

## CITY OF LAS VEGAS, NEVADA

PERMIT NO 91-103338

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

## DEVELOPMENT PERMIT

FOR Fence Wall Retaining Wall

LOG NO &amp; AREA

030-121  
m-4059

2071

CONST VAL \$ 1,105.00

ADDRESS OF  
CONSTRUCTION

3908 GRASS VALLEY PL

OWNER

CARLOS DELGADO

PHONE

CONTRACTOR

OWNER

STATE  
LICENSE NOCITY  
LICENSE NO

LOT(s)

21

BLOCK

1

SUBDIVISION

VALLEY WEST UNIT #2

ZONE

E-1

☐ CONSTRUCTION PLANS SUBMITTED BY OWNER/CONTRACTOR☒ CONSTRUCTION DESIGN BY CITY DESIGN SHEET

ENGINEER

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

| DESCRIPTION             | TOTAL LIN FT | TOTAL SQ FT |
|-------------------------|--------------|-------------|
| CHAIN LINK OR WIRE MESH |              |             |
| ORNAMENTAL IRON         |              |             |
| WOOD                    |              |             |
| MASONRY                 | 55'          | 330         |
| RETAINING               | 25           | 50          |

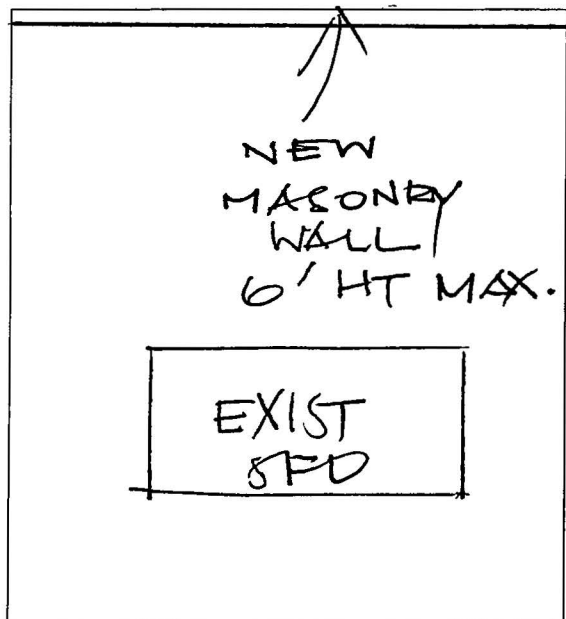
## OTHER INSPECTIONS AND FEES

- 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 each
- 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 at approved plans = \$30.00 per hour (minimum charge two hours)

## CONDITIONS OF THE PERMIT

- 1 Any type of retaining wall must be engineered by a Civil or Structural Engineer
- 2 If a home owner takes out the Building Permit and if the owner sublets the work to a Contractor then the Contractor must take out the permit and pay for it
- 3 No fence or wall can be built on City property or rights of way but this is not intended to preclude construction within utility easements if utilities will not be damaged or made inaccessible
- 4 The fence or wall shall not enclose any water meter light standard or fire alarm box and shall not come closer than 24' from the nearest fire hydrant outlet
- 5 Department Inspectors must approve footings before concrete is poured and block wall reinforcing before grouting is done
- 6 Maximum height of any wall or fence is 6' side and rear yards 4' maximum in front yard with the vertical surface above the height of 2' - 50% open
- 7 I must not obstruct required onsite parking space (2 spaces for each dwelling unit) by the erection of this fence or wall
- 8 By the signing of this application I herewith agree to the requirements outlined above

FOR INSPECTIONS CALL 799 2071



GRASS VALLEY PL.

SIGNED Carlos Delgado CONTRACTOR AGENT OWNER  
P. P. St. Hughes DATE 5/30/91

PLANNING DEPT

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

BUILDING DEPT

DATE

## RECEIPT

\*\*000\*\*  
 WALL 26.00  
 CASH 26.00  
 5294A000 11.73

05/30/91

PLAN  
REVIEW  
FEEPERMIT  
FEE  
2310 2401TOTAL  
FEES

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

MUST BE MACHINE VALIDATED

# CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FC



111027

PERMIT NO 93-172093

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

PLAN CHECK NO

*M-97*

DATE

*1-7-93*

CONST VAL \$

*350.00*

ADDRESS OF CONSTRUCTION

*3908 GRASS VALLEY PL*

OWNER

*CARLOS & IRMA DELGADO*

PHONE

*8724071*

LOT(s)

*21*

BLOCK

*1*

SUBDIVISION

*VALLEY WEST UNIT #2*

ZONE

*R-1*

PROPOSED CONSTRUCTION

*Garage (EXISTING) shed*

USE

THIS PERMIT FOR

BLDG ☐

A/C ☐

ELEC ☐

PLBG ☐

OTHER PERMITS REQD

FENCE ☐

OFF SITE ☐

SWIM POOL ☐

FLOOR AREA

BSMT

1ST

2ND

GARAGE

*shed 100*

TOTAL *100*

CONTRACTOR

*owner*

STATE LICENSE NO

CITY LICENSE NO

ARCHITECT

ENGINEER

MASTER PLUMBER/  
CONTRACTOR

MASTER ELECTRICIAN/  
CONTRACTOR

### OTHER INSPECTIONS AND FEES

- 1 Inspections outside of normal business hours = \$40.00 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 = \$40.00 per hour
- 3 Inspections during normal business hours for which no fee is specifically indicated = \$40.00 per hour (minimum charge one hour)
- 4 Additional plan review required by changes, additions or revisions to approved plans = \$40.00 per hour (minimum charge two hours)

