    |                           |              |
|                                   | Gas piping which is directly related and necessary to the repair or replacement of heating air conditioning or refrigeration systems not exceeding 500 000 BTU H                                                                                                                                                                       | 6 45                      |              |

2310-2435

RECEIPT

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

SIGNED Sarah Gumble CONTRACTOR MASTER CARD NO

BY [Signature] Spec Contractor or Owner

BUILDING DEPT 7-16-92 DATE

PERMIT FEE 25.70

TOTAL FEES

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

090313

T NO

92-151539

PLUMBING PERMIT

LOG NO & AREA P-203 DATE \_\_\_\_\_ CONST VAL \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION 8220 GRASSY POINT CIRCLE OWNER GEM HOMES PHONE 642-9959CONTRACTOR CLASSIC PLUMBING, INC STATE LICENSE NO 016762 CITY LICENSE NO C 11 H 09201797LOT(s) 2 BLOCK \_\_\_\_\_ SUBDIVISION CIMARRON ESTATES IV ZONE \_\_\_\_\_PROPOSED CONSTRUCTION COMPLETE PLUMBING FOR NEW SFR USE \_\_\_\_\_

PLUMBING PERMIT NO \_\_\_\_\_

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

| UNITS                            | DESCRIPTION                                                                                   | FEE     | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                               |         |       |
| 1                                | For Issuing Each Permit                                                                       | 10 70   | 10.70 |
|                                  | For Issuing Each Supplemental Permit                                                          | 4 85    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                               |         |       |
| 7                                | Bathtub Shower Lavatory Toilet Urinal                                                         | EA 2 15 | 15.05 |
| 1                                | Floor Drain Floor Sink Wash Tray Sink                                                         | EA 2 15 | 2.15  |
| 1                                | Garbage Disposal Clothes Washer Dishwasher (residential)                                      | EA 2 15 | 2.15  |
|                                  | Garbage Disposal (commercial)                                                                 | EA 8 60 |       |
|                                  | Clothes Washer Dishwasher (commercial)                                                        | EA 2 15 |       |
|                                  | Clothes Dryer (gas) (venting)                                                                 | 2 15    |       |
|                                  | Dental Unit                                                                                   | 8 60    |       |
|                                  | Drinking Fountain                                                                             | 2 15    |       |
|                                  | Refrigerator Ice Maker Water Dispenser                                                        | 2 15    |       |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                             | 2 15    |       |
| 1                                | Hot Water Heater (Gas or Electric)                                                            | EA 2 15 | 2.15  |
| <b>SEWER SYSTEM</b>              |                                                                                               |         |       |
| 1                                | New Replacement Modification or Any Drainage Work                                             | 10 70   | 10.70 |
|                                  | Grease or Sand Trap or Interceptor                                                            | 2 15    |       |
|                                  | Trailer Trap (rental parks)                                                                   | 5 35    |       |
| <b>WATER SOFTENERS</b>           |                                                                                               |         |       |
|                                  | Non Permanent Type (rental)                                                                   | 2 15    |       |
|                                  | Permanent Type (connected to drain)                                                           | 2 15    |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                               |         |       |
| 1                                | Single Family Dwelling                                                                        | 6 45    | 6.45  |
|                                  | Multi Family Dwelling                                                                         | 6 45    |       |
|                                  | Plus Each Dwelling Unit                                                                       | 3 25    |       |
|                                  | Commercial Building per floor                                                                 | 3 25    |       |
|                                  | Plus Each Unit (leased space or office)                                                       | 2 15    |       |
|                                  | Hotel or Motel                                                                                | 8 60    |       |
|                                  | Plus Each Unit                                                                                | 3 25    |       |
|                                  | Trailer Park                                                                                  | 32 10   |       |
|                                  | Plus Each Space                                                                               | 2 15    |       |
|                                  | Irrigation Single Family Dwelling                                                             | 8 60    |       |
|                                  | 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 45           | 6.45  |
|                                   | Multi Family Dwelling                                                                                                                                                                                               | 10 70          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                      | 2 15           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                     | 6 45           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                             | 6 45           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                 | 12 85          |       |
|                                   | Each Gas Appliance (Any Type)                                                                                                                                                                                       | 2 15           |       |
|                                   | Steam Boilers                                                                                                                                                                                                       | 5 60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                     |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                       | 5 60           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                | 5 60           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                     |                |       |
|                                   | For Onsite Sewer Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                     |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                           | 25 00 per hour |       |
|                                   | Under provisions of Table 3 A of the Uniform Building Code work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                   | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 30 00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                   |                |       |
|                                   | Construction Valuation _____                                                                                                                                                                                        |                |       |

FOR INSPECTIONS  
CALL 229-2071SEWER # 7114 3654  
CONNECTION

RECEIPT

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

FEE \_\_\_\_\_

2310 2403  
PERMIT  
FEE \_\_\_\_\_TOTAL FEES \$55 80

PERMIT NO \_\_\_\_\_

MUST BE MACHINE VALIDATED

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

SIGNED

CONTRACTOR

MASTER CARD NO

BY

Registered Master Plumber Spec Contractor or Owner

BUILDING DEPT

DATE

## CITY OF LAS VEGAS, NEVADA

FOR



095241

NO

92-157230

## ELECTRICAL PERMIT

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251LOG NO & AREA P-203 DATE 8-4-92 CONST VAL \$                     ADDRESS OF CONSTRUCTION 8220 GRASSY POINT CIR OWNER GEM HOMES ESTATESCONTRACTOR ELECTRIC CAL INC STATE LICENSE NO 11728 C CITY LICENSE NO 14389RICK L STOUT MI-439 PHONE 798-1840  
(PRINT NAME OF MASTER ELECTRICIAN) MASTER CARD NOPROPOSED CONSTRUCTION SFD LOT 2 permit # 92-150707 USE                     ELECTRIC  
PERMIT NO                     Approval for the work under this permit will be given only after refuse  
and debris have been removed from job site and public right of way

| UNITS                                                                                                                   | DESCRIPTION                                                                                                                                                                                                                                          | FEE   | TOTAL |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                  |                                                                                                                                                                                                                                                      |       |       |
| 1                                                                                                                       | For Issuing Each Permit                                                                                                                                                                                                                              | 10 70 | 10.70 |
|                                                                                                                         | Supplemental Fee                                                                                                                                                                                                                                     | 4 85  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                 |                                                                                                                                                                                                                                                      |       |       |
| <b>Residential or General Commercial</b>                                                                                |                                                                                                                                                                                                                                                      |       |       |
| 36                                                                                                                      | Receptacle <u>                    </u> Switch <u>                    </u>                                                                                                                                                                            | 45    | 16.20 |
| 5                                                                                                                       | Each Light Fixture Socket or Exit Light<br>Smoke Detector or Exhaust Fan                                                                                                                                                                             | 35    | 175   |
| 4                                                                                                                       | 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 | 75    | 3.00  |
|                                                                                                                         | X Ray Unit                                                                                                                                                                                                                                           | 10 70 |       |
|                                                                                                                         | Area Lighting (First 3 000 Watts)                                                                                                                                                                                                                    | 8 60  |       |
|                                                                                                                         | Each Additional 1 000 Watts                                                                                                                                                                                                                          | 3 25  |       |
| <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 25  |       |
|                                                                                                                         | First KVA For Each Unit                                                                                                                                                                                                                              | 3 25  |       |
|                                                                                                                         | Each Additional H P Ton or KVA up to 50                                                                                                                                                                                                              | 55    |       |
|                                                                                                                         | Each Additional H P Ton or KVA over 50                                                                                                                                                                                                               | 40    |       |
|                                                                                                                         | Temporary power or Pole                                                                                                                                                                                                                              | 6 45  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                              |                                                                                                                                                                                                                                                      |       |       |
| 1                                                                                                                       | Up to 200 AMP                                                                                                                                                                                                                                        | 6 45  | 6.45  |
|                                                                                                                         | 400 AMP And 600 AMP                                                                                                                                                                                                                                  | 13 40 |       |
|                                                                                                                         | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                             | 26 75 |       |
|                                                                                                                         | Over 1200 AMP                                                                                                                                                                                                                                        | 53 50 |       |
|                                                                                                                         | Each Additional Meter Socket                                                                                                                                                                                                                         | 55    |       |
|                                                                                                                         | Sub Panel Motor Control Center<br>Disconnect Switch Transfer Switch (Each)                                                                                                                                                                           | 3 25  |       |
|                                                                                                                         | Swimming Pool (Residential)                                                                                                                                                                                                                          | 21 40 |       |
|                                                                                                                         | Swimming Pool (Semi Public)                                                                                                                                                                                                                          | 32 10 |       |
|                                                                                                                         | Spas                                                                                                                                                                                                                                                 | 8 60  |       |
|                                                                                                                         | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                   | 3 25  |       |

| UNITS                                                                        | DESCRIPTION                                                                                                                                                                        | FEE               | TOTAL |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                              | Busways Trolley or Plug in (Ea 100 Ft)                                                                                                                                             | 3 25              |       |
|                                                                              | Gas Pumps Dispensers (Each)                                                                                                                                                        | 3 25              |       |
| 1                                                                            | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                | 3 25              | 3.25  |
|                                                                              | Each Air Handler                                                                                                                                                                   | 1 10              |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                 |                                                                                                                                                                                    |                   |       |
|                                                                              | Speaker Outlets (Each)                                                                                                                                                             | 35                |       |
|                                                                              | Signal or Alarm Outlets (Each)                                                                                                                                                     | 35                |       |
|                                                                              | Amplifiers                                                                                                                                                                         | 2 15              |       |
|                                                                              | Control Panel                                                                                                                                                                      | 55                |       |
| 2                                                                            | TV Master System                                                                                                                                                                   | 35                | .70   |
| 2                                                                            | Telephone or Computer Outlet                                                                                                                                                       | 35                | .70   |
| <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  
FEE 42.75LESS  
STARTER PERMIT                     TOTAL  
FEES                     PERMIT NO                     

