

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

PERMIT NO

91-104550

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential ConstructionLOG NO & AREA M-3/29 DATE 4-30-91 CONST VAL \$ 2800ADDRESS OF CONSTRUCTION 325 Greenfield, LV NV OWNER Russell Gegenheimer PHONE 870 8152LOT(s) 3 BLOCK 2 SUBDIVISION Cherry Hill 2 by L.H. ZONE R-1PROPOSED CONSTRUCTION Add fireplace, 2 windows USE \_\_\_\_\_THIS PERMIT FOR BLDG ☐ A/C ☐ ELEC ☐ PLBG ☐ OTHER PERMITS REQD FENCE ☐ OFF SITE ☐ SWIM POOL ☐

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

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

## CONDITIONS OF THE PERMIT

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

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

BY \_\_\_\_\_ 4-30-91 AGENT

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

PLANNING DEPT \_\_\_\_\_ DATE 4/30/91

BUILDING DEPT \_\_\_\_\_ DATE

| PLUMBING                           |       | FEE         | ELECTRICAL                                  |              | FEE       |
|------------------------------------|-------|-------------|---------------------------------------------|--------------|-----------|
| WATER DISTRIBUTION                 | 6 00  |             | RECEPTACLE <u>2</u> SWITCH _____            | 40           | <u>80</u> |
| SEWER SYSTEM NEW OR MODIFICATION   | 10 00 |             | EACH LIGHT FIXTURE OR SOCKET _____          | 30           | <u>60</u> |
| FIXTURES WATER SOFTENER HW HEATER  | 2 00  |             | SPECIAL OUTLET APPLIANCE ETC                | 70           |           |
| GARBAGE DISPOSAL WASHER            | 2 00  |             | SERVICE/PANEL SUB/3 00 200A/6 00 400A/12 50 |              |           |
| FUEL PIPING                        | 6 00  | <u>6.00</u> | A/C UNIT OR MOTORS                          | 3 00         |           |
| IRRIGATION SYSTEM                  | 8 00  |             | 2310 2432 TOTAL                             |              |           |
| MISC                               |       |             | MISC                                        |              |           |
| 2310 2433 TOTAL                    |       | <u>600</u>  | 2310 2431 ISSUANCE FEE                      |              |           |
| AIR CONDITIONING                   |       | FEE         | 7143 2973 SEWER CONNECTION                  |              |           |
| NEW UNIT 3 TON = 9 00 OVER = 16 50 |       |             | 2310 2431 PLAN REVIEW FEE                   |              |           |
| FURNACE TO 100 000/9 00 OVER/11 00 |       |             | 2310 2431 BLDG PERMIT FEE                   | <u>45</u>    |           |
| VAPORATIVE COOLER                  | 6 50  |             | TOTAL FEES                                  | <u>55.80</u> |           |
| VENTILATION FAN                    | 2 35  |             |                                             |              |           |
| 2310 2435 TOTAL                    |       |             |                                             |              |           |

## SPECIAL CONDITIONS



## RECEIPT

PLUMBING  
ELEC  
SFL  
C.H.L.  
J.A.I. 11/12

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

Permit Expires 180 Days After Abandonment of Work

THIS IS TO ~~AUTHORIZE~~ GENERAL CONTRACTOR  
CHUCK SIMPSON TO PULL A REMODEL PERMIT  
FOR ME, RUSSELL W. GEGENHEIMER, AT  
325 GREENFIELD LANE, LAS VEGAS, NV  
89107 PERMIT WILL BE OWNER BUILDER

30 APR 91

Russell W. Gegenheimer

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

91-104650 53

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR INSPECTIONS CALL 799 2071

BUILDING PERMIT  
FOR Single Family Dwelling Remodel  
Additions Misc Residential ConstructionLOG NO & AREA M-3127 DATE 4-30-91 CONST VAL \$ 2800ADDRESS OF CONSTRUCTION 325 Greenfield, LV NV OWNER Russell Gegenheimer PHONE 870 8152LOT(s) 3 BLOCK 2 SUBDIVISION Chen Unit 2 by LTH ZONE R-1PROPOSED CONSTRUCTION Add fireplace, 2 windows USE \_\_\_\_\_THIS PERMIT FOR BLDG ☐ A/C ☐ ELEC ☐ PLBG ☐ OTHER PERMITS REQD FENCE ☐ OFF SITE ☐ SWIM POOL ☐