### CONDITIONS OF THE PERMIT

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

BY *Carlos Delgado*  
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

### SPECIAL CONDITIONS

*EXISTING shed*

*15' MIN REAR SET*

*MUST BE MIN 3' FROM P/L*

*EXIST SFD*

*GRASS VALLEY PL*

*GRASS VALLEY PL FRONT*

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

*1/7/93*

PLANNING DEPT

DATE

*1/7/93*

BUILDING DEPT

DATE

### PLUMBING

FEE

|                                    |       |
|------------------------------------|-------|
| WATER DISTRIBUTION                 | 6 70  |
| SEWER SYSTEM NEW OR MODIFICATION   | 11 05 |
| FIXTURES WATER SOFTENER H/W HEATER | 2 25  |
| GARBAGE DISPOSAL WASHER            | 2 25  |
| FUEL PIPING                        | 6 70  |
| IRRIGATION SYSTEM                  | 8 90  |
| MISC                               |       |
| 2310 2433 TOTAL                    |       |

### AIR CONDITIONING

FEE

|                                     |      |
|-------------------------------------|------|
| NEW UNIT 3 TON = 10 00 OVER = 18 20 |      |
| FURNACE TO 100 000/10 00 OVER/12 20 |      |
| VAPORATIVE COOLER                   | 7 20 |
| VENTILATION FAN                     | 2 65 |
| 2310 2435 TOTAL                     |      |

### ELECTRICAL

FEE

|                                             |        |    |
|---------------------------------------------|--------|----|
| RECEPTACLE                                  | SWITCH | 50 |
| EACH LIGHT FIXTURE OR SOCKET                |        | 40 |
| SPECIAL OUTLET APPLIANCE ETC                |        | 80 |
| SERVICE/PANEL SUB/3 40 200A/6 70 400A/13 85 |        |    |
| A/C UNIT OR MOTORS                          | 3 40   |    |

|           |       |  |
|-----------|-------|--|
| 2310 2432 | TOTAL |  |
|-----------|-------|--|

1113 2437 ZONING

2310 2431 PLAN REVIEW

2310 2401 BLDG PERMIT

7143 2973 SEWER CONNECTION

6122 3352 TORTOISE

2897 PIF

88100 1232 TRANSPORT

TOTAL FEES

*01/07/93*

*100*

*15 00*

*16 00*

RECEIPT  
MUST BE MACHINE VALIDATED

ZONE 1 00  
SFD 15 00  
CASH 16 00  
9869A000 16 23

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

93-189236

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

PLAN CHECK NO M 256 '93 DATE 2-8-93 CONST VAL \$ 13,520.00

ADDRESS OF CONSTRUCTION 3908 Grass Valley Pl OWNER Carlos Delgado PHONE 8774071

LOT(s) 21 BLOCK 1 SUBDIVISION Valley West Unit #2 ZONE R-1

PROPOSED CONSTRUCTION ADDITION USE LIVING & HOBBY

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

FLOOR AREA BSMT 520 1ST 520 2ND 520 GARAGE 520 PORCH 520 TOTAL 520

CONTRACTOR OWNER STATE LICENSE NO                      CITY LICENSE NO                     

ARCHITECT                      ENGINEER                     

MASTER PLUMBER/CONTRACTOR                      MASTER ELECTRICIAN/CONTRACTOR                     

### OTHER INSPECTIONS AND FEES

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### CONDITIONS OF THE PERMIT

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- 6 Approval for the work under this permit will be given only after refuse and debris have been removed from job site and public right of way
- 7 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS

BY Carlos Delgado ID-OK  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY OWNER

BY                       
AGENT

PD 4/25/93 59.00 55.00 repl 400 zoning

SPECIAL CONDITIONS

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 1/28/93

PLANNING DEPT DATE 10/2/93

BUILDING DEPT DATE                     

| PLUMBING                            |       | FEE |
|-------------------------------------|-------|-----|
| WATER DISTRIBUTION                  | 6 70  |     |
| SEWER SYSTEM NEW OR MODIFICATION    | 11 05 |     |
| FIXTURES WATER SOFTENER H/W HEATER  | 2 25  |     |
| GARBAGE DISPOSAL WASHER             | 2 25  |     |
| FUEL PIPING                         | 6 70  |     |
| IRRIGATION SYSTEM                   | 8 90  |     |
| MISC                                |       |     |
| 2310 2433                           | TOTAL |     |
| AIR CONDITIONING                    |       | FEE |
| NEW UNIT 3 TON = 10 00 OVER = 18 20 |       |     |
| FURNACE TO 100 000/10 00 OVER/12 20 |       |     |
| VAPORATIVE COOLER                   | 7 20  |     |
| VENTILATION FAN                     | 2 65  |     |
| 2310 2435                           | TOTAL |     |

| ELECTRICAL                                  |        | FEE    |
|---------------------------------------------|--------|--------|
| RECEPTACLE                                  | SWITCH | 50     |
| EACH LIGHT FIXTURE OR SOCKET                |        | 40     |
| SPECIAL OUTLET APPLIANCE ETC                |        | 80     |
| SERVICE/PANEL SUB/3 40 200A/6 70 400A/13 85 |        |        |
| A C UNIT OR MOTORS                          |        | 3 40   |
| MISC                                        |        |        |
| 2310 2432                                   | TOTAL  | 28.00  |
| 1113 2437 ZONING                            |        | 39.00  |
| 2310 2431 PLAN REVIEW                       |        | 35.00  |
| 2310 2401 BLDG PERMIT                       |        | 139.00 |
| 7143 2973 SEWER CONNECTION                  |        |        |
| 6122 3352 TORTOISE                          |        |        |
| 2897 PIF                                    |        |        |
| 88100 1232 TRANSPORT                        |        |        |
| TOTAL FEES                                  |        | 205.00 |

RECEIPT \*\*\*  
MUST BE MACHINE VALIDATED

|            |        |
|------------|--------|
| ELEC       | 28 00  |
| ZONE       | 3 00   |
| FLCK       | 35 00  |
| SFD        | 139 00 |
| CASH CHECK | 205 00 |
| 9756A000   | 13 41  |

PERMIT NO

Permit Expires 180 Days After Abandonment of Work



Reply to  
LAS VEGAS  
1800 Industrial Road  
Las Vegas, Nevada 89158  
(702) 486-3500

72NC  
70 Linden Street  
Reno, Nevada 89502  
(702) 688 114

## STATE CONTRACTORS BOARD

### NEW RESIDENTIAL DWELLING CONSTRUCTION

**Nevada Revised Statute (NRS) 624.230: Engaging in business or submitting bid without license unlawful; bid submitted in violation of section void.**

1. It is unlawful for any person or combination of persons to:
  - (a) Engage in the business or act in the capacity of a contractor within this state or
  - (b) Submit a bid on a job situated within this state, without having a license therefor as provided in this chapter, unless that person or combination of persons is exempted from licensure as provided in this chapter.
2. Any bid submitted by a person who is neither licensed nor exempted from licensure as provided in this chapter at the time the bid is submitted is void.