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

PERMIT NO

92-158750  
PLUMBING PERMIT

097707

LOG NO & AREA P-203 DATE 9-1-92 CONST VAL \$ADDRESS OF CONSTRUCTION 8220 Grassypoint Cir OWNER GEM Homes PHONE 896-0477  
C-11-037642CONTRACTOR Sunstat Landscapes & Lawn STATE LICENSE NO 0028492 CITY LICENSE NO 045529LOT(s) 2 BLOCK SUBDIVISION Cimarron Estates #4 ZONEPROPOSED CONSTRUCTION Irrigation USEPLUMBING  
PERMIT NOApproval for the work under this permit will be given only after refuse  
and debris have been removed from job site and public right of way

| UNITS                            | DESCRIPTION                                                                                   | FEE   | TOTAL        |
|----------------------------------|-----------------------------------------------------------------------------------------------|-------|--------------|
| <b>PERMIT ISSUANCE</b>           |                                                                                               |       |              |
| ✓                                | For Issuing Each Permit                                                                       | 10 70 | <u>10.70</u> |
|                                  | For Issuing Each Supplemental Permit                                                          | 4 85  |              |
| <b>FIXTURE CHARGE</b>            |                                                                                               |       |              |
|                                  | Bathlub Shower Lavatory Toilet Urinal EA                                                      | 2 15  |              |
|                                  | Floor Drain Floor Sink Wash Tray Sink EA                                                      | 2 15  |              |
|                                  | Garbage Disposal Clothes Washer Dishwasher (residential) EA                                   | 2 15  |              |
|                                  | Garbage Disposal (commercial) EA                                                              | 8 60  |              |
|                                  | Clothes Washer Dishwasher (commercial) EA                                                     | 2 15  |              |
|                                  | Clothes Dryer (gas) (venting)                                                                 | 2 15  |              |
|                                  | Dental Unit                                                                                   | 8 60  |              |
|                                  | Drinking Fountain                                                                             | 2 15  |              |
|                                  | Refrigerator Ice Maker Water Dispenser                                                        | 2 15  |              |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                             | 2 15  |              |
|                                  | Hot Water Heater (Gas or Electric) EA                                                         | 2 15  |              |
| <b>SEWER SYSTEM</b>              |                                                                                               |       |              |
|                                  | New Replacement Modification or Any Drainage Work                                             | 10 70 |              |
|                                  | Grease or Sand Trap or Interceptor                                                            | 2 15  |              |
|                                  | Trailer Trap (rental parks)                                                                   | 5 35  |              |
| <b>WATER SOFTENERS</b>           |                                                                                               |       |              |
|                                  | Non Permanent Type (rental)                                                                   | 2 15  |              |
|                                  | Permanent Type (connected to drain)                                                           | 2 15  |              |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                               |       |              |
|                                  | Single Family Dwelling                                                                        | 6 45  |              |
|                                  | Multi Family Dwelling                                                                         | 6 45  |              |
|                                  | Plus Each Dwelling Unit                                                                       | 3 25  |              |
|                                  | Commercial Building per floor                                                                 | 3 25  |              |
|                                  | Plus Each Unit (leased space or office)                                                       | 2 15  |              |
|                                  | Hotel or Motel                                                                                | 8 60  |              |
|                                  | Plus Each Unit                                                                                | 3 25  |              |
|                                  | Trailer Park                                                                                  | 32 10 |              |
|                                  | Plus Each Space                                                                               | 2 15  |              |
| ✓                                | Irrigation Single Family Dwelling                                                             | 8 60  | <u>8.60</u>  |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation _____ |       |              |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                         | FEE            | TOTAL |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                     |                |       |
|                                   | Single Family Dwelling                                                                                                                                                                                              | 6 45           |       |
|                                   | Multi Family Dwelling                                                                                                                                                                                               | 10 70          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                      | 2 15           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                     | 6 45           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                             | 6 45           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                 | 12 85          |       |
|                                   | Each Gas Appliance (Any Type)                                                                                                                                                                                       | 2 15           |       |
|                                   | Steam Boilers                                                                                                                                                                                                       | 5 60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                     |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                       | 5 60           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                | 5 60           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                     |                |       |
|                                   | For Onsite Sewer Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                     |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                           | 25 00 per hour |       |
|                                   | Under provisions of Table 3 A of the Uniform Building Code work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                   | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 30 00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                   |                |       |
|                                   | Construction Valuation                                                                                                                                                                                              |                |       |

FOR INSPECTIONS  
CALL 229-2071SEWER # 7114 3654  
CONNECTION

RECEIPT

FIXTURES X

FEE

2310 2403

PERMIT  
FEETOTAL  
FEES 19.30

PERMIT NO

MUST BE MACHINE VALIDATED

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

[Signature]  
SIGNED CONTRACTOR MASTER CARD NO

BY Registered Master Plumber Spec Contractor or Owner

[Signature] 9/1/92  
BUILDING DEPT DATE

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

92 - 39707

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS CALL 229 2071

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential ConstructionPLAN CHECK NO P-203 DATE 6/18/92 CONST VAL \$ 44,400ADDRESS OF CONSTRUCTION 8220 Grassy Point Circle OWNER Gem Homes Inc PHONE 221-1177LOT(s) 2 BLOCK  SUBDIVISION Cimarron Estates #4 ZONE PROPOSED CONSTRUCTION S.F.D. USE THIS PERMIT FOR BLDG ☒ A/C ☐ ELEC ☐ PLBG ☐ OTHER PERMITS REQD FENCE ☐ OFF SITE ☐ SWIM POOL ☐FLOOR AREA BSMT  1ST 1497 2ND  GARAGE 434 PORCH  TOTAL 1931CONTRACTOR Gem Homess Inc. STATE LICENSE NO 32501 CITY LICENSE NO 41454ARCHITECT  ENGINEER MASTER PLUMBER/CONTRACTOR  MASTER ELECTRICIAN/CONTRACTOR 

## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT

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

## SPECIAL CONDITIONS

BY [Signature]  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY OWNERBY [Signature]  
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 6/25/92PLANNING DEPT DATE 6/26/92BUILDING DEPT DATE 6/19/92

| PLUMBING                           |       | FEE | ELECTRICAL                                  |      | FEE     |
|------------------------------------|-------|-----|---------------------------------------------|------|---------|
| WATER DISTRIBUTION                 | 6.00  |     | RECEPTACLE _____ SWITCH _____               |      | 45      |
| SEWER SYSTEM NEW OR MODIFICATION   | 10.00 |     | EACH LIGHT FIXTURE OR SOCKET _____          |      | 35      |
| FIXTURES WATER SOFTENER H/W HEATER | 2.00  |     | SPECIAL OUTLET APPLIANCE ETC _____          |      | 75      |
| GARBAGE DISPOSAL WASHER            | 2.00  |     | SERVICE/PANEL SUB/3 25 200A/6 45 400A/13 40 |      |         |
| FUEL PIPING                        | 6.00  |     | A/C UNIT OR MOTORS _____                    | 3 25 |         |
| IRRIGATION SYSTEM                  | 8.00  |     | 2310 2432 TOTAL                             |      |         |
| MISC                               |       |     | MISC                                        |      |         |
| 2310 2433 TOTAL                    |       |     |                                             |      |         |
| AIR CONDITIONING                   |       | FEE |                                             |      |         |
| NEW UNIT 3 TON = 9.00 OVER = 16.50 |       |     | 2310 2431 PLAN REVIEW                       |      | 10 00   |
| FURNACE TO 100 000/9.00 OVER/11.00 |       |     | 2310 2401 BLDG PERMIT                       |      | 324 00  |
| VAPORATIVE COOLER                  | 6.95  |     | 7143 2973 SEWER CONNECTION                  |      | 1100 00 |
| VENTILATION FAN                    | 2.55  |     | 6122 3352 TORTOISE                          |      |         |
| 2310 2435 TOTAL                    |       |     | 2897 PIF                                    |      |         |
|                                    |       |     | 88100 1232 TRANSPORT                        |      | 500 00  |
|                                    |       |     | TOTAL FEES                                  |      | 1934.00 |

RECEIPT  
MUST BE MACHINE VALIDATED

PERMIT NO

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

PERMIT NO

92-151539

PLUMBING PERMIT

FOR INSPECTIONS CALL 229 2071

LOG NO & AREA **P-203** DATE \_\_\_\_\_ CONST VAL \$ \_\_\_\_\_ADDRESS OF CONSTRUCTION **8220 GRASSY POINT CIRCEE** OWNER **GEM HOMES** PHONE **642-9959**CONTRACTOR **CLASSIC PLUMBING, INC.** STATE LICENSE NO **016762** CITY LICENSE NO **C 11 H 09201197**LOT(s) **2** BLOCK \_\_\_\_\_ SUBDIVISION **CIMARRON ESTATES IV** ZONE \_\_\_\_\_PROPOSED CONSTRUCTION **COMPLETE PLUMBING FOR NEW SFR** USE \_\_\_\_\_  
PLUMBING PERMIT NO \_\_\_\_\_

| UNITS                            | DESCRIPTION                                                                                   | FEE   | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                               |       |       |
| 1                                | For Issuing Each Permit                                                                       | 10 70 | 10.70 |
|                                  | For Issuing Each Supplemental Permit                                                          | 4 85  |       |
| <b>FIXTURE CHARGE</b>            |                                                                                               |       |       |
| 7                                | Bathtub Shower Lavatory Toilet Urinal EA                                                      | 2 15  | 15.05 |
| 1                                | Floor Drain Floor Sink Wash Tray Sink EA                                                      | 2 15  | 2.15  |
| 1                                | Garbage Disposal Clothes Washer Dishwasher (residential) EA                                   | 2 15  | 2.15  |
|                                  | Garbage Disposal (commercial) EA                                                              | 8 60  |       |
|                                  | Clothes Washer Dishwasher (commercial) EA                                                     | 2 15  |       |
|                                  | Clothes Dryer (gas) (vent ng)                                                                 | 2 15  |       |
|                                  | Dental Unit                                                                                   | 8 60  |       |
|                                  | Drinking Fountain                                                                             | 2 15  |       |
|                                  | Refrigerator Ice Maker Water Dispenser                                                        | 2 15  |       |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                             | 2 15  |       |
| 1                                | Hot Water Heater (Gas or Electric) EA                                                         | 2 15  | 2.15  |
| <b>SEWER SYSTEM</b>              |                                                                                               |       |       |
| 1                                | New Replacement Modification or Any Drainage Work                                             | 10 70 | 10.70 |
|                                  | Grease or Sand Trap or Interceptor                                                            | 2 15  |       |
|                                  | Trailer Trap (rental parks)                                                                   | 5 35  |       |
| <b>WATER SOFTENERS</b>           |                                                                                               |       |       |
|                                  | Non Permanent Type (rental)                                                                   | 2 15  |       |
|                                  | Permanent Type (connec ed to drain)                                                           | 2 15  |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                               |       |       |
| 1                                | Single Family Dwelling                                                                        | 6 45  | 6.45  |
|                                  | Multi Family Dwelling                                                                         | 6 45  |       |
|                                  | Plus Each Dwelling Unit                                                                       | 3 25  |       |
|                                  | Commercial Building per floor                                                                 | 3 25  |       |
|                                  | Plus Each Unit (leased space or office)                                                       | 2 15  |       |
|                                  | Hotel or Motel                                                                                | 8 60  |       |
|                                  | Plus Each Unit                                                                                | 3 25  |       |
|                                  | Trailer Park                                                                                  | 32 10 |       |
|                                  | Plus Each Space                                                                               | 2 15  |       |
|                                  | Irrigation Single Family Dwelling                                                             | 8 60  |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation _____ |       |       |

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>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                     |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                              | 6 45           | 6.45  |
|                                   | Multi Family Dwelling                                                                                                                                                                                               | 10 70          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                      | 2 15           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                     | 6 45           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                             | 6 45           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                 | 12 85          |       |
|                                   | Each Gas Appliance (Any Type)                                                                                                                                                                                       | 2 15           |       |
|                                   | Steam Boilers                                                                                                                                                                                                       | 5 60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                     |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                       | 5 60           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                | 5 60           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                     |                |       |
|                                   | For Onsite Sewer Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                     |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                           | 25 00 per hour |       |
|                                   | Under provisions of Table 3 A of the Uniform Building Code work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                   | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 30 00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                   |                |       |
|                                   | Construction Valuation _____                                                                                                                                                                                        |                |       |