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

CONTRACTOR Owner/Builder STATE LICENSE NO \_\_\_\_\_ CITY LICENSE NO \_\_\_\_\_

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

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

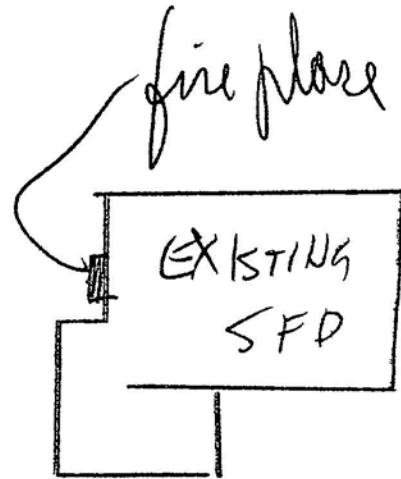
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- 7 24 HOUR MINIMUM NOTICE REQUIRED FOR INSPECTIONS

## SPECIAL CONDITIONS



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

BY \_\_\_\_\_ 4-30-91 AGENT

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

PLANNING DEPT \_\_\_\_\_ DATE 4/30/91

BUILDING DEPT \_\_\_\_\_ DATE

| PLUMBING                           |       | FEE         | ELECTRICAL                                  |      | FEE          |
|------------------------------------|-------|-------------|---------------------------------------------|------|--------------|
| WATER DISTRIBUTION                 | 6 00  |             | RECEPTACLE <u>2</u> SWITCH _____            | 40   | <u>80</u>    |
| SEWER SYSTEM NEW OR MODIFICATION   | 10 00 |             | EACH LIGHT FIXTURE OR SOCKET _____          | 30   |              |
| FIXTURES WATER SOFTENER H/W HEATER | 2 00  |             | SPECIAL OUTLET APPLIANCE ETC                | 70   |              |
| GARBAGE DISPOSAL WASHER            | 2 00  |             | SERVICE/PANEL SUB/3 00 200A/6 00 400A/12 50 |      |              |
| FULL PIPING                        | 6 00  | <u>6.00</u> | A/C UNIT OR MOTORS                          | 3 00 |              |
| IRRIGATION SYSTEM                  | 8 00  |             | 2310 2432 TOTAL                             |      |              |
| MISC                               |       |             | MISC                                        |      |              |
| 2310 2433 TOTAL                    |       | <u>600</u>  | 2310 2431 ISSUANCE FEE                      |      |              |
| AIR CONDITIONING                   |       | FEE         | 7143 2973 SEWER CONNECTION                  |      |              |
| NEW UNIT 3 TON = 9 00 OVER = 16 50 |       |             | 2310 2431 PLAN REVIEW FEE                   |      |              |
| FURNACE TO 100 000/9 00 OVER/11 00 |       |             | 2310 2431 BLDG PERMIT FEE                   |      |              |
| VAPORATIVE COOLER                  | 6 50  |             | TOTAL FEES                                  |      | <u>55 80</u> |
| VENTILATION FAN                    | 2 35  |             |                                             |      |              |
| 2310 2435 TOTAL                    |       |             |                                             |      |              |

RECEIPT  
\*\*0005\*\*  
FLPG 6 00  
ELEC 0 80  
SFD 49 00  
CHEK 55 80  
3411A000 138 30

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

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

PERMIT NO

91-10'550 *elect*BUILDING PERMIT  
FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction *75*

FOR INSPECTIONS CALL 799 2071

03A046018

LOG NO & AREA *M-3/27* DATE *4-30-71* CONST VAL \$ *2800*ADDRESS OF CONSTRUCTION *325 Greenfield, LV NV* OWNER *Russell Gegenheimer* PHONE *870 2152*LOT(s) *3* BLOCK *2* SUBDIVISION *Cherry Hill 2-ly LTH* ZONE *R-1*PROPOSED CONSTRUCTION *Add fireplace, 2 windows* USE \_\_\_\_\_THIS PERMIT FOR BLDG ☐ A/C ☐ ELEC ☐ PLBG ☐ OTHER PERMITS REQD FENCE ☐ OFF SITE ☐ SWIM POOL ☐