### **NRS 624.330: Exemptions.**

- 4 An owner of property who is building or improving a residential structure on the property for his own occupancy and not intended for sale. The sale or offering for sale of the newly built structure within 1 year after its completion creates a rebuttable presumption for the purposes of this section that the building of the structure was performed with the intent to sell.

-----  
I have read and understand I am exempt from NRS 624 230 as stated in NRS 624 330(4) I have read and understand that if I sell this residence within one (1) year of the issuance of the Certificate of Occupancy, I am liable for prosecution as an unlicensed contractor.

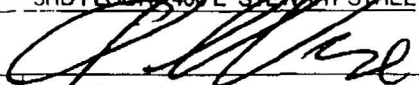
Carlos D. Gads  
(Signature)

1-25-93  
(Date)

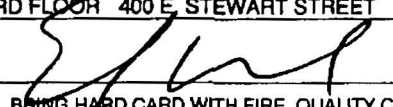
3908 GRASS VALLEY LN CLARK NV 8907  
(Address) (City) (County) (State) (Zip)

[Signature]  
(Witness)

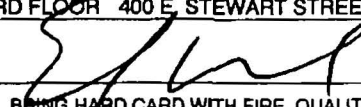
DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                   |                                                                                                                                  |                                       |                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 93-189236                                                                                                                |                                                                                                                                  | <b>APPLICATION NUMBER</b> 124938-0    |                                                                                         |
| JOB ADDRESS <b>3908 GRASS VALLEY PL</b>                                                                                                                                           |                                                                                                                                  | INSPECTION NUMBER <b>8</b>            |                                                                                         |
| LOT/BLOCK<br><b>21 1</b>                                                                                                                                                          | RECORDED SUBDIVISION NAME<br><b>VALLEY WEST UNIT 2</b>                                                                           |                                       |                                                                                         |
| FIRE DEPT MAP NO<br><b>2422-47</b>                                                                                                                                                | JOB PHONE<br><b>877-4071</b>                                                                                                     | CALL IN DATE<br><b>09/19/93</b>       | CALL IN TIME<br><b>15:59</b>                                                            |
| SCHEDULE DATE<br><b>09/21/93</b>                                                                                                                                                  |                                                                                                                                  |                                       |                                                                                         |
| INSPECTOR NAME<br><b>ARCHIE WISE - 53</b>                                                                                                                                         |                                                                                                                                  | MARKETING BUSINESS NAME               |                                                                                         |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                       |                                                                                                                                  | <b>FRAMING (120)</b>                  |                                                                                         |
| <p>1) Requires 220 Approval Prior to 120</p> <p>2) See Sheet #2</p> <p>3) Areas Circled in Red</p> <p>3) 4x12 Header in L.R. Requires Double Trimmer or Approved Hanger/Strap</p> |                                                                                                                                  |                                       |                                                                                         |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                       | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                   |                                                                                         |
| <input type="checkbox"/> APPROVED (A)                                                                                                                                             | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) UNTIL <input type="checkbox"/> HOLD (H) |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                                                                  | REINSPECTION REQUIRED CALL 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                                                        |                                       |                                                                                         |
| INSPECTOR SIGNATURE                                                                            |                                                                                                                                  | INSPECTION DATE <b>9-21-93</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>229-6769</b>                                                                         |

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

|                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                  |                                                 |                           |  |                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------|--|------------------------------------------|--|
| <b>PERMIT NUMBER</b>                                                                                                                                                                                                                                                                            |                                        | <b>93-189236</b>                                                                                                                 |                                                 | <b>APPLICATION NUMBER</b> |  | <b>124938-0</b>                          |  |
| JOB ADDRESS                                                                                                                                                                                                                                                                                     |                                        |                                                                                                                                  |                                                 |                           |  | INSPECTION NUMBER                        |  |
| <b>3908 GRASS VALLEY PL</b>                                                                                                                                                                                                                                                                     |                                        |                                                                                                                                  |                                                 |                           |  | <b>3</b>                                 |  |
| LOT/BLOCK                                                                                                                                                                                                                                                                                       |                                        | RECORDED SUBDIVISION NAME                                                                                                        |                                                 |                           |  |                                          |  |
| <b>21 1</b>                                                                                                                                                                                                                                                                                     |                                        | <b>VALLEY WEST UNIT 2</b>                                                                                                        |                                                 |                           |  |                                          |  |
| FIRE DEPT MAP NO                                                                                                                                                                                                                                                                                | JOB PHONE                              | CALL IN DATE                                                                                                                     |                                                 | CALL IN TIME              |  | SCHEDULE DATE                            |  |
| <b>2422-47</b>                                                                                                                                                                                                                                                                                  | <b>877-4071</b>                        | <b>11/21/93</b>                                                                                                                  |                                                 | <b>17:24</b>              |  | <b>11/23/93</b>                          |  |
| INSPECTOR/NAME                                                                                                                                                                                                                                                                                  |                                        |                                                                                                                                  |                                                 | MARKETING/BUSINESS NAME   |  |                                          |  |
| <b>ARCHIE WISE - 53/69</b>                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                  |                                                 | <b>ED BALLARD</b>         |  |                                          |  |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                                                                                                                     |                                        | <b>EXTERIOR LATH/STUCCO (129) FRAMES-120</b>                                                                                     |                                                 |                           |  |                                          |  |
| <p>① STRAP NEW TOP PLATES TO EXISTING</p> <p>② TEMP. GLASS REQUIRED @ EACH SIDE OF SLIDING DOOR</p> <p style="text-align: center; margin-top: 20px;">THIS INSPECTION IS FOR FAMILY ROOM ONLY EXCEPT FOR NEW 4" x 16" BEAM. RETURN FOR 120-FRAME 123-INSUL. PARTIALS FOR FAM RM. WHEN READY.</p> |                                        |                                                                                                                                  |                                                 |                           |  |                                          |  |
| <input checked="" type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                                                                          |                                        | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                                                                         |                                                 | PARTIAL DESCRIPTION       |  |                                          |  |
|                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                  |                                                 | <b>ABOVE</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 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                                                        |                                                 |                           |  |                                          |  |
| INSPECTOR SIGNATURE                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                  |                                                 | INSPECTION DATE           |  |                                          |  |
|                                                                                                                                                                                                             |                                        |                                                                                                                                  |                                                 | <b>11-23</b>              |  |                                          |  |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                                                                                            |                                        | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                                 |                           |  |                                          |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT                                                                                                                                                                          |                                        |                                                                                                                                  |                                                 |                           |  | <b>229-6769</b>                          |  |