FOR INSPECTIONS  
CALL 229-2071SEWER # 7114 3654  
CONNECTION

RECEIPT

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

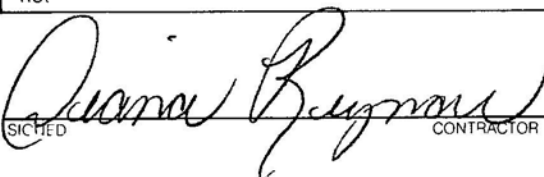
FEE \_\_\_\_\_

2310 2403  
PERMIT  
FEE \_\_\_\_\_TOTAL FEES **\$55 80**

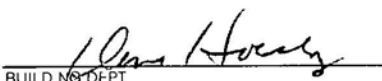
PERMIT NO \_\_\_\_\_

MUST BE MACHINE VALIDATED

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

 **59**  
SIGNED \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ MASTER CARD NO \_\_\_\_\_

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

 **7/1/15**  
BUILD NO/DEPT \_\_\_\_\_ DATE \_\_\_\_\_

## CITY OF LAS VEGAS, NEVADA

## PERMIT NO

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FOR INSPECTIONS CALL 229 2071

92-153286  
AIR CONDITIONING PERMITPLAN CHECK NO P-203 DATE 7/10/92 CONST VAL \$ADDRESS OF CONSTRUCTION 8220 Grassy Point Cir OWNER Gem Homes PHONE 253-9492CONTRACTOR Sun Star Aire STATE LICENSE NO 0029664 CITY LICENSE NO C110316302044280LOT(s) 2 BLOCK SUBDIVISION Cimarron Estates IV ZONE

PROPOSED CONSTRUCTION USE

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                      | FEE   | TOTAL |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                  |       |       |
| 1                        | For the issuance of each permit                                                                                                                                                                                                                  | 16 05 | 16.05 |
|                          | For issuing each supplemental permit                                                                                                                                                                                                             | 4 85  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                  |       |       |
| 1                        | 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 65  | 9.65  |
|                          | 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 80 |       |
|                          | For the installation or relocation of each floor furnace including vent                                                                                                                                                                          | 9 65  |       |
|                          | For the installation or relocation of each suspended heater recessed wall heater or floor mounted unit heater                                                                                                                                    | 9 65  |       |
|                          | For the installation relocation or replacement of each appliance vent installed and not included in an appliance permit                                                                                                                          | 4 85  |       |
|                          | 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 65  |       |
|                          | 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 65  |       |
|                          | 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                                                                | 17 65 |       |
|                          | 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                                                              | 24 15 |       |
|                          | 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                                                        | 35 85 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons or each absorption system over 1 750 000 Btu/h                                                                                                        | 59 95 |       |

| 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 95                      |              |
|                                   | For each air handling unit over 10 000 cfm                                                                                                                                                                                                                                                                                             | 11 80                     |              |
|                                   | For each evaporative cooler other than portable type                                                                                                                                                                                                                                                                                   | 6 95                      |              |
|                                   | For each ventilation fan                                                                                                                                                                                                                                                                                                               | COMMERCIAL<br>RESIDENTIAL | 4 85<br>2 55 |
|                                   | For each ventilation system which is not a portion of any heating or air conditioning system authorized by a permit                                                                                                                                                                                                                    | 6 95                      |              |
|                                   | For the installation of each hood which is served by mechanical exhaust including the ducts for such hood                                                                                                                                                                                                                              | 6 95                      |              |
|                                   | For each fire damper installed in an existing system                                                                                                                                                                                                                                                                                   | 4 85                      |              |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                                                                                                                                        |                           |              |
|                                   | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                                                                                                                                                                            | 25 00 per hour            |              |
|                                   | Reinspection fee assessed under provisions of TABLE 3 A of the Uniform Building Code = \$15 00 EACH                                                                                                                                                                                                                                    | 15 00 each                |              |
|                                   | Inspections for which no fee is specifically indicated (minimum charge — one half hour)                                                                                                                                                                                                                                                | 30 00 per hour            |              |
|                                   | Additional plan review required by changes additions or revisions to approved plans (minimum charge — two hours)                                                                                                                                                                                                                       | 30 00 per hour            |              |
|                                   | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                                                                                                                                    |                           |              |
|                                   | Gas piping which is directly related and necessary to the repair or replacement of heating air conditioning or refrigeration systems not exceeding 500 000 BTUH                                                                                                                                                                        | 6 45                      |              |

2310-2435

RECEIPT

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

SIGNED Sarah Gumble CONTRACTOR MASTER CARD NO

BY [Signature] Spec Contr or Owner  
BUILDING DEPT 7-16-92 DATE

PERMIT FEE 25.70

TOTAL FEES

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

92-157270

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS CALL 799-2071

## ELECTRICAL PERMIT

LOG NO & AREA P-203 DATE 8-4-92 CONST VAL \$           ADDRESS OF CONSTRUCTION 8220 GRASSY POINT CIR. OWNER GEM HOMES ESTATESCONTRACTOR ELECTRIC CAL INC. STATE LICENSE NO 11728 C CITY LICENSE NO 14389(PRINT NAME OF MASTER ELECTRICIAN) RICK L. STOUT MASTER CARD NO MI-439 PHONE 798-1840PROPOSED CONSTRUCTION SFD. LOT 2 permit # 92-150707 USE           ELECTRIC  
PERMIT NO           Approval for the work under this permit will be given only after refuse  
and debris have been removed from job site and public right of way

| UNITS                                                                                                                   | DESCRIPTION                                                                                                                                                                                                                                          | FEE   | TOTAL |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                  |                                                                                                                                                                                                                                                      |       |       |
| 1                                                                                                                       | For Issuing Each Permit                                                                                                                                                                                                                              | 10 70 | 10 70 |
|                                                                                                                         | Supplemental Fee                                                                                                                                                                                                                                     | 4 85  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                 |                                                                                                                                                                                                                                                      |       |       |
| <b>Residential or General Commercial</b>                                                                                |                                                                                                                                                                                                                                                      |       |       |
| 31                                                                                                                      | Receptacle _____ Switch _____                                                                                                                                                                                                                        | 45    | 16 70 |
| 5                                                                                                                       | Each Light Fixture Socket or Exit Light<br>Smoke Detector or Exhaust Fan                                                                                                                                                                             | 35    | 175   |
| 4                                                                                                                       | 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 | 75    | 3 00  |
|                                                                                                                         | X Ray Unit                                                                                                                                                                                                                                           | 10 70 |       |
|                                                                                                                         | Area Lighting (First 3 000 Watts)                                                                                                                                                                                                                    | 8 60  |       |
|                                                                                                                         | Each Additional 1 000 Watts                                                                                                                                                                                                                          | 3 25  |       |
| <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 25  |       |
|                                                                                                                         | First KVA For Each Unit                                                                                                                                                                                                                              | 3 25  |       |
|                                                                                                                         | Each Additional H P Ton or KVA up to 50                                                                                                                                                                                                              | 55    |       |
|                                                                                                                         | Each Additional H P Ton or KVA over 50                                                                                                                                                                                                               | 40    |       |
|                                                                                                                         | Temporary power or Pole                                                                                                                                                                                                                              | 6 45  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                              |                                                                                                                                                                                                                                                      |       |       |
| 1                                                                                                                       | Up to 200 AMP                                                                                                                                                                                                                                        | 6 45  | 1 45  |
|                                                                                                                         | 400 AMP And 600 AMP                                                                                                                                                                                                                                  | 13 40 |       |
|                                                                                                                         | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                             | 26 75 |       |
|                                                                                                                         | Over 1200 AMP                                                                                                                                                                                                                                        | 53 50 |       |
|                                                                                                                         | Each Additional Meter Socket                                                                                                                                                                                                                         | 55    |       |
|                                                                                                                         | Sub Panel Motor Control Center<br>Disconnect Switch Transfer Switch (Each)                                                                                                                                                                           | 3 25  |       |
|                                                                                                                         | Swimming Pool (Residential)                                                                                                                                                                                                                          | 21 40 |       |
|                                                                                                                         | Swimming Pool (Semi Public)                                                                                                                                                                                                                          | 32 10 |       |
|                                                                                                                         | Spas                                                                                                                                                                                                                                                 | 8 60  |       |
|                                                                                                                         | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                   | 3 25  |       |

| UNITS                                                                        | DESCRIPTION                                                                                                                                                                        | FEE               | TOTAL |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                              | Busways Trolley or Plug in (Ea 100 Ft)                                                                                                                                             | 3 25              |       |
|                                                                              | Gas Pumps Dispensers (Each)                                                                                                                                                        | 3 25              |       |
| 1                                                                            | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                | 3 25              | 3 25  |
|                                                                              | Each Air Handler                                                                                                                                                                   | 1 10              |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                 |                                                                                                                                                                                    |                   |       |
|                                                                              | Speaker Outlets (Each)                                                                                                                                                             | 35                |       |
|                                                                              | Signal or Alarm Outlets (Each)                                                                                                                                                     | 35                |       |
|                                                                              | Amplifiers                                                                                                                                                                         | 2 15              |       |
|                                                                              | Control Panel                                                                                                                                                                      | 55                |       |
| 2                                                                            | TV Master System                                                                                                                                                                   | 35                | 70    |
| 2                                                                            | Telephone or Computer Outlet                                                                                                                                                       | 35                | 70    |
| <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