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

CONTRACTOR *Owner / Builder* STATE LICENSE NO \_\_\_\_\_ CITY LICENSE NO \_\_\_\_\_

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

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

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

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

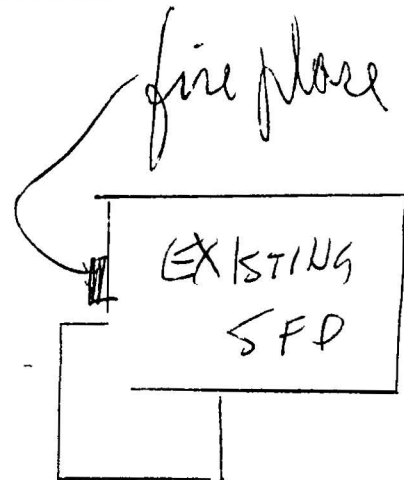
LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

PLANNING DEPT. \_\_\_\_\_ DATE *4/30/71*

BUILDING DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

| PLUMBING                           |       | FEE          | ELECTRICAL                                  |      | FEE          |
|------------------------------------|-------|--------------|---------------------------------------------|------|--------------|
| WATER DISTRIBUTION                 | 6.00  |              | RECEPTACLE <i>2</i> SWITCH _____            | 40   | <i>80</i>    |
| SEWER SYSTEM NEW OR MODIFICATION   | 10.00 |              | EACH LIGHT FIXTURE OR SOCKET _____          | 30   | <i>60</i>    |
| FIXTURES WATER SOFTENER HW HEATER  | 2.00  |              | SPECIAL OUTLET APPLIANCE ETC                | 70   |              |
| GARBAGE DISPOSAL WASHER            | 2.00  |              | SERVICE/PANEL SUB/3.00 200A/6.00 400A/12.50 |      |              |
| FUEL PIPING                        | 6.00  | <i>6.00</i>  | A/C UNIT OR MOTORS                          | 3.00 |              |
| IRRIGATION SYSTEM                  | 8.00  |              | 2310 2432 TOTAL                             |      |              |
| MISC                               |       |              | MISC                                        |      |              |
| 2310 2433 TOTAL                    |       | <i>66.00</i> | 2310 2431 ISSUANCE FEE                      |      |              |
| AIR CONDITIONING                   |       | FEE          | 7143 2973 SEWER CONNECTION                  |      |              |
| NEW UNIT 3 TON = 9.00 OVER = 16.50 |       |              | 2310 2431 PLAN REVIEW FEE                   |      |              |
| FURNACE TO 100 000/9.00 OVER/11.00 |       |              | 2310 2431 BLDG PERMIT FEE                   |      | <i>45</i>    |
| VAPORATIVE COOLER                  | 6.50  |              | TOTAL FEES                                  |      | <i>55.00</i> |
| VENTILATION FAN                    | 2.35  |              |                                             |      |              |
| 2310 2435 TOTAL                    |       |              |                                             |      |              |

## SPECIAL CONDITIONS



## RECEIPT

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

STATE OF NEVADA

County of

Clark

} ss

Attached Letter

On this 30th day of April

A D one thousand nine hundred and 91

personally appeared before me

Jill Burke

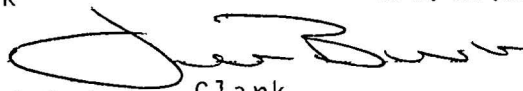
a Notary Public in and for said

County of

Clark., Russell W Gegenheimer

known (or proved) to me to be the person described in and who executed the annexed instrument who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned

IN WITNESS WHEREOF I have hereunto set my hand and affixed my Official Seal at my office in the County of Clark the day and year in this Certificate first above written