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

|                                                                                                                                                                                                                                                   |  |                                                                                                                                  |  |                                          |                   |                                                       |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|-------------------|-------------------------------------------------------|-----------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>                                                                                                                                                                                          |  | 93-189236                                                                                                                        |  | <b>APPLICATION NUMBER</b>                |                   | 124938-0                                              |                 |
| JOB ADDRESS                                                                                                                                                                                                                                       |  |                                                                                                                                  |  |                                          | INSPECTION NUMBER |                                                       |                 |
| 3908 GRASS VALLEY PL                                                                                                                                                                                                                              |  |                                                                                                                                  |  |                                          | 3                 |                                                       |                 |
| LOT/BLOCK                                                                                                                                                                                                                                         |  | RECORDED SUBDIVISION NAME                                                                                                        |  |                                          |                   |                                                       |                 |
| 21 1                                                                                                                                                                                                                                              |  | VALLEY WEST UNIT 2                                                                                                               |  |                                          |                   |                                                       |                 |
| FIRE DEPT MAP NO                                                                                                                                                                                                                                  |  | JOB PHONE                                                                                                                        |  | CALL IN DATE                             |                   | CALL IN TIME                                          |                 |
| 2422-47                                                                                                                                                                                                                                           |  | 877-4071                                                                                                                         |  | 11/21/93                                 |                   | 17:24                                                 |                 |
| SCHEDULE DATE                                                                                                                                                                                                                                     |  | 11/23/93                                                                                                                         |  |                                          |                   |                                                       |                 |
| INSPECTOR/NAME                                                                                                                                                                                                                                    |  |                                                                                                                                  |  | MARKETING/BUSINESS NAME                  |                   |                                                       |                 |
| ARCHIE WISE - 53                                                                                                                                                                                                                                  |  |                                                                                                                                  |  | 69 ED BALLARD                            |                   |                                                       |                 |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                                                                       |  | EXTERIOR LATH/STUCCO (129) FRAMES-120                                                                                            |  |                                          |                   |                                                       |                 |
| <p>① STRAP NEW TOP PLATES TO EXISTING</p> <p>② TEMP. GLASS REQUIRED @ EACH SIDE OF SLIDING DOOR</p> <p>THIS INSPECTION IS FOR FAMILY ROOM ONLY EXCEPT FOR NEW 4" x 16" BEAM. RECALL FOR 120-FRAME 123-INSUL. PARTIALS FOR FAM RM. WHEN READY.</p> |  |                                                                                                                                  |  |                                          |                   |                                                       |                 |
| <input checked="" type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                            |  | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                                                                         |  | PARTIAL DESCRIPTION                      |                   |                                                       |                 |
|                                                                                                                                                                                                                                                   |  |                                                                                                                                  |  | ABOVE                                    |                   |                                                       |                 |
| <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"/> REJECTED (R)                                                                                                                                                                                                             |  | <input type="checkbox"/> REFEED (F)                                                                                              |  | <input type="checkbox"/> PERMIT REQUIRED |                   |                                                       |                 |
| REINSPECTION REQUIRED CALL * 229 2071                                                                                                                                                                                                             |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E. STEWART STREET                                                       |  |                                          |                   |                                                       |                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                                                                                                                        |  |                                               |  |                                          |                   | <b>INSPECTION DATE</b>                                |                 |
| 11-23                                                                                                                                                                                                                                             |  |                                                                                                                                  |  |                                          |                   |                                                       |                 |
| <input checked="" 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                                                                                                                            |  |                                                                                                                                  |  |                                          |                   |                                                       | <b>229-6769</b> |

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

|                                                                                                                            |                                                                                                                                  |                                       |                                                       |                                   |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/>                                                                                        | <b>PERMIT NUMBER</b>                                                                                                             | 93-139236                             | <b>APPLICATION NUMBER</b>                             | 124938-0                          |
| JOB ADDRESS                                                                                                                |                                                                                                                                  |                                       | INSPECTION NUMBER                                     |                                   |
| 3908 GRASS VALLEY PL                                                                                                       |                                                                                                                                  |                                       | 24                                                    |                                   |
| LOT/BLOCK                                                                                                                  |                                                                                                                                  | RECORDED SUBDIVISION NAME             |                                                       |                                   |
| 21 1                                                                                                                       |                                                                                                                                  | VALLEY WEST UNIT 2                    |                                                       |                                   |
| FIRE DEPT MAP NO                                                                                                           | JOB PHONE                                                                                                                        | CALL IN DATE                          | CALL IN TIME                                          | SCHEDULE DATE                     |
| 2422-47                                                                                                                    | 877-4071                                                                                                                         | 11/23/93                              | 14:40                                                 | 11/24/93                          |
| INSPECTOR/NAME                                                                                                             |                                                                                                                                  | MARKETING/BUSINESS NAME               |                                                       |                                   |
| ARCHIE WISE - 53                                                                                                           |                                                                                                                                  |                                       |                                                       |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                                |                                                                                                                                  |                                       |                                                       |                                   |
| INSULATION (123)                                                                                                           |                                                                                                                                  |                                       |                                                       |                                   |
| CALL 877-4071 1/2 HR PRIOR                                                                                                 |                                                                                                                                  |                                       |                                                       |                                   |
| <i>Phone not in service</i><br><i>Rang Door bell</i>                                                                       |                                                                                                                                  |                                       |                                                       |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                                                                         | PARTIAL DESCRIPTION                   |                                                       |                                   |
|                                                                                                                            |                                                                                                                                  | <i>Room Add only</i>                  |                                                       |                                   |
| <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 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>[Signature]</i>                                                                                                         |                                                                                                                                  | 11-24-93                              |                                                       |                                   |
| <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 |                                                                                                                                  |                                       |                                                       | 229-6769                          |