PERMIT  
FEE 42 75LESS  
STARTER PERMIT           TOTAL  
FEES           PERMIT NO           

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

# INSTALLATION CARD

## JOB ADDRESS

Sam Homes  
Cimarron Est #4  
8220 Shady Pt Cir Lot 2

Date of Job Completion \_\_\_\_\_

## PLASTERING CONTRACTOR.

Name D.L. Peterson & Sons, Inc

Approved Contractor Number as Issued by  
the Plastering Manufacturing # 30

**MAGNAWALL 1-KOTE  
REINFORCED STUCCO SYSTEM**

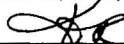
**1-KOTE STUCCO PRODUCTS**

**ICBO Evaluation Service Inc. Report No. 4776**

Address 5151 Tee Pee, Las Vegas, NV  
89129

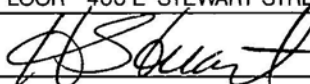
Phone (702) 645-4622

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

8-20-92  
Date

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                                                                                        |                      |                                                                                                                                  |                          |                                                                                              |
|------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------|
| <b>1</b>                                                                                                               | <b>PERMIT NUMBER</b> | 92-150707                                                                                                                        | <b>INSPECTION NUMBER</b> | 45                                                                                           |
| <b>JOB ADDRESS</b>                                                                                                     |                      |                                                                                                                                  |                          |                                                                                              |
| 8220 GRASSY POINT CI                                                                                                   |                      |                                                                                                                                  |                          |                                                                                              |
| <b>LOT NO</b>                                                                                                          |                      | <b>BLOCK NO</b>                                                                                                                  |                          | <b>SUBDIVISION NAME</b>                                                                      |
| <b>FIRE DEPT MAP NO</b>                                                                                                |                      | <b>JOB PHONE</b>                                                                                                                 |                          | <b>CALL IN DATE</b>                                                                          |
| -                                                                                                                      |                      |                                                                                                                                  |                          | 06/26/92                                                                                     |
|                                                                                                                        |                      | <b>CALL IN TIME</b>                                                                                                              |                          | <b>SCHEDULE DATE</b>                                                                         |
|                                                                                                                        |                      | 14:36                                                                                                                            |                          | 06/29/92                                                                                     |
| <b>INSPECTOR NO</b>                                                                                                    |                      | <b>INSPECTOR NAME</b>                                                                                                            |                          |                                                                                              |
| 5157                                                                                                                   |                      | <del>GREG SHOENAKER</del>                                                                                                        |                          |                                                                                              |
| <b>INSPECTION REQUESTED</b>                                                                                            |                      | FOOTING, LAYOUT, REBAR, ZONING (101)                                                                                             |                          |                                                                                              |
| <p style="font-size: 2em;">I AND VERIFY PROP.<br/>AND SET BACKS</p> <p style="font-size: 4em;">D</p>                   |                      |                                                                                                                                  |                          |                                                                                              |
| <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>                                                                                                           |                          |                                                                                              |
|                                     |                      | 6-29-92                                                                                                                          |                          |                                                                                              |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              |                      | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                          |                                                                                              |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                      |                                                                                                                                  |                          |  229-6765 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                |                              |                                                   |                              |                                             |
|--------------------------------------------------------------------------------|------------------------------|---------------------------------------------------|------------------------------|---------------------------------------------|
|  | <b>PERMIT NUMBER</b>         | 92-151539                                         | <b>INSPECTION NUMBER</b>     | 30                                          |
| <b>JOB ADDRESS</b><br>8220 GRASSY POINT CI                                     |                              |                                                   |                              |                                             |
| <b>LOT NO</b><br>2                                                             |                              | <b>BLOCK NO</b>                                   |                              | <b>SUBDIVISION NAME</b><br>CIMARRON EST. IV |
| <b>FIRE DEPT MAP NO</b><br>-                                                   | <b>JOB PHONE</b><br>642-9959 | <b>CALL IN DATE</b><br>07/07/92                   | <b>CALL IN TIME</b><br>14:44 | <b>SCHEDULE DATE</b><br>07/08/92            |
| <b>INSPECTOR NO</b><br>5185                                                    |                              | <b>INSPECTOR NAME</b><br>GREG SHOENAKER <i>FS</i> |                              |                                             |
| <b>INSPECTION REQUESTED</b>                                                    |                              | UNDERSLAB PLUMBING (407)                          |                              |                                             |

|                                                                                                                             |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <div style="text-align: center;">  </div> |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|--|

|                                                                                                                        |                                                                                                                                  |                                       |                                                         |                                   |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                   |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                     | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b><br><i>FS</i>                                                                                |                                                                                                                                  | <b>INSPECTION DATE</b><br>7892        |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                                                                                  |                                       |                                                         | <b>229-6765</b>                   |

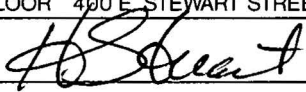
For Additional Assistance Call \*229-6251 See Reverse Side For Inspection Types

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |                      |                                                                                                                                  |                          |                                       |                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                    | <b>PERMIT NUMBER</b> | 92-151539                                                                                                                        | <b>INSPECTION NUMBER</b> |                                       | 29                                                      |
| <b>JOB ADDRESS</b>                                                                                                     |                      |                                                                                                                                  |                          |                                       |                                                         |
| 8220 GRASSY POINT CI                                                                                                   |                      |                                                                                                                                  |                          |                                       |                                                         |
| <b>LOT NO</b>                                                                                                          |                      | <b>BLOCK NO</b>                                                                                                                  |                          | <b>SUBDIVISION NAME</b>               |                                                         |
| 2                                                                                                                      |                      |                                                                                                                                  |                          | CIMARRON FST. IV                      |                                                         |
| <b>FIRE DEPT MAP NO</b>                                                                                                |                      | <b>JOB PHONE</b>                                                                                                                 |                          | <b>CALL IN DATE</b>                   | <b>CALL IN TIME</b>                                     |
| -                                                                                                                      |                      | 642-9959                                                                                                                         |                          | 07/07/92                              | 14:44                                                   |
|                                                                                                                        |                      | <b>SCHEDULE DATE</b>                                                                                                             |                          |                                       |                                                         |
|                                                                                                                        |                      | 07/08/92                                                                                                                         |                          |                                       |                                                         |
| <b>INSPECTOR NO</b>                                                                                                    |                      | <b>INSPECTOR NAME</b>                                                                                                            |                          |                                       |                                                         |
| 5185                                                                                                                   |                      | GREG SHOENAKER 73                                                                                                                |                          |                                       |                                                         |
| <b>INSPECTION REQUESTED</b>                                                                                            |                      | BUILDING SEWER (YARD LINES) (405)                                                                                                |                          |                                       |                                                         |
|                                                                                                                        |                      |                                                                                                                                  |                          |                                       |                                                         |
| <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>                                                                                             |                      | 73                                                                                                                               |                          | <b>INSPECTION DATE</b>                |                                                         |
|                                                                                                                        |                      |                                                                                                                                  |                          | 7892                                  |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              |                      | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                          |                                       |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                      |                                                                                                                                  |                          |                                       | <b>229-6765</b>                                         |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                           |                                        |                                                                                                                                     |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                       | <b>PERMIT<br/>NUMBER</b>               | <b>92-150707</b>                                                                                                                    | <b>INSPECTION<br/>NUMBER</b>                            | <b>16</b>                                |
| JOB ADDRESS                                                                                                               |                                        |                                                                                                                                     |                                                         |                                          |
| <b>8220 GRASSY POINT CI</b>                                                                                               |                                        |                                                                                                                                     |                                                         |                                          |
| LOT NO                                                                                                                    |                                        | BLOCK NO                                                                                                                            |                                                         | SUBDIVISION NAME                         |
| <b>2</b>                                                                                                                  |                                        |                                                                                                                                     |                                                         | <b>CIMARRON EST 4</b>                    |
| FIRE DEPT MAP NO                                                                                                          | JOB PHONE                              | CALL IN DATE                                                                                                                        | CALL IN TIME                                            | SCHEDULE DATE                            |
| <b>-</b>                                                                                                                  | <b>221-1177</b>                        | <b>07/10/92</b>                                                                                                                     | <b>14:00</b>                                            | <b>07/13/92</b>                          |
| INSPECTOR NO                                                                                                              |                                        | INSPECTOR NAME                                                                                                                      |                                                         |                                          |
| <b>5157</b>                                                                                                               |                                        | <b>GRFG SHOEMAKER</b>                                                                                                               |                                                         |                                          |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                           |                                        | <b>PRE-SLAB (105)</b>                                                                                                               |                                                         |                                          |
|                                                                                                                           |                                        |                                                                                                                                     |                                                         |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                               |                                        | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                                                         | PARTIAL DESCRIPTION                      |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                          | <input type="checkbox"/> STOP WORK (S) | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                     |                                        | REINSPECTION REQUIRED CALL * 229 2071                                                                                               |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                        |                                        | REINSPECTION FEE REQUIRED PAY AT CITY HALL<br>3RD FLOOR 400 E STEWART STREET                                                        |                                                         |                                          |
| INSPECTOR SIGNATURE                                                                                                       |                                        |                                                  |                                                         | INSPECTION DATE                          |
| <b>7-13-92</b>                                                                                                            |                                        |                                                                                                                                     |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                 |                                        | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br>CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                        |                                                                                                                                     |                                                         | <b>229-6765</b>                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-150707

**INSPECTION  
NUMBER**

40

JOB ADDRESS

8220 GRASSY POINT CI

LOT NO

2

BLOCK NO

SUBDIVISION NAME

CIMARRON EST 4

FIRE DEPT MAP NO

-

JOB PHONE

221-1177

CALL IN DATE

08/11/92

CALL IN TIME

14:51

SCHEDULE DATE

08/12/92

INSPECTOR NO

51

INSPECTOR NAME

GREG SHOENAKER

**INSPECTION  
REQUESTED**

POOF SHEATHING (107)

☐ 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**

INSPECTION DATE

☐ **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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-150707

**INSPECTION  
NUMBER**

41

JOB ADDRESS

8220 GRASSY POINT CT

LOT NO

2

BLOCK NO

SUBDIVISION NAME

CIMARRON EST 4

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

-

221-1177

08/11/92

14:51

08/12/92

INSPECTOR NO

INSPECTOR NAME

51

GREG SHOENAKE

**INSPECTION  
REQUESTED**

SHEAR (109)

*Not ready*

☐ 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**

INSPECTION DATE

☐ **PROJECT  
COMPLETE**

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

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

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-151539

**INSPECTION  
NUMBER**

16

JOB ADDRESS

8220 GRASSY POINT CI

LOT NO

2

BLOCK NO

SUBDIVISION NAME

CIMARRON EST. IV

FIRE DEPT MAP NO

-

JOB PHONE

642-9959

CALL IN DATE

08/20/92

CALL IN TIME

14:29

SCHEDULE DATE

08/21/92

INSPECTOR NO

51

INSPECTOR NAME

GREG SHOEMAKER

**INSPECTION  
REQUESTED**

TOP OUT-WATER, GAS, WASTE (420)

☐ 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**

G. Shoemaker

INSPECTION DATE

8-21-92

☐ 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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-153286

**INSPECTION  
NUMBER**

1

JOB ADDRESS

8220 GRASSY POINT CI

LOT NO

2

BLOCK NO

SUBDIVISION NAME

CIMARRON EST.

FIRE DEPT MAP NO

-

JOB PHONE

253-9492

CALL IN DATE

08/20/92

CALL IN TIME

10:02

SCHEDULE DATE

08/21/92

INSPECTOR NO

51

INSPECTOR NAME

GREG SHOEMAKER

**INSPECTION  
REQUESTED**

ROUGH MECHANICAL (320)

① Run both Fan ducts to  
Gable vent (Like Model)

☐ 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**

G. Shoemaker

INSPECTION DATE

8-21-92

☐ **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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-150707**

**INSPECTION  
NUMBER**

**13**

JOB ADDRESS

**8220 GRASSY POINT CI**

LOT NO

**?**

BLOCK NO

SUBDIVISION NAME

**CIMARRON EST 4**

FIRE DEPT MAP NO

**-**

JOB PHONE

**221-1177**

CALL IN DATE

**08/20/92**

CALL IN TIME

**14:28**

SCHEDULE DATE

**08/21/92**

INSPECTOR NO

**51**

INSPECTOR NAME

**GREG SHOEMAKER**

**INSPECTION  
REQUESTED**

**SHEAR (109)**

☐ 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**

*G. Shoemaker*

INSPECTION DATE

*8-21-92*

☐ **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 A M 7 15 A M OR 2 45 P M 3 00 P M AT

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-150707

**INSPECTION  
NUMBER**

7

JOB ADDRESS

8220 GRASSY POINT CI

LOT NO

2

BLOCK NO

SUBDIVISION NAME

CIMARRON EST 4

FIRE DEPT MAP NO

-

JOB PHONE

221-1177

CALL IN DATE

08/21/92

CALL IN TIME

13:54

SCHEDULE DATE

08/24/92

INSPECTOR NO

51

INSPECTOR NAME

GREG SHOENAKER

**INSPECTION  
REQUESTED**

FRAMING (12C)

① see notice on both ducts  
② no Rough Elect.  
③ complete A.B At All Shear Loc.