Notary Public in and for the County of

Clark

State of Nevada

2/1/93

My commission expires

JILL BURKE

Notary Public State of Nevada  
Clark County

My appointment expires Feb 1 1993



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

104650

**INSPECTION  
NUMBER**

JOB ADDRESS

325 Greenfield

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

INSPECTOR NO

INSPECTOR NAME

**INSPECTION  
REQUESTED**

Dry wall

Addition  
Fire Place & 2 Windows

125-Drywall -OK

Contingent upon Gas  
line inspection approval

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL 799 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*[Signature]*

INSPECTION DATE

5-2-21

☐ **PROJECT  
COMPLETE**

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

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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

91104650-1

**INSPECTION  
NUMBER**

JOB ADDRESS

325 Brunfield

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

4 30 91

16 2 33p

INSPECTOR NO

INSPECTOR NAME

7371

**INSPECTION  
REQUESTED**

R/Elect

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) -- UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL 799 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*[Signature]*

INSPECTION DATE

1 MAY 91

☐ **PROJECT  
COMPLETE**

BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS  
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SEE REVERSE SIDE FOR INSPECTION TYPES

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                                  |        |                                                                              |                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| JOB ADDRESS<br><span style="font-size: 1.5em; font-family: cursive;">325 Greenfield</span>                                                                                                                                                       |        |                                                                              | PERMIT NO<br><span style="font-size: 1.5em; font-family: cursive;">104650</span>        |
| LOT NO                                                                                                                                                                                                                                           | MAP NO | INSPECTOR<br><span style="font-size: 1.5em; font-family: cursive;">53</span> | DATE                                                                                    |
| SUBDIVISION NAME                                                                                                                                                                                                                                 |        |                                                                              | PHONE                                                                                   |
| INSPECTOR SIGNATURE<br><div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 10px;"></div> <span style="font-size: 1.5em; font-family: cursive;">A. Wise</span> </div> |        |                                                                              | INSPECTION DATE<br><span style="font-size: 1.5em; font-family: cursive;">4-22-91</span> |

Fire place  
Plg - OK

☐ PARTIAL INSPECTION DESCRIPTION

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

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

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

☐ **FINAL INSPECTION**

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

**FOR ASSISTANCE CALL 386 6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91104550

**INSPECTION  
NUMBER**

JOB ADDRESS

325 Greenfield

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

4 30 91

16 2 33p

INSPECTOR NO

INSPECTOR NAME

53

**INSPECTION  
REQUESTED**

Framing - Insulation

Fireplace + 2 Windows

120 - Frame - OK

123 Insulation - OK

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL 799 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*[Signature]*