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

|                                                                                                                                                           |                              |                                                                                                                                     |  |                                             |                            |                                                                                         |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------|-----------------|
| <b>PERMIT<br/>NUMBER</b>                                                                                                                                  |                              | <b>93-189236</b>                                                                                                                    |  | <b>APPLICATION<br/>NUMBER</b>               |                            | <b>124938-0</b>                                                                         |                 |
| JOB ADDRESS <b>3908 GRASS VALLEY PL</b>                                                                                                                   |                              |                                                                                                                                     |  |                                             | INSPECTION NUMBER <b>4</b> |                                                                                         |                 |
| LOT/BLOCK<br><b>211</b>                                                                                                                                   |                              | RECORDED SUBDIVISION NAME<br><b>VALLEY WEST UNIT 2</b>                                                                              |  |                                             |                            |                                                                                         |                 |
| FIRE DEPT MAP NO<br><b>2422-47</b>                                                                                                                        | JOB PHONE<br><b>877-4071</b> | CALL IN DATE<br><b>11/28/93</b>                                                                                                     |  | CALL IN TIME<br><b>19:53</b>                |                            | SCHEDULE DATE<br><b>11/30/93</b>                                                        |                 |
| INSPECTOR/NAME<br><b>ARCHIE WISE - 53</b>                                                                                                                 |                              |                                                                                                                                     |  | MARKETING/BUSINESS NAME                     |                            |                                                                                         |                 |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                                           |                              | <b>DRYWALL NAILING (125)</b>                                                                                                        |  |                                             |                            |                                                                                         |                 |
| <div style="text-align: center; font-size: 2em; opacity: 0.5;">             (This area is intentionally left blank for project details.)           </div> |                              |                                                                                                                                     |  |                                             |                            |                                                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                               |                              | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                                                                            |  | PARTIAL DESCRIPTION<br><i>Room Add Only</i> |                            |                                                                                         |                 |
| <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 type="checkbox"/> REJECTED (R)                                                                                                                     |                              | REINSPECTION REQUIRED CALL * 229 2071                                                                                               |  |                                             |                            |                                                                                         |                 |
| <input type="checkbox"/> REFEE (F)                                                                                                                        |                              | REINSPECTION FEE REQUIRED PAY AT CITY HALL<br>3RD FLOOR 400 E STEWART STREET                                                        |  |                                             |                            |                                                                                         |                 |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                                                  |                              |                                                                                                                                     |  |                                             |                            |                                                                                         |                 |
| INSPECTOR SIGNATURE<br><i>[Signature]</i>                                                                                                                 |                              |                                                                                                                                     |  | INSPECTION DATE<br><b>11-30-93</b>          |                            |                                                                                         |                 |
| <input checked="" 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>229-6769</b> |

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

|                                                                                                                        |                                                                                                                                  |                                          |                                                       |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------|
| <b>PERMIT NUMBER</b> 93-189236                                                                                         |                                                                                                                                  | <b>APPLICATION NUMBER</b> 124938-0       |                                                       |
| <b>JOB ADDRESS</b> 3908 GRASS VALLEY PL                                                                                |                                                                                                                                  | <b>INSPECTION NUMBER</b> 4               |                                                       |
| <b>LOT/BLOCK</b><br>21 1                                                                                               | <b>RECORDED SUBDIVISION NAME</b><br>VALLEY WEST UNIT 2                                                                           |                                          |                                                       |
| <b>FIRE DEPT MAP NO</b><br>2422-47                                                                                     | <b>JOB PHONE</b><br>877-4071                                                                                                     | <b>CALL IN DATE</b><br>05/02/94          | <b>CALL IN TIME</b><br>13:44                          |
| <b>SCHEDULE DATE</b><br>05/03/94                                                                                       |                                                                                                                                  |                                          |                                                       |
| <b>INSPECTOR/NAME</b><br>ARCHIE WISE - 53                                                                              |                                                                                                                                  | <b>MARKETING/BUSINESS NAME</b>           |                                                       |
| <b>INSPECTION REQUESTED</b> BUILDING FINAL (140)                                                                       |                                                                                                                                  |                                          |                                                       |
|                                                                                                                        |                                                                                                                                  |                                          |                                                       |
| <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>[Signature]</i>                                                                          |                                                                                                                                  | <b>INSPECTION DATE</b> 5-3-94            |                                                       |
| <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 |                                                                                                                                  |                                          | <b>229-6769</b>                                       |