☐ 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**

G. Shoemaker

**INSPECTION DATE**

8-24-92

☐ **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

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                      |                               |                          |                         |
|-------------------------------------|----------------------|-------------------------------|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | <b>92-157230</b>              | <b>INSPECTION NUMBER</b> | <b>11</b>               |
| <b>JOB ADDRESS</b>                  |                      |                               |                          |                         |
| <b>8220 GRASSY POINT CI</b>         |                      |                               |                          |                         |
| <b>LOT NO</b>                       |                      | <b>BLOCK NO</b>               |                          | <b>SUBDIVISION NAME</b> |
| <b>2</b>                            |                      |                               |                          | <b>ESTATES</b>          |
| <b>FIRE DEPT MAP NO</b>             | <b>JOB PHONE</b>     | <b>CALL IN DATE</b>           | <b>CALL IN TIME</b>      | <b>SCHEDULE DATE</b>    |
| <b>-</b>                            | <b>798-1840</b>      | <b>08/24/92</b>               | <b>12:33</b>             | <b>08/25/92</b>         |
| <b>INSPECTOR NO</b>                 |                      | <b>INSPECTOR NAME</b>         |                          |                         |
| <b>51</b>                           |                      | <b>GREG SHOEMAKER</b>         |                          |                         |
| <b>INSPECTION REQUESTED</b>         |                      | <b>ROUGH ELECTRICAL (220)</b> |                          |                         |

|                                                                                                                        |                                                                                                                                  |                                       |                                                         |                                   |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                   |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                     | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                             |                                                                                                                                  | <b>INSPECTION DATE</b>                |                                                         |                                   |
| <i>G. Shoemaker</i>                                                                                                    |                                                                                                                                  | <i>8-25-92</i>                        |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                                                                                  |                                       |                                                         | <b>229-6765</b>                   |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-150707**

**INSPECTION  
NUMBER**

**21**

JOB ADDRESS

**8220 GRASSY POINT CI**

LOT NO

**2**

BLOCK NO

SUBDIVISION NAME

**CIMARRON EST 4**

FIRE DEPT MAP NO

**-**

JOB PHONE

**221-1177**

CALL IN DATE

**08/24/92**

CALL IN TIME

**14:25**

SCHEDULE DATE

**08/25/92**

INSPECTOR NO

**51**

INSPECTOR NAME

**GREG SHOEMAKER**

**INSPECTION  
REQUESTED**

**FRAMING (120)**

*cancel - Recall*

☐ 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**

*G. Shoemaker*

INSPECTION DATE

*8-25-92*

☐ **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 A M 7 15 A M OR 2 45 P M 3 00 P M AT

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

02-150707

**INSPECTION  
NUMBER**

11

JOB ADDRESS

8220 GRASSY POINT CI

LOT NO

2

BLOCK NO

SUBDIVISION NAME

CIMARRON EST 4

FIRE DEPT MAP NO

-

JOB PHONE

221-1177

CALL IN DATE

08/25/92

CALL IN TIME

14:20

SCHEDULE DATE

08/26/92

INSPECTOR NO

51

INSPECTOR NAME

GREG SHOEMAKER

**INSPECTION  
REQUESTED**

FRAMING (120)

☐ 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**

*G. Shoemaker*

INSPECTION DATE

8-26-92

☐ **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 A M 7 15 A M OR 2 45 P M 3 00 P M AT

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                      |                         |                          |                         |
|-------------------------------------|----------------------|-------------------------|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | <b>92-150707</b>        | <b>INSPECTION NUMBER</b> | <b>13</b>               |
| <b>JOB ADDRESS</b>                  |                      |                         |                          |                         |
| <b>8220 GRASSY POINT CT</b>         |                      |                         |                          |                         |
| <b>LOT NO</b>                       |                      | <b>BLOCK NO</b>         |                          | <b>SUBDIVISION NAME</b> |
| <b>2</b>                            |                      |                         |                          | <b>CIMARRON EST 4</b>   |
| <b>FIRE DEPT MAP NO</b>             | <b>JOB PHONE</b>     | <b>CALL IN DATE</b>     | <b>CALL IN TIME</b>      | <b>SCHEDULE DATE</b>    |
| <b>-</b>                            | <b>221-1177</b>      | <b>08/28/92</b>         | <b>13:47</b>             | <b>08/31/92</b>         |
| <b>INSPECTOR NO</b>                 |                      | <b>INSPECTOR NAME</b>   |                          |                         |
| <b>51</b>                           |                      | <b>GREG SHOEMAKER</b>   |                          |                         |
| <b>INSPECTION REQUESTED</b>         |                      | <b>INSULATION (123)</b> |                          |                         |

*cancel - Re call*

|                                                                                                                               |                                                                                                                                                 |                                              |                                                                |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                            | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                 |
| <input type="checkbox"/> <b>APPROVED (A)</b>                                                                                  | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) — UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                  | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                                     |                                              |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                     | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |                                              |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                    |                                                                                                                                                 | <b>INSPECTION DATE</b>                       |                                                                |                                                 |
| <i>G. Shoemaker</i>                                                                                                           |                                                                                                                                                 | <i>8-31-92</i>                               |                                                                |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                              | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                              |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT</b> |                                                                                                                                                 |                                              |                                                                | <b>229-6765</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-150707

**INSPECTION  
NUMBER**

10

JOB ADDRESS

8220 GRASSY POINT CI

LOT NO

2

BLOCK NO

SUBDIVISION NAME

CIMARRON EST 4

FIRE DEPT MAP NO

-

JOB PHONE

221-1177

CALL IN DATE

09/01/92

CALL IN TIME

13:54

SCHEDULE DATE

09/02/92

INSPECTOR NO

51

INSPECTOR NAME

GREG SHOEMAKER

**INSPECTION  
REQUESTED**

INSULATION (123)

☐ 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**

*G. Shoemaker*

INSPECTION DATE

9-2-92

☐ **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

229-5765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-150707

**INSPECTION  
NUMBER**

16

JOB ADDRESS

8220 GRASSY POINT CI

LOT NO

2

BLOCK NO

SUBDIVISION NAME

CIMARRON EST 4

FIRE DEPT MAP NO

-

JOB PHONE

221-1177

CALL IN DATE

09/22/92

CALL IN TIME

14:28

SCHEDULE DATE

09/23/92

INSPECTOR NO

51

INSPECTOR NAME

GREG SHOEMAKER

**INSPECTION  
REQUESTED**

TEMP POWER/TAG/TEMP BLDG FINAL (139)

*Elect. tag 45914*

☐ 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**

*G. Shoemaker*

INSPECTION DATE

*9-23-92*

☐ **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

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |  |                                                                                                                                  |  |                                                         |          |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|----------|
|                                          |  | <b>PERMIT NUMBER</b> 92-151539                                                                                                   |  | <b>INSPECTION NUMBER</b> 7                              |          |
| JOB ADDRESS 8220 GRASSY POINT CI                                                                                       |  |                                                                                                                                  |  |                                                         |          |
| LOT NO 2                                                                                                               |  | BLOCK NO                                                                                                                         |  | SUBDIVISION NAME CINARRON EST. IV                       |          |
| FIRE DEPT MAP NO -                                                                                                     |  | JOB PHONE 221-1177                                                                                                               |  | CALL IN DATE 09/28/92                                   |          |
|                                                                                                                        |  |                                                                                                                                  |  | CALL IN TIME 12:55                                      |          |
|                                                                                                                        |  |                                                                                                                                  |  | SCHEDULE DATE 09/29/92                                  |          |
| INSPECTOR NO 51                                                                                                        |  | INSPECTOR NAME GREG SHOEMAKER                                                                                                    |  |                                                         |          |
| <b>INSPECTION REQUESTED</b>                                                                                            |  | FINAL GAS TEST (423)                                                                                                             |  |                                                         |          |
| <div style="font-size: 48px; transform: rotate(-15deg); opacity: 0.5;">24107</div>                                     |  |                                                                                                                                  |  |                                                         |          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | PARTIAL DESCRIPTION                                     |          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C)                   |          |
|                                                                                                                        |  |                                                                                                                                  |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |          |
|                                                                                                                        |  |                                                                                                                                  |  | <input type="checkbox"/> HOLD (H)                       |          |
| <input type="checkbox"/> REJECTED (R)                                                                                  |  | REINSPECTION REQUIRED CALL *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> 9-29-92                                                                                                   |  |                                                         |          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |  |                                                         |          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |  |                                                                                                                                  |  |                                                         | 229-6765 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-150707**

**INSPECTION  
NUMBER**

**10**

JOB ADDRESS

**8220 GRASSY POINT CI**

LOT NO

**2**

BLOCK NO

SUBDIVISION NAME

**CIMARRON EST 4**

FIRE DEPT MAP NO

**-**

JOB PHONE

**221-1177**

CALL IN DATE

**10/08/92**

CALL IN TIME

**13:49**

SCHEDULE DATE

**10/09/92**

INSPECTOR NO

**51**

INSPECTOR NAME

**GREG SHOEMAKER**

**INSPECTION  
REQUESTED**

**BUILDING FINAL (140)**

☐ 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**

*G. Shoemaker*

INSPECTION DATE

**10-9-92**

☒ **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 A M 7 15 A M OR 2 45 P M 3 00 P M AT

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

**92-157230**

**INSPECTION  
NUMBER**

**28**

**JOB ADDRESS**

**3220 GRASSY POINT CI**

**LOT NO**

**2**

**BLOCK NO**

**SUBDIVISION NAME**

**ESTATES**

**FIRE DEPT MAP NO**

**-**

**JOB PHONE**

**798-1840**

**CALL IN DATE**

**10/08/92**

**CALL IN TIME**

**14:58**

**SCHEDULE DATE**

**10/09/92**

**INSPECTOR NO**

**51**

**INSPECTOR NAME**

**GREG SHOEMAKER**

**INSPECTION  
REQUESTED**

**FINAL ELECTRICAL (240)**

☐ **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**

*G. Shoemaker*

**INSPECTION DATE**

*10-9-92*

☒ **PROJECT  
COMPLETE**

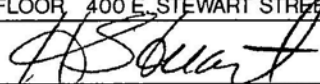
**BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS  
SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only)**

**IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY  
CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT**

**229-6765**

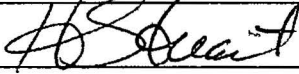
**For Additional Assistance Call \* 229-6251 See Reverse Side For Inspection Types**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                         |  |                                                                                                                                                 |  |                                                   |  |                                                                 |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|-----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b>                                                                                                                                                           |  | <b>92-150707</b>                                                                                                                                |  | <input type="checkbox"/> <b>INSPECTION NUMBER</b> |  | <b>45</b>                                                       |                                                 |
| <b>JOB ADDRESS</b><br><b>8220 GRASSY POINT CI</b>                                                                                                                                                       |  |                                                                                                                                                 |  |                                                   |  |                                                                 |                                                 |
| <b>LOT NO</b>                                                                                                                                                                                           |  | <b>BLOCK NO</b>                                                                                                                                 |  | <b>SUBDIVISION NAME</b>                           |  |                                                                 |                                                 |
| <b>FIRE DEPT MAP NO</b>                                                                                                                                                                                 |  | <b>JOB PHONE</b>                                                                                                                                |  | <b>CALL IN DATE</b><br><b>06/26/92</b>            |  | <b>CALL IN TIME</b><br><b>14:36</b>                             |                                                 |
|                                                                                                                                                                                                         |  |                                                                                                                                                 |  | <b>SCHEDULE DATE</b><br><b>06/29/92</b>           |  |                                                                 |                                                 |
| <b>INSPECTOR NO</b><br><b>5757</b>                                                                                                                                                                      |  | <b>INSPECTOR NAME</b><br><b>GREG SHOENAKER</b>                                                                                                  |  |                                                   |  |                                                                 |                                                 |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b>                                                                                                                                         |  | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b>                                                                                                     |  |                                                   |  |                                                                 |                                                 |
| <p style="font-size: 2em; text-align: center;">I AND VERIFY PROP. SET BACKS.</p> <p style="text-align: center;">  </p> |  |                                                                                                                                                 |  |                                                   |  |                                                                 |                                                 |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                                                                                      |  | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            |  | <b>PARTIAL DESCRIPTION</b>                        |  |                                                                 |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                                                                                 |  | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   |  | <input type="checkbox"/> <b>COMMENTS (C)</b>      |  | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) -- UNTIL</b> |                                                 |
|                                                                                                                                                                                                         |  |                                                                                                                                                 |  |                                                   |  | <input type="checkbox"/> <b>HOLD (H)</b>                        |                                                 |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                                                                                            |  | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                                     |  |                                                   |  |                                                                 |                                                 |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                                                                               |  | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |  |                                                   |  |                                                                 | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <b>INSPECTOR SIGNATURE</b><br>                                                                                       |  | <b>INSPECTION DATE</b><br><b>6-29-92</b>                                                                                                        |  |                                                   |  |                                                                 |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                                                                                        |  | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |  |                                                   |  |                                                                 |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT</b>                                                                           |  |                                                                                                                                                 |  |                                                   |  |                                                                 | <b>229-6765</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                           |                                                                                  |                                                                                                                                                 |                                                                |                                                 |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                       | <b>PERMIT NUMBER</b>                                                             | <b>92-150707</b>                                                                                                                                | <b>INSPECTION NUMBER</b>                                       | <b>16</b>                                       |
| <b>JOB ADDRESS</b>                                                                                                        |                                                                                  |                                                                                                                                                 |                                                                |                                                 |
| <b>8220 GRASSY POINT CI</b>                                                                                               |                                                                                  |                                                                                                                                                 |                                                                |                                                 |
| <b>LOT NO</b>                                                                                                             |                                                                                  | <b>BLOCK NO</b>                                                                                                                                 |                                                                | <b>SUBDIVISION NAME</b>                         |
| <b>2</b>                                                                                                                  |                                                                                  |                                                                                                                                                 |                                                                | <b>CIMARRON EST 4</b>                           |
| <b>FIRE DEPT MAP NO</b>                                                                                                   | <b>JOB PHONE</b>                                                                 | <b>CALL IN DATE</b>                                                                                                                             | <b>CALL IN TIME</b>                                            | <b>SCHEDULE DATE</b>                            |
| <b>-</b>                                                                                                                  | <b>221-1177</b>                                                                  | <b>07/10/92</b>                                                                                                                                 | <b>14:00</b>                                                   | <b>07/13/92</b>                                 |
| <b>INSPECTOR NO</b>                                                                                                       |                                                                                  | <b>INSPECTOR NAME</b>                                                                                                                           |                                                                |                                                 |
| <b>5157</b>                                                                                                               |                                                                                  | <b>GREG SHOEMAKER</b>                                                                                                                           |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                               |                                                                                  | <b>PRE-SLAB (105)</b>                                                                                                                           |                                                                |                                                 |
|                                                                                                                           |                                                                                  |                                                                                                                                                 |                                                                |                                                 |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                        |                                                                                  | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            |                                                                | <b>PARTIAL DESCRIPTION</b>                      |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                   | <input type="checkbox"/> <b>STOP WORK (S)</b>                                    | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                                    | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                              | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                      |                                                                                                                                                 |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                 | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b> |                                                                                                                                                 |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                |                                                                                  | <b>INSPECTION DATE</b>                                                                                                                          |                                                                |                                                 |
|                                        |                                                                                  | <b>7-13-92</b>                                                                                                                                  |                                                                |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                          |                                                                                  | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C OF O ISSUANCE (Commercial Only)</b> |                                                                |                                                 |
| <b>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> |                                                                                  |                                                                                                                                                 |                                                                | <b>229-6765</b>                                 |

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

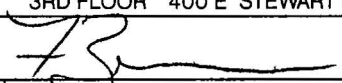
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                    |                                                                                                                                  |                                             |                                                         |                                   |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|-----------------------------------|
| 1                                                                                                                  | <b>PERMIT NUMBER</b><br>92-151539                                                                                                | <b>INSPECTION NUMBER</b><br>30              |                                                         |                                   |
| <b>JOB ADDRESS</b><br>8220 GRASSY POINT CI                                                                         |                                                                                                                                  |                                             |                                                         |                                   |
| <b>LOT NO</b><br>2                                                                                                 | <b>BLOCK NO</b><br>A                                                                                                             | <b>SUBDIVISION NAME</b><br>CINARRON EST. IV |                                                         |                                   |
| <b>FIRE DEPT MAP NO</b><br>-                                                                                       | <b>JOB PHONE</b><br>642-9959                                                                                                     | <b>CALL IN DATE</b><br>07/07/92             | <b>CALL IN TIME</b><br>14:44                            | <b>SCHEDULE DATE</b><br>07/08/92  |
| <b>INSPECTOR NO</b><br>5785                                                                                        | <b>INSPECTOR NAME</b><br>GREG SHOEMAKER <i>FS</i>                                                                                |                                             |                                                         |                                   |
| <b>INSPECTION REQUESTED</b><br>UNDERSLAB PLUMBING (407)                                                            |                                                                                                                                  |                                             |                                                         |                                   |
|                                                                                                                    |                                                                                                                                  |                                             |                                                         |                                   |
| <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"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                 | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                             |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b><br><i>FS</i>                                                                            |                                                                                                                                  | <b>INSPECTION DATE</b><br>7892              |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                          | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                             |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT |                                                                                                                                  |                                             |                                                         | <b>229-6765</b>                   |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |  |                                                |  |                                                              |  |                                     |  |
|----------------------------------------------------------|--|------------------------------------------------|--|--------------------------------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> |  | <b>92-151539</b>                               |  | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> |  | <b>29</b>                           |  |
| <b>JOB ADDRESS</b><br><b>8220 GRASSY POINT CI</b>        |  |                                                |  |                                                              |  |                                     |  |
| <b>LOT NO</b><br><b>2</b>                                |  | <b>BLOCK NO</b>                                |  | <b>SUBDIVISION NAME</b><br><b>CIMARRON EST. IV</b>           |  |                                     |  |
| <b>FIRE DEPT MAP NO</b><br><b>-</b>                      |  | <b>JOB PHONE</b><br><b>662-9959</b>            |  | <b>CALL IN DATE</b><br><b>07/07/92</b>                       |  | <b>CALL IN TIME</b><br><b>14:44</b> |  |
| <b>SCHEDULE DATE</b><br><b>07/08/92</b>                  |  |                                                |  |                                                              |  |                                     |  |
| <b>INSPECTOR NO</b><br><b>5185</b>                       |  | <b>INSPECTOR NAME</b><br><b>GREG SHOEMAKER</b> |  |                                                              |  |                                     |  |
| <b>INSPECTION REQUESTED</b>                              |  | <b>BUILDING SEWER (YARD LINES) (405)</b>       |  |                                                              |  |                                     |  |

|                                                                                                                           |  |                                                                                                                                                 |  |                                              |  |                                                                |                 |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|----------------------------------------------------------------|-----------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                        |  | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            |  | <b>PARTIAL DESCRIPTION</b>                   |  |                                                                |                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                   |  | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   |  | <input type="checkbox"/> <b>COMMENTS (C)</b> |  | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |                 |
| <input type="checkbox"/> <b>HOLD (H)</b>                                                                                  |  |                                                                                                                                                 |  |                                              |  |                                                                |                 |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                              |  | <b>REINSPECTION REQUIRED CALL * 229 2071</b>                                                                                                    |  |                                              |  |                                                                |                 |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                 |  | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                              |  |                                              |  |                                                                |                 |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                           |  |                                                                                                                                                 |  |                                              |  |                                                                |                 |
| <b>INSPECTOR SIGNATURE</b><br>         |  | <b>INSPECTION DATE</b><br><b>7 8 92</b>                                                                                                         |  |                                              |  |                                                                |                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                          |  | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |  |                                              |  |                                                                |                 |
| <b>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> |  |                                                                                                                                                 |  |                                              |  |                                                                | <b>229-6765</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |                                                                                                                                  |                                           |                                                         |                                   |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <b>PERMIT NUMBER</b><br>92-150707 <sup>6</sup>                                                                         |                                                                                                                                  | <b>INSPECTION NUMBER</b><br>40            |                                                         |                                   |
| <b>JOB ADDRESS</b><br>8220 GRASSY POINT CR                                                                             |                                                                                                                                  |                                           |                                                         |                                   |
| <b>LOT NO</b><br>2                                                                                                     | <b>BLOCK NO</b>                                                                                                                  | <b>SUBDIVISION NAME</b><br>CIMARRON EST 4 |                                                         |                                   |
| <b>FIRE DEPT MAP NO</b><br>5                                                                                           | <b>JOB PHONE</b><br>229-1177                                                                                                     | <b>CALL IN DATE</b><br>08/11/92           | <b>CALL IN TIME</b><br>16:51                            | <b>SCHEDULE DATE</b><br>08/12/92  |
| <b>INSPECTOR NO</b><br>51                                                                                              | <b>INSPECTOR NAME</b><br>GREG SHOEMAKER                                                                                          |                                           |                                                         |                                   |
| <b>INSPECTION REQUESTED</b><br>ROOF SHEATHING (107)                                                                    |                                                                                                                                  |                                           |                                                         |                                   |
|                                                                                                                        |                                                                                                                                  |                                           |                                                         |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                       |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C)     | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                           | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                     | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                           |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                             |                                                                                                                                  |                                           | <b>INSPECTION DATE</b>                                  |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                           |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                                                                                  |                                           |                                                         | <b>229-6765</b>                   |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