INSPECTION DATE

5-1-21

☐ **PROJECT  
COMPLETE**

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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                               |                                               |                                                                                                                                                                                                                                                            |                                                                         |                                                                |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/>                                                      | <b>PERMIT NUMBER</b>                          | 104650-2                                                                                                                                                                                                                                                   | <b>INSPECTION NUMBER</b>                                                |                                                                |
| JOB ADDRESS <span style="font-size: 1.5em;">325 Greenfield</span>             |                                               |                                                                                                                                                                                                                                                            |                                                                         |                                                                |
| LOT NO                                                                        |                                               | BLOCK NO                                                                                                                                                                                                                                                   |                                                                         | SUBDIVISION NAME                                               |
| FIRE DEPT MAP NO                                                              |                                               | JOB PHONE                                                                                                                                                                                                                                                  | CALL IN DATE<br><span style="font-size: 1.5em;">5 2 9 1</span>          | CALL IN TIME<br><span style="font-size: 1.5em;">8 9 20A</span> |
| INSPECTOR NO<br><span style="font-size: 1.5em;">81</span>                     |                                               | INSPECTOR NAME                                                                                                                                                                                                                                             |                                                                         |                                                                |
| <b>INSPECTION REQUESTED</b>                                                   |                                               | <span style="font-size: 1.5em;">Plumbing</span><br><span style="font-size: 1.5em;">Was field for a fireplace</span><br><span style="font-size: 1.5em;">no one home 9 20 AM</span><br><span style="font-size: 1.5em;">need permission to enter yard.</span> |                                                                         |                                                                |
|                                                                               |                                               |                                                                                                                                                                                                                                                            |                                                                         |                                                                |
| <input type="checkbox"/> PARTIAL INSPECTION                                   | <input type="checkbox"/> PARTIAL APPROVAL (P) |                                                                                                                                                                                                                                                            | PARTIAL DESCRIPTION                                                     |                                                                |
| <input type="checkbox"/> APPROVED (A)                                         | <input type="checkbox"/> STOP WORK (S)        | <input type="checkbox"/> COMMENTS (C)                                                                                                                                                                                                                      | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL                 | <input type="checkbox"/> HOLD (H)                              |
| <input checked="" type="checkbox"/> REJECTED (R)                              |                                               | REINSPECTION REQUIRED CALL 799 2071                                                                                                                                                                                                                        |                                                                         |                                                                |
| <input type="checkbox"/> REFEE (F)                                            |                                               | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                                                                                                                                                  |                                                                         |                                                                |
| <input type="checkbox"/> PERMIT REQUIRED                                      |                                               |                                                                                                                                                                                                                                                            |                                                                         |                                                                |
| <b>INSPECTOR SIGNATURE</b> <span style="font-size: 1.5em;">[Signature]</span> |                                               |                                                                                                                                                                                                                                                            | <b>INSPECTION DATE</b><br><span style="font-size: 1.5em;">5/3/91</span> |                                                                |
| <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

PERMIT  
NUMBER

91104650

INSPECTION  
NUMBER

JOB ADDRESS

325 Greenfield

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

5 1 9 1 1 11 47A

INSPECTOR NO

INSPECTOR NAME

53

INSPECTION  
REQUESTEDStucco/Lath - ~~REMOVED~~

Addition  
Fire Place & 2 windows  
129 - Ext Lath OK  
Contingent upon Gas  
line inspection approval

☐ PARTIAL  
INSPECTION☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)☐ STOP  
WORK (S)☐ COMMENTS  
(C)☐ TEMPORARY  
APPROVAL (T) - UNTIL☐ HOLD  
(H)☐ REJECTED (R)

REINSPECTION REQUIRED CALL 799 2071

☐ REFEE (F)REINSPECTION FEE REQUIRED PAY AT CITY HALL  
3RD FLOOR 400 E STEWART STREET☐ PERMIT  
REQUIREDINSPECTOR  
SIGNATURE

INSPECTION DATE

5-2-91

☐ PROJECT  
COMPLETEBRING 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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                    |  |                                                                                                                                  |  |                                                   |  |                                                         |  |
|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|---------------------------------------------------------|--|
| <input type="checkbox"/> <b>PERMIT NUMBER</b>                                                                      |  | <b>91-104650</b>                                                                                                                 |  | <input type="checkbox"/> <b>INSPECTION NUMBER</b> |  |                                                         |  |
| JOB ADDRESS <b>325 greenfield</b>                                                                                  |  |                                                                                                                                  |  |                                                   |  |                                                         |  |
| LOT NO                                                                                                             |  | BLOCK NO                                                                                                                         |  | SUBDIVISION NAME                                  |  |                                                         |  |
| FIRE DEPT MAP NO                                                                                                   |  | JOB PHONE                                                                                                                        |  | CALL IN DATE                                      |  | CALL IN TIME                                            |  |
|                                                                                                                    |  |                                                                                                                                  |  | <b>5/15/91</b>                                    |  | <b>7 12.42p</b>                                         |  |
| INSPECTOR NO                                                                                                       |  | INSPECTOR NAME                                                                                                                   |  |                                                   |  |                                                         |  |
| <b>53</b>                                                                                                          |  |                                                                                                                                  |  |                                                   |  |                                                         |  |
| <b>INSPECTION REQUESTED</b>                                                                                        |  | <b>F/Bldg. - (am)</b>                                                                                                            |  |                                                   |  |                                                         |  |
| <p><b>Add Fireplace and 2 windows</b></p> <p><b>140- OK</b></p> <p><b>240- 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"/> REFEED (F)                                                                                              |  | <input type="checkbox"/> HOLD (H)                 |  |                                                         |  |
|                                                                                                                    |  | REINSPECTION REQUIRED CALL *799 2071                                                                                             |  |                                                   |  | <input type="checkbox"/> PERMIT REQUIRED                |  |
|                                                                                                                    |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |  |                                                   |  |                                                         |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                         |  |                                                                                                                                  |  | <b>INSPECTION DATE</b>                            |  |                                                         |  |
|                                                                                                                    |  |                                                                                                                                  |  | <b>5-16-91</b>                                    |  |                                                         |  |
| <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 AM 7 15 AM OR 2 45 PM 3 00 PM AT |  |                                                                                                                                  |  |                                                   |  |                                                         |  |