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

|                                                                                                                        |                                                                                                                                  |                                       |                                                                                            |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------|
| <b>PERMIT NUMBER</b> 93-189236                                                                                         |                                                                                                                                  | <b>APPLICATION NUMBER</b> 124938-8    |                                                                                            |
| JOB ADDRESS<br><b>3908 GRASS VALLEY PL</b>                                                                             |                                                                                                                                  | INSPECTION NUMBER<br><b>5</b>         |                                                                                            |
| LOT/BLOCK<br><b>21 1</b>                                                                                               | RECORDED SUBDIVISION NAME<br><b>VALLEY WEST UNIT 2</b>                                                                           |                                       |                                                                                            |
| FIRE DEPT MAP NO<br><b>2422-47</b>                                                                                     | JOB PHONE<br><b>877-4071</b>                                                                                                     | CALL IN DATE<br><b>05/02/94</b>       | CALL IN TIME<br><b>13:46</b>                                                               |
| SCHEDULE DATE<br><b>05/03/94</b>                                                                                       |                                                                                                                                  |                                       |                                                                                            |
| INSPECTOR/NAME<br><b>ARCHIE WISE - 53</b>                                                                              |                                                                                                                                  | MARKETING/BUSINESS NAME               |                                                                                            |
| <b>INSPECTION REQUESTED</b> <b>CERT. OF OCC. (940)</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<br><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                                                   |
| INSPECTOR SIGNATURE <i>[Signature]</i>                                                                                 |                                                                                                                                  | INSPECTION DATE <b>5-3-94</b>         |                                                                                            |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                   | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                                                            |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                                                                                  |                                       | <b>229-6769</b>                                                                            |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                                                           |                                                                                                                                  |                                                                           |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 91108038                                                                                                                                                                                                                    |                                                                                                                                  | <input type="checkbox"/> <b>INSPECTION NUMBER</b>                         |                                                         |
| JOB ADDRESS 3908 Grass Valley Place                                                                                                                                                                                                                                       |                                                                                                                                  |                                                                           |                                                         |
| LOT NO<br>Carlos                                                                                                                                                                                                                                                          | BLOCK NO                                                                                                                         | SUBDIVISION NAME                                                          |                                                         |
| FIRE DEPT MAP NO                                                                                                                                                                                                                                                          | JOB PHONE<br>8774071                                                                                                             | CALL IN DATE<br>5 30 91                                                   | CALL IN TIME<br>2 218p                                  |
| INSPECTOR NO<br>68                                                                                                                                                                                                                                                        |                                                                                                                                  | INSPECTOR NAME<br>36 35-6B                                                |                                                         |
| <b>INSPECTION REQUESTED</b> Block Wall                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                           |                                                         |
| <p>Conforms to city design sheet for retaining wall - no 4 rebar 24" o/c also no 4 rebar AT 16" o/c (to maintain a 40" o/c vertule steel spacing for upper wall.)</p> <p>Steel to supported in place &amp; 3" from Bot. of Footing</p> <p>ok per #68 5-31-91 /cc (25)</p> |                                                                                                                                  |                                                                           |                                                         |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                                                               | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                                                       |                                                         |
| <input type="checkbox"/> APPROVED (A)                                                                                                                                                                                                                                     | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C)                                     | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                                                                                                                                                          | <input type="checkbox"/> REFEED (F)                                                                                              | <input type="checkbox"/> HOLD (H)                                         |                                                         |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                                                                                                                                                          |                                                                                                                                  | REINSPECTION REQUIRED CALL *799 2071                                      |                                                         |
| <input type="checkbox"/> REFEED (F)                                                                                                                                                                                                                                       |                                                                                                                                  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET |                                                         |
| <b>INSPECTOR SIGNATURE</b> John C Larson                                                                                                                                                                                                                                  |                                                                                                                                  | <b>INSPECTION DATE</b> 5-31-91                                            |                                                         |
| <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                                                                                                                                                    |                                                                                                                                  |                                                                           |                                                         |

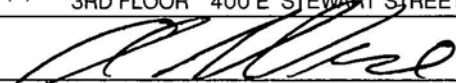
FOR ADDITIONAL ASSISTANCE CALL \*386-6251  
SEE REVERSE SIDE FOR INSPECTION TYPES

\* EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                           |  |                                                                                                                                                 |  |                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| <input type="checkbox"/>                                                                                                  |  | <b>PERMIT NUMBER</b> <span style="font-size: 1.5em;">91-108038</span>                                                                           |  | <b>INSPECTION NUMBER</b> <span style="font-size: 1.5em;">101</span>   |  |
| <b>JOB ADDRESS</b> <span style="font-size: 1.5em;">3908 Grass valley</span>                                               |  |                                                                                                                                                 |  |                                                                       |  |
| <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>                                                   |  |
|                                                                                                                           |  |                                                                                                                                                 |  | <b>CALL IN TIME</b>                                                   |  |
|                                                                                                                           |  |                                                                                                                                                 |  | <b>SCHEDULE DATE</b>                                                  |  |
| <b>INSPECTOR NO</b> <span style="font-size: 1.5em;">68</span>                                                             |  | <b>INSPECTOR NAME</b> <span style="font-size: 1.5em;">John C. Carson</span>                                                                     |  |                                                                       |  |
| <b>INSPECTION REQUESTED</b>                                                                                               |  | <span style="font-size: 1.5em;">Footing - Fence wall retaining</span>                                                                           |  |                                                                       |  |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                        |  | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            |  | <b>PARTIAL DESCRIPTION</b>                                            |  |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                   |  | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   |  | <input type="checkbox"/> <b>COMMENTS (C)</b>                          |  |
|                                                                                                                           |  |                                                                                                                                                 |  | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b>        |  |
|                                                                                                                           |  |                                                                                                                                                 |  | <input type="checkbox"/> <b>HOLD (H)</b>                              |  |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                              |  | <b>REINSPECTION REQUIRED CALL 799 2071</b>                                                                                                      |  |                                                                       |  |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                 |  | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |  |                                                                       |  |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                           |  |                                                                                                                                                 |  |                                                                       |  |
| <b>INSPECTOR SIGNATURE</b> <span style="font-size: 1.5em;">John C Carson</span>                                           |  |                                                                                                                                                 |  | <b>INSPECTION DATE</b> <span style="font-size: 1.5em;">5-31-91</span> |  |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                          |  | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |  |                                                                       |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br>CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |  |                                                                                                                                                 |  |                                                                       |  |