PERMIT  
NUMBER

92-158707

INSPECTION  
NUMBER

41

JOB ADDRESS

8220 GRASSY POINT CT

LOT NO

BLOCK NO

SUBDIVISION NAME

2

CINABRON EST A

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

INSPECTOR NO

INSPECTOR NAME

51

GREG SHOENAKER

INSPECTION  
REQUESTED

SHEAR (109)

*Not ready*

☐ 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

INSPECTION DATE

☐ 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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-151539**

**INSPECTION  
NUMBER**

**16**

**JOB ADDRESS**

**8220 GRASSY POINT CT**

**LOT NO**

**2**

**BLOCK NO**

**SUBDIVISION NAME**

**CIMARRON EST. IV**

**FIRE DEPT MAP NO**

**JOB PHONE**

**CALL IN DATE**

**CALL IN TIME**

**SCHEDULE DATE**

**-**

**642-9959**

**08/20/92**

**14:29**

**08/29/92**

**INSPECTOR NO**

**51**

**INSPECTOR NAME**

**GREG SHOENAKER**

**INSPECTION  
REQUESTED**

**TOP OUT-WATER, GAS, WASTE (420)**

☐ **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**

*G. Shoemaker*

**INSPECTION DATE**

**8-21-92**

☐ **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 A M 7 15 A M OR 2 45 P M 3 00 P M AT**

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                            |                              |                                          |                              |
|--------------------------------------------|------------------------------|------------------------------------------|------------------------------|
| <b>PERMIT NUMBER</b><br>92-153286          |                              | <b>INSPECTION NUMBER</b><br>1            |                              |
| <b>JOB ADDRESS</b><br>8220 GRASSY POINT CT |                              |                                          |                              |
| <b>LOT NO</b><br>2                         | <b>BLOCK NO</b>              | <b>SUBDIVISION NAME</b><br>CIHARRON EST. |                              |
| <b>FIRE DEPT MAP NO</b><br>-               | <b>JOB PHONE</b><br>253-9492 | <b>CALL IN DATE</b><br>08/20/92          | <b>CALL IN TIME</b><br>10:02 |
| <b>INSPECTOR NO</b><br>51                  |                              | <b>INSPECTOR NAME</b><br>GREG SHOEMAKER  |                              |
| <b>INSPECTION REQUESTED</b>                |                              | <b>ROUGH MECHANICAL (320)</b>            |                              |

① Run both Fan ducts to Gable vent (Like Model)

|                                                                                                                        |                                                                                                                                  |                                       |                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <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"/> REJECTED (R)                                                                                  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                       | <input type="checkbox"/> HOLD (H)                       |
| <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><br>G. Shoemaker                                                                             |                                                                                                                                  | <b>INSPECTION DATE</b><br>8-21-92     |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                                                                                  |                                       | <b>229-6765</b>                                         |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                    |                                                                                                                                  |                                       |                                                         |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <b>PERMIT NUMBER</b> 92-150707                                                                                     |                                                                                                                                  | <b>INSPECTION NUMBER</b> 13           |                                                         |
| <b>JOB ADDRESS</b> 8220 GRASSY POINT CT                                                                            |                                                                                                                                  |                                       |                                                         |
| <b>LOT NO</b> 2                                                                                                    | <b>BLOCK NO</b>                                                                                                                  | <b>SUBDIVISION NAME</b> CHARRON EST 4 |                                                         |
| <b>FIRE DEPT MAP NO</b> -                                                                                          | <b>JOB PHONE</b> 221-1177                                                                                                        | <b>CALL IN DATE</b> 08/20/92          | <b>CALL IN TIME</b> 14:28                               |
| <b>SCHEDULE DATE</b> 08/21/92                                                                                      |                                                                                                                                  |                                       |                                                         |
| <b>INSPECTOR NO</b> 51                                                                                             | <b>INSPECTOR NAME</b> GREG SHOEMAKER                                                                                             |                                       |                                                         |
| <b>INSPECTION REQUESTED</b> SHEAR (109)                                                                            |                                                                                                                                  |                                       |                                                         |
|                                                                                                                    |                                                                                                                                  |                                       |                                                         |
| <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"/> PERMIT REQUIRED                |
| <input type="checkbox"/> REFEE (F)                                                                                 | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |
| <b>INSPECTOR SIGNATURE</b> <i>G. Shoemaker</i>                                                                     |                                                                                                                                  | <b>INSPECTION DATE</b> 8-21-92        |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE                                                                          | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT |                                                                                                                                  |                                       | <b>229-6765</b>                                         |

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

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                             |                      |                       |                          |                         |
|-----------------------------|----------------------|-----------------------|--------------------------|-------------------------|
| <b>1</b>                    | <b>PERMIT NUMBER</b> | 92-150707             | <b>INSPECTION NUMBER</b> | 7                       |
| <b>JOB ADDRESS</b>          |                      |                       |                          |                         |
| 8220 GRASSY POINT CR        |                      |                       |                          |                         |
| <b>LOT NO</b>               |                      | <b>BLOCK NO</b>       |                          | <b>SUBDIVISION NAME</b> |
| 2                           |                      |                       |                          | CINARRON EST 4          |
| <b>FIRE DEPT MAP NO</b>     | <b>JOB PHONE</b>     | <b>CALL IN DATE</b>   | <b>CALL IN TIME</b>      | <b>SCHEDULE DATE</b>    |
| -                           | 221-1177             | 08/21/92              | 13:54                    | 08/24/92                |
| <b>INSPECTOR NO</b>         |                      | <b>INSPECTOR NAME</b> |                          |                         |
| 51                          |                      | GREG SHOENAKER        |                          |                         |
| <b>INSPECTION REQUESTED</b> |                      | <b>FRAMING (120)</b>  |                          |                         |

① see notice on both ducts

② NO Rough elect.

③ complete A.B AT ALL Shear Loc.

|                                                                                                                    |                                               |                                                                                                                                  |                                                          |                                          |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                        | <input type="checkbox"/> PARTIAL APPROVAL (P) | <b>PARTIAL DESCRIPTION</b>                                                                                                       |                                                          |                                          |
| <input type="checkbox"/> APPROVED (A)                                                                              | <input type="checkbox"/> STOP WORK (S)        | <input type="checkbox"/> COMMENTS (C)                                                                                            | <input type="checkbox"/> TEMPORARY APPROVAL (T) -- UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                   |                                               | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                                          | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                 |                                               | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                                          |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                         |                                               | <b>INSPECTION DATE</b>                                                                                                           |                                                          |                                          |
| G. Shoemaker                                                                                                       |                                               | 8-24-92                                                                                                                          |                                                          |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                          |                                               | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C OF O ISSUANCE (Commercial Only) |                                                          |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT |                                               |                                                                                                                                  |                                                          | 229-6765                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-157230**

**INSPECTION  
NUMBER**

**11**

**JOB ADDRESS**

**8220 GRASSY POINT CI**

**LOT NO**

**2**

**BLOCK NO**

**SUBDIVISION NAME**

**ESTATES**

**FIRE DEPT MAP NO**

**-**

**JOB PHONE**

**798-1840**

**CALL IN DATE**

**08/24/92**

**CALL IN TIME**

**12:33**

**SCHEDULE DATE**

**08/25/92**

**INSPECTOR NO**

**59**

**INSPECTOR NAME**

**GREG SHOEMAKER**

**INSPECTION  
REQUESTED**

**ROUGH ELECTRICAL (220)**

☐ **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**

*G. Shoemaker*

**INSPECTION DATE**

*8-25-92*

☐ **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**

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                    |  |                                                                                                                                  |  |                                       |  |                                                         |  |
|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|--|
| <b>PERMIT NUMBER</b>                                                                                               |  | 92-150707                                                                                                                        |  | <b>INSPECTION NUMBER</b>              |  | 11                                                      |  |
| <b>JOB ADDRESS</b>                                                                                                 |  |                                                                                                                                  |  |                                       |  |                                                         |  |
| 8220 GRASSY POINT CI                                                                                               |  |                                                                                                                                  |  |                                       |  |                                                         |  |
| <b>LOT NO</b>                                                                                                      |  | <b>BLOCK NO</b>                                                                                                                  |  | <b>SUBDIVISION NAME</b>               |  |                                                         |  |
| 2                                                                                                                  |  |                                                                                                                                  |  | CINARRON EST 4                        |  |                                                         |  |
| <b>FIRE DEPT MAP NO</b>                                                                                            |  | <b>JOB PHONE</b>                                                                                                                 |  | <b>CALL IN DATE</b>                   |  | <b>CALL IN TIME</b>                                     |  |
| -                                                                                                                  |  | 221-1177                                                                                                                         |  | 08/25/92                              |  | 14:20                                                   |  |
| <b>INSPECTOR NO</b>                                                                                                |  | <b>INSPECTOR NAME</b>                                                                                                            |  |                                       |  |                                                         |  |
| 51                                                                                                                 |  | GREG SHOEMAKER                                                                                                                   |  |                                       |  |                                                         |  |
| <b>INSPECTION REQUESTED</b>                                                                                        |  | FRAMING (120)                                                                                                                    |  |                                       |  |                                                         |  |
|                                                                                                                    |  |                                                                                                                                  |  |                                       |  |                                                         |  |
| <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"/> PERMIT REQUIRED                |  |
| <input type="checkbox"/> REFEE (F)                                                                                 |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |  |                                       |  |                                                         |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                         |  |                                                                                                                                  |  | <b>INSPECTION DATE</b>                |  |                                                         |  |
| G. Shoemaker                                                                                                       |  |                                                                                                                                  |  | 8-26-92                               |  |                                                         |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                          |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |  |                                       |  |                                                         |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT |  |                                                                                                                                  |  |                                       |  | <b>229-6765</b>                                         |  |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-150707**