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

\* EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91-104650

**INSPECTION  
NUMBER**

JOB ADDRESS

325 greenfield

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

INSPECTOR NO

INSPECTOR NAME

53

**INSPECTION  
REQUESTED**

F/Bldg - (am)

Add Fireplace  
and 2 windows

140- OK

240- OK

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL \*799 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*[Signature]*

INSPECTION DATE

5-16-91

☐ **PROJECT  
COMPLETE**

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

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY  
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FOR ADDITIONAL ASSISTANCE CALL \*386-6251  
SEE REVERSE SIDE FOR INSPECTION TYPES

\*EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229

|                                   |                      |                                 |                             |                           |
|-----------------------------------|----------------------|---------------------------------|-----------------------------|---------------------------|
| <input type="checkbox"/>          | <b>PERMIT NUMBER</b> | 91104650                        | <b>INSPECTION NUMBER</b>    |                           |
| <b>JOB ADDRESS</b> 325 Greenfield |                      |                                 |                             |                           |
| <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> 5/19/11 | <b>CALL IN TIME</b> 1147A |
| <b>INSPECTOR NO</b> 53            |                      | <b>INSPECTOR NAME</b>           |                             |                           |
| <b>INSPECTION REQUESTED</b>       |                      | Stucco/Lath - <del>REPAIR</del> |                             |                           |

Addition  
Five Place & 2 Windows

129 - Ext Lath OK

Contingent upon Gas  
line inspection approval

|                                                  |                                                                                                                                  |                                       |                                                         |                                          |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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 799 2071                                                                                              |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)               | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                       |                                                                                                                                  | <b>INSPECTION DATE</b> 5-2-11         |                                                         |                                          |
| <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

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

|                                                                                                                      |                                                                                                                                  |                                                   |                                                         |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 109650                                                                 |                                                                                                                                  | <input type="checkbox"/> <b>INSPECTION NUMBER</b> |                                                         |
| JOB ADDRESS 325 Greenfield                                                                                           |                                                                                                                                  |                                                   |                                                         |
| LOT NO                                                                                                               | BLOCK NO                                                                                                                         | SUBDIVISION NAME                                  |                                                         |
| FIRE DEPT MAP NO                                                                                                     | JOB PHONE                                                                                                                        | CALL IN DATE                                      | CALL IN TIME                                            |
| INSPECTOR NO                                                                                                         |                                                                                                                                  | INSPECTOR NAME                                    |                                                         |
| <b>INSPECTION REQUESTED</b>                                                                                          |                                                                                                                                  | Drywall                                           |                                                         |
| Addition<br>Fire Place & 2 Windows<br><br>125- Drywall -OK<br><br>Contingent upon Gas<br>line inspection approval    |                                                                                                                                  |                                                   |                                                         |
| <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)                                                                                | REINSPECTION REQUIRED CALL 799 2071                                                                                              |                                                   | <input type="checkbox"/> HOLD (H)                       |
| <input type="checkbox"/> REFEE (F)                                                                                   | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                                   | <input type="checkbox"/> PERMIT REQUIRED                |
| <b>INSPECTOR SIGNATURE</b>                                                                                           |                                                                                                                                  | <b>INSPECTION DATE</b>                            |                                                         |
| [Signature]                                                                                                          |                                                                                                                                  | 5-2-91                                            |                                                         |
| <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 PM 3 00 PM AT |                                                                                                                                  |                                                   |                                                         |