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

|                                                                                                                                                                                                                         |                                                                                                                                  |                                            |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PERMIT NUMBER <b>91-108038</b>                                                                                                                                                                 |                                                                                                                                  | <input type="checkbox"/> INSPECTION NUMBER |                                                         |
| JOB ADDRESS <b>3908 Grass Valley</b>                                                                                                                                                                                    |                                                                                                                                  |                                            |                                                         |
| LOT NO                                                                                                                                                                                                                  | BLOCK NO                                                                                                                         | SUBDIVISION NAME                           |                                                         |
| FIRE DEPT MAP NO                                                                                                                                                                                                        | JOB PHONE                                                                                                                        | CALL IN DATE                               | CALL IN TIME                                            |
| SCHEDULE DATE                                                                                                                                                                                                           |                                                                                                                                  |                                            |                                                         |
| INSPECTOR NO<br><b>53</b>                                                                                                                                                                                               | INSPECTOR NAME<br><b>Archie Wise</b>                                                                                             |                                            |                                                         |
| INSPECTION REQUESTED                                                                                                                                                                                                    |                                                                                                                                  | <b>115</b>                                 |                                                         |
| <p><b>Retaining Wall and Block Wall permit issued 5-30-91 has expired.</b></p> <p><b>The wall(s) were completed without inspections.</b></p> <p><b>#44 and I visually inspected the above and found the work OK</b></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"/> REJECTED (R)                                                                                                                                                                                   | <input type="checkbox"/> HOLD (H)                                                                                                |                                            |                                                         |
| <input type="checkbox"/> REFEED (F)                                                                                                                                                                                     | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                            | <input type="checkbox"/> PERMIT REQUIRED                |
| INSPECTOR SIGNATURE                                                                                                                  |                                                                                                                                  | INSPECTION DATE <b>2-3-93</b>              |                                                         |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                    | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                            |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT                   |                                                                                                                                  |                                            |                                                         |

|                                                   |                               |                                                       |                       |
|---------------------------------------------------|-------------------------------|-------------------------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> PERMIT NUMBER | 93-172693                     | <input checked="" type="checkbox"/> INSPECTION NUMBER | 14                    |
| JOB ADDRESS                                       |                               | 3908 GRASS VALLEY PL 111027                           |                       |
| LOT NO<br>21                                      | BLOCK NO<br>1                 | SUBDIVISION NAME<br>VALLEY WEST UNIT 2                |                       |
| FIRE DEPT MAP NO<br>2422-47                       | JOB PHONE<br>877-4071         | CALL IN DATE<br>02/03/93                              | CALL IN TIME<br>13:36 |
| SCHEDULE DATE<br>02/04/93                         |                               |                                                       |                       |
| INSPECTOR NO<br>53                                | INSPECTOR NAME<br>ARCHIE WISE |                                                       |                       |
| INSPECTION REQUESTED                              |                               | BLDG INVESTIGATION (115)                              |                       |

The Shed constructed per this permit is illegal per zoning.

- 1) Shed is not located within the 15 Ft of Rear yard (actual 17'± from R)
- 2) Shed is located within the West 3 Ft. of Side yard (actual 2'6"± from R)

This is not in compliance

|                                             |                                                                           |                                                     |                                                         |
|---------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION | <input type="checkbox"/> PARTIAL APPROVAL (P)                             | PARTIAL DESCRIPTION<br>Removal or Variance Required |                                                         |
| <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"/> REJECTED (R)       | <input type="checkbox"/> HOLD (H)                                         |                                                     |                                                         |
| <input type="checkbox"/> REFEED (F)         | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET |                                                     | <input type="checkbox"/> PERMIT REQUIRED                |

|                                           |                           |
|-------------------------------------------|---------------------------|
| INSPECTOR SIGNATURE<br><i>Archie Wise</i> | INSPECTION DATE<br>2-4-93 |
|-------------------------------------------|---------------------------|

|                                           |                                                                                                                                  |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <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) |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

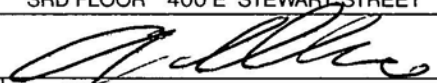
IF YOU HAVE ANY QUESTIONS, ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7:00 AM 7:15 AM OR 2:45 PM 3:00 PM AT

229-6769

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                      |                                 |                          |                           |
|-------------------------------------|----------------------|---------------------------------|--------------------------|---------------------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | <b>93-172093</b>                | <b>INSPECTION NUMBER</b> | <b>15</b>                 |
| <b>JOB ADDRESS</b>                  |                      |                                 |                          |                           |
| <b>3908 GRASS VALLEY PL</b>         |                      |                                 | <b>111027</b>            |                           |
| <b>LOT NO</b>                       |                      | <b>BLOCK NO</b>                 |                          | <b>SUBDIVISION NAME</b>   |
| <b>21</b>                           |                      | <b>1</b>                        |                          | <b>VALLEY WEST UNIT 2</b> |
| <b>FIRE DEPT MAP NO</b>             |                      | <b>JOB PHONE</b>                |                          | <b>CALL IN DATE</b>       |
| <b>2422-47</b>                      |                      | <b>877-4071</b>                 |                          | <b>02/02/93</b>           |
|                                     |                      | <b>CALL IN TIME</b>             |                          | <b>SCHEDULE DATE</b>      |
|                                     |                      | <b>10:22</b>                    |                          | <b>02/03/93</b>           |
| <b>INSPECTOR NO</b>                 |                      | <b>INSPECTOR NAME</b>           |                          |                           |
| <b>53</b>                           |                      | <b>ARCHIE WISE</b>              |                          |                           |
| <b>INSPECTION REQUESTED</b>         |                      | <b>BLDG INVESTIGATION (115)</b> |                          |                           |

*No Access*

|                                                                                                                               |                                                      |                                                                                                                                                 |                                                                |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <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 checked="" 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>                                                                                                    |                                                      | <b>INSPECTION DATE</b>                                                                                                                          |                                                                |                                                 |
|                                            |                                                      | <b>2-3-93</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>229-6769</b>                                 |