**INSPECTION  
NUMBER**

**10**

**JOB ADDRESS**

**8220 GRASSY POINT CI**

**LOT NO**

**2**

**BLOCK NO**

**SUBDIVISION NAME**

**CIMARRON EST 3**

**FIRE DEPT MAP NO**

**-**

**JOB PHONE**

**221-1177**

**CALL IN DATE**

**09/01/92**

**CALL IN TIME**

**13:54**

**SCHEDULE DATE**

**09/02/92**

**INSPECTOR NO**

**51**

**INSPECTOR NAME**

**GREG SHOENAKER**

**INSPECTION  
REQUESTED**

**INSULATION (123)**

☐ **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**

*G. Shoemaker*

**INSPECTION DATE**

**9-2-92**

☐ **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**

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                     |  |                                                |  |                                                                                                           |  |                                     |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|
|  <b>PERMIT NUMBER</b> |  | <b>92-150707</b>                               |  |  <b>INSPECTION NUMBER</b> |  | <b>52</b>                           |  |
| <b>JOB ADDRESS</b><br><b>8220 GRASSY POINT CI</b>                                                   |  |                                                |  |                                                                                                           |  |                                     |  |
| <b>LOT NO</b><br><b>2</b>                                                                           |  | <b>BLOCK NO</b>                                |  | <b>SUBDIVISION NAME</b><br><b>CIMARRON EST 4</b>                                                          |  |                                     |  |
| <b>FIRE DEPT MAP NO</b><br><b>10</b>                                                                |  | <b>JOB PHONE</b><br><b>221-1177</b>            |  | <b>CALL IN DATE</b><br><b>09/03/92</b>                                                                    |  | <b>CALL IN TIME</b><br><b>15:36</b> |  |
| <b>SCHEDULE DATE</b><br><b>09/04/92</b>                                                             |  |                                                |  |                                                                                                           |  |                                     |  |
| <b>INSPECTOR NO</b><br><b>51</b>                                                                    |  | <b>INSPECTOR NAME</b><br><b>GREG SHOEMAKER</b> |  |                                                                                                           |  |                                     |  |
| <b>INSPECTION REQUESTED</b>                                                                         |  | <b>EXTERIOR LATH/STUCCO (129)</b>              |  |                                                                                                           |  |                                     |  |

P.H.

|                                                                                                                               |  |                                                                                                                                                 |  |                                              |  |                                                                 |                 |
|-------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|-----------------------------------------------------------------|-----------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                            |  | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            |  | <b>PARTIAL DESCRIPTION</b>                   |  |                                                                 |                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                       |  | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   |  | <input type="checkbox"/> <b>COMMENTS (C)</b> |  | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) -- UNTIL</b> |                 |
| <input type="checkbox"/> <b>HOLD (H)</b>                                                                                      |  |                                                                                                                                                 |  |                                              |  |                                                                 |                 |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                  |  | <b>REINSPECTION REQUIRED CALL * 229 2071</b>                                                                                                    |  |                                              |  |                                                                 |                 |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                     |  | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |  |                                              |  |                                                                 |                 |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                               |  |                                                                                                                                                 |  |                                              |  |                                                                 |                 |
| <b>INSPECTOR SIGNATURE</b> <i>G. Shoemaker</i>                                                                                |  |                                                                                                                                                 |  | <b>INSPECTION DATE</b> <i>9-4-92</i>         |  |                                                                 |                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                              |  | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |  |                                              |  |                                                                 |                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT</b> |  |                                                                                                                                                 |  |                                              |  |                                                                 | <b>229-6765</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                    |                                                                                                                                  |                                       |                                                         |                                   |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <b>1</b>                                                                                                           | <b>PERMIT NUMBER</b>                                                                                                             | <b>92-150707</b>                      | <b>INSPECTION NUMBER</b>                                | <b>53</b>                         |
| <b>JOB ADDRESS</b>                                                                                                 |                                                                                                                                  |                                       |                                                         |                                   |
| <b>8220 GRASSY POINT CI</b>                                                                                        |                                                                                                                                  |                                       |                                                         |                                   |
| <b>LOT NO</b>                                                                                                      | <b>BLOCK NO</b>                                                                                                                  | <b>SUBDIVISION NAME</b>               |                                                         |                                   |
| <b>2</b>                                                                                                           | <b>1</b>                                                                                                                         | <b>CIHARRON EST 4</b>                 |                                                         |                                   |
| <b>FIRE DEPT MAP NO</b>                                                                                            | <b>JOB PHONE</b>                                                                                                                 | <b>CALL IN DATE</b>                   | <b>CALL IN TIME</b>                                     | <b>SCHEDULE DATE</b>              |
| <b>-</b>                                                                                                           | <b>229-1177</b>                                                                                                                  | <b>09/03/92</b>                       | <b>15:37</b>                                            | <b>09/04/92</b>                   |
| <b>INSPECTOR NO</b>                                                                                                | <b>INSPECTOR NAME</b>                                                                                                            |                                       |                                                         |                                   |
| <b>51</b>                                                                                                          | <b>GREG SHOEMAKER</b>                                                                                                            |                                       |                                                         |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                        |                                                                                                                                  |                                       |                                                         |                                   |
| <b>DRYWALL NAILING (125)</b>                                                                                       |                                                                                                                                  |                                       |                                                         |                                   |
| <p>P.O.N.</p>                                                                                                      |                                                                                                                                  |                                       |                                                         |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                        | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                   |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                   | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                              | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                 | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |                                   |
| <b>INSPECTOR SIGNATURE</b>                                                                                         | <i>G. Shoemaker</i>                                                                                                              |                                       | <b>INSPECTION DATE</b>                                  |                                   |
| <b>9-4-92</b>                                                                                                      |                                                                                                                                  |                                       |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                          | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT |                                                                                                                                  |                                       |                                                         | <b>229-6765</b>                   |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                    |                              |                                           |                              |
|--------------------------------------------------------------------|------------------------------|-------------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 92-150707 |                              | <b>INSPECTION NUMBER</b> 16               |                              |
| <b>JOB ADDRESS</b><br>8220 GRASSY POINT CT                         |                              |                                           |                              |
| <b>LOT NO</b><br>2                                                 | <b>BLOCK NO</b>              | <b>SUBDIVISION NAME</b><br>CIMARRON EST 4 |                              |
| <b>FIRE DEPT MAP NO</b><br>-                                       | <b>JOB PHONE</b><br>221-1177 | <b>CALL IN DATE</b><br>09/22/92           | <b>CALL IN TIME</b><br>14:28 |
| <b>INSPECTOR NO</b><br>51                                          |                              | <b>INSPECTOR NAME</b><br>GREG SHOEMAKER   |                              |
| <b>INSPECTION REQUESTED</b> TEMP POWER/TAG/TEMP BLDG FINAL (139)   |                              |                                           |                              |

*Elect. Tag 45914*

|                                                                                                                        |                                                                                                                                  |                                              |                                                                |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                             | <b>PARTIAL DESCRIPTION</b>                   |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                    | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T)</b> - UNTIL |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                           | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                      |                                              | <input type="checkbox"/> <b>HOLD (H)</b>                       |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                              | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                 |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTOR SIGNATURE</b>                                                                                             | <i>G. Shoemaker</i>                                                                                                              |                                              | <b>INSPECTION DATE</b><br>9-23-92                              |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                       | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                              |                                                                |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                                                                                  |                                              | 229-6765                                                       |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                           |                                                                                                                                                 |                                              |                                                                |                                          |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| <b>1</b>                                                                                                                  | <b>PERMIT NUMBER</b>                                                                                                                            | <b>92-151539</b>                             | <b>INSPECTION NUMBER</b>                                       | <b>6</b>                                 |
| <b>JOB ADDRESS</b>                                                                                                        |                                                                                                                                                 |                                              |                                                                |                                          |
| <b>8220 GRASSY POINT CI</b>                                                                                               |                                                                                                                                                 |                                              |                                                                |                                          |
| <b>LOT NO</b>                                                                                                             |                                                                                                                                                 | <b>BLOCK NO</b>                              |                                                                | <b>SUBDIVISION NAME</b>                  |
| <b>2</b>                                                                                                                  |                                                                                                                                                 |                                              |                                                                | <b>CIMARRON EST. IV</b>                  |
| <b>FIRE DEPT MAP NO</b>                                                                                                   | <b>JOB PHONE</b>                                                                                                                                | <b>CALL IN DATE</b>                          | <b>CALL IN TIME</b>                                            | <b>SCHEDULE DATE</b>                     |
| <b>-</b>                                                                                                                  | <b>221-1177</b>                                                                                                                                 | <b>09/28/92</b>                              | <b>12:55</b>                                                   | <b>09/29/92</b>                          |
| <b>INSPECTOR NO</b>                                                                                                       |                                                                                                                                                 | <b>INSPECTOR NAME</b>                        |                                                                |                                          |
| <b>51</b>                                                                                                                 |                                                                                                                                                 | <b>GREG SHOEMAKER</b>                        |                                                                |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                               |                                                                                                                                                 |                                              |                                                                |                                          |
| <b>FINAL PLUMBING (440)</b>                                                                                               |                                                                                                                                                 |                                              |                                                                |                                          |
|                                                                                                                           |                                                                                                                                                 |                                              |                                                                |                                          |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                        | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                          |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                   | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                              | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                                     |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |                                          |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                 | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                              |                                              |                                                                |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                |                                                                                                                                                 | <b>INSPECTION DATE</b>                       |                                                                |                                          |
|                                        |                                                                                                                                                 | <b>9-29-92</b>                               |                                                                |                                          |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                          | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                              |                                                                |                                          |
| <b>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> |                                                                                                                                                 |                                              |                                                                | <b>229-6765</b>                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                                |                                                              |                                     |
|----------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>92-151539</b>                               | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> | <b>7</b>                            |
| <b>JOB ADDRESS</b><br><b>8220 GRASSY POINT CI</b>        |                                                |                                                              |                                     |
| <b>LOT NO</b><br><b>2</b>                                | <b>BLOCK NO</b>                                | <b>SUBDIVISION NAME</b><br><b>CINARRON EST. IV</b>           |                                     |
| <b>FIRE DEPT MAP NO</b><br><b>-</b>                      | <b>JOB PHONE</b><br><b>221-1177</b>            | <b>CALL IN DATE</b><br><b>09/28/92</b>                       | <b>CALL IN TIME</b><br><b>12:55</b> |
| <b>SCHEDULE DATE</b><br><b>09/29/92</b>                  |                                                |                                                              |                                     |
| <b>INSPECTOR NO</b><br><b>51</b>                         | <b>INSPECTOR NAME</b><br><b>GREG SHOEMAKER</b> |                                                              |                                     |
| <b>INSPECTION REQUESTED</b>                              | <b>FINAL GAS TEST (423)</b>                    |                                                              |                                     |

24107

|                                                                                                                               |                                                                                                                                                 |                                              |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                            | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            | <b>PARTIAL DESCRIPTION</b>                   |                                                                |
| <input type="checkbox"/> <b>APPROVED (A)</b>                                                                                  | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |
| <input type="checkbox"/> <b>HOLD (H)</b>                                                                                      |                                                                                                                                                 |                                              |                                                                |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                  | <b>REINSPECTION REQUIRED CALL *229-2071</b>                                                                                                     |                                              | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                     | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |                                              |                                                                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                    | <b>INSPECTION DATE</b><br><b>9-29-92</b>                                                                                                        |                                              |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                              | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                              |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT</b> |                                                                                                                                                 |                                              | <b>229-6765</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

92-153286

**INSPECTION  
NUMBER**

14

JOB ADDRESS

8220 GRASSY POINT CI

LOT NO

2

BLOCK NO

SUBDIVISION NAME

CINABRON EST.

FIRE DEPT MAP NO

JOB PHONE

253-9492

CALL IN DATE

09/28/92

CALL IN TIME

13:09

SCHEDULE DATE

09/29/92

INSPECTOR NO

511,0

INSPECTOR NAME

GREG SHOEMAKER

**INSPECTION  
REQUESTED**

FINAL MECHANICAL (340)

☐ 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**

INSPECTION DATE

9-29-92

☐ **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

229-6765

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