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><br><i>Permit Required</i> | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -10px;"></div> |                     |                         |
| <b>JOB ADDRESS</b><br><i>3908 Grass Valley</i> |                                                |                                                                                                                                      |                     |                         |
| <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> | <b>CALL IN TIME</b>     |
| <b>INSPECTOR NO</b><br><i>53</i>               |                                                | <b>INSPECTOR NAME</b><br><i>Archie Wise</i>                                                                                          |                     |                         |
| <b>INSPECTION REQUESTED</b>                    |                                                | <i>115</i>                                                                                                                           |                     |                         |

*Permit Required for  
 addition to rear of  
 house. Area was excavated  
 for Footing and Slab.*

*Comply by 3-1-93*

|                                                                                                                                   |                                                      |                                                                                                                                     |                                                                |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------|
| <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 checked="" 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 checked="" type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                         |                                                      | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL<br/>                 3RD FLOOR 400 E STEWART STREET</b>                               |                                                                |                                                            |
| <b>INSPECTOR SIGNATURE</b><br><div style="font-family: cursive; font-size: 1.5em; text-align: center;"> <i>[Signature]</i> </div> |                                                      | <b>INSPECTION DATE</b><br><i>2-3-93</i>                                                                                             |                                                                |                                                            |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                  |                                                      | 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         |                                                      |                                                                                                                                     |                                                                |                                                            |

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

|                                                                                                                                                                                                   |  |                                                                                                                                  |  |                                            |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|----------|
| <input type="checkbox"/> PERMIT NUMBER                                                                                                                                                            |  | Permit Required                                                                                                                  |  | <input type="checkbox"/> INSPECTION NUMBER |          |
| JOB ADDRESS<br>3908 Grass Valley                                                                                                                                                                  |  |                                                                                                                                  |  |                                            |          |
| LOT NO                                                                                                                                                                                            |  | BLOCK NO                                                                                                                         |  | SUBDIVISION NAME                           |          |
| FIRE DEPT MAP NO                                                                                                                                                                                  |  | JOB PHONE                                                                                                                        |  | CALL IN DATE                               |          |
|                                                                                                                                                                                                   |  |                                                                                                                                  |  | CALL IN TIME                               |          |
|                                                                                                                                                                                                   |  |                                                                                                                                  |  | SCHEDULE DATE                              |          |
| INSPECTOR NO<br>53                                                                                                                                                                                |  | INSPECTOR NAME<br>Archie Wise                                                                                                    |  |                                            |          |
| <input type="checkbox"/> INSPECTION REQUESTED                                                                                                                                                     |  | 115                                                                                                                              |  |                                            |          |
| <p>2nd Notice</p> <p>Permit Required for</p> <p>Shed (New Const.) in Rear Yard</p> <p>Double Fee</p> <p>Stop Work</p> <p>Comply by 1-15-93</p> <p>A picture of Structure is in the City Files</p> |  |                                                                                                                                  |  |                                            |          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                       |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | PARTIAL DESCRIPTION                        |          |
| <input type="checkbox"/> APPROVED (A)                                                                                                                                                             |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C)      |          |
|                                                                                                                                                                                                   |  | <input type="checkbox"/> TEMPORARY APPROVAL (T)                                                                                  |  | — UNTIL                                    |          |
|                                                                                                                                                                                                   |  |                                                                                                                                  |  | <input type="checkbox"/> HOLD (H)          |          |
| <input 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 checked="" type="checkbox"/> PERMIT REQUIRED                                                                                                                                               |  |                                                                                                                                  |  |                                            |          |
| <input type="checkbox"/> INSPECTOR SIGNATURE                                                                                                                                                      |  | Archie Wise                                                                                                                      |  | INSPECTION DATE<br>1-11-93                 |          |
| <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                                                                            |  |                                                                                                                                  |  |                                            | 229-6769 |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                 |  |                                                                                                                                                 |  |                                                                |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|-----------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b>                                                                                                                                                   |  | <b>Complaint</b>                                                                                                                                |  | <input type="checkbox"/> <b>INSPECTION NUMBER</b>              |                 |
| JOB ADDRESS <b>3908 Grass Valley Pl</b>                                                                                                                                                         |  |                                                                                                                                                 |  |                                                                |                 |
| LOT NO                                                                                                                                                                                          |  | BLOCK NO                                                                                                                                        |  | SUBDIVISION NAME                                               |                 |
| FIRE DEPT MAP NO                                                                                                                                                                                |  | JOB PHONE                                                                                                                                       |  | CALL IN DATE                                                   |                 |
|                                                                                                                                                                                                 |  |                                                                                                                                                 |  | CALL IN TIME                                                   |                 |
| INSPECTOR NO                                                                                                                                                                                    |  | INSPECTOR NAME                                                                                                                                  |  |                                                                |                 |
| <b>53</b>                                                                                                                                                                                       |  | <b>Archie Wise</b>                                                                                                                              |  |                                                                |                 |
| <input type="checkbox"/> <b>INSPECTION REQUESTED</b>                                                                                                                                            |  | <b>115 Ins Permit Reg'd</b>                                                                                                                     |  |                                                                |                 |
| <p><b>Detached Storage</b></p> <p><b>Permit Required</b></p> <p><b>For</b></p> <p><b>Shed (New Const) in Rear Yard</b></p> <p><b>Do not Continue to Work</b></p> <p><b>Comply by 1-7-93</b></p> |  |                                                                                                                                                 |  |                                                                |                 |
| <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>REFEE (F)</b>                                                                                                                                                       |  | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |  |                                                                |                 |
| <input type="checkbox"/> <b>INSPECTOR SIGNATURE</b>                                                                                                                                             |  | <b>[Signature]</b>                                                                                                                              |  | <b>INSPECTION DATE</b>                                         |                 |
|                                                                                                                                                                                                 |  |                                                                                                                                                 |  | <b>1-5-93</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> |  |                                                                |                 |
| 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>229-6769</b> |

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