|                                                                                                                           |                                                                           |                                                                                                                                  |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/>                                                                                                  | <b>PERMIT NUMBER</b>                                                      | 109650                                                                                                                           | <b>INSPECTION NUMBER</b>                                |                                          |
| <b>JOB ADDRESS</b>                                                                                                        |                                                                           |                                                                                                                                  |                                                         |                                          |
| 325 Greenfield                                                                                                            |                                                                           |                                                                                                                                  |                                                         |                                          |
| <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>                                                                                                       |                                                                           | <b>INSPECTOR NAME</b>                                                                                                            |                                                         |                                          |
|                                                                                                                           |                                                                           |                                                                                                                                  |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                               |                                                                           | Dry wall                                                                                                                         |                                                         |                                          |
| Addition<br>Fire Place & 2 Windows<br><br>125- Drywall -OK<br><br>Contingent upon Gas<br>line inspection approval         |                                                                           |                                                                                                                                  |                                                         |                                          |
| <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 799 2071                                       |                                                                                                                                  |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                        | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET |                                                                                                                                  |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                |                                                                           | [Signature]                                                                                                                      |                                                         | <b>INSPECTION DATE</b>                   |
|                                                                                                                           |                                                                           |                                                                                                                                  |                                                         | 5-2-21                                   |
| <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<br>CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                           |                                                                                                                                  |                                                         |                                          |

|                                                                                                                        |                                                                                                                                  |                                       |                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 91104550                                                                 |                                                                                                                                  | <b>INSPECTION NUMBER</b>              |                                                         |
| JOB ADDRESS 325 Drumfield                                                                                              |                                                                                                                                  |                                       |                                                         |
| LOT NO                                                                                                                 | BLOCK NO                                                                                                                         | SUBDIVISION NAME                      |                                                         |
| FIRE DEPT MAP NO                                                                                                       | JOB PHONE                                                                                                                        | CALL IN DATE 4 30 91                  | CALL IN TIME 16 2 33p                                   |
| INSPECTOR NO 53                                                                                                        | INSPECTOR NAME                                                                                                                   |                                       |                                                         |
| <b>INSPECTION REQUESTED</b>                                                                                            |                                                                                                                                  | Framing - Insulation                  |                                                         |
| <p>Fireplace &amp; 2 Windows</p> <p>120 - Frame - OK</p> <p>123 Insulation - OK</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"/> REFEE (F)                                                                                               | <input type="checkbox"/> HOLD (H)     | <input type="checkbox"/> PERMIT REQUIRED                |
| INSPECTOR SIGNATURE <i>[Signature]</i>                                                                                 |                                                                                                                                  | INSPECTION DATE 5-1-21                |                                                         |
| <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 |                                                                                                                                  |                                       |                                                         |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                                                 |        |                                                                                |                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| JOB ADDRESS<br><div style="font-size: 1.5em; font-family: cursive;">325 Greenfield</div>                                                                                                                                                                        |        | PERMIT NO<br><div style="font-size: 1.5em; font-family: cursive;">104650</div> |                                                                                       |
| LOT NO                                                                                                                                                                                                                                                          | MAP NO | INSPECTOR<br><div style="font-size: 1.5em; font-family: cursive;">53</div>     | DATE                                                                                  |
| SUBDIVISION NAME                                                                                                                                                                                                                                                |        |                                                                                | PHONE                                                                                 |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; margin-right: 10px;">INSPECTOR SIGNATURE</div> <div style="font-size: 2em; font-family: cursive; margin-left: 10px;">Q Wise</div> </div> |        |                                                                                | INSPECTION DATE<br><div style="font-size: 1.5em; font-family: cursive;">4-29-91</div> |

Fire place  
Plg - OK

☐ PARTIAL INSPECTION DESCRIPTION

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

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

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

☐ **FINAL INSPECTION**

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

**FOR ASSISTANCE CALL 386 6251**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

104650-1

**INSPECTION  
NUMBER**

JOB ADDRESS

325 Greenfield

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

- 5/15/91

1 12 08p

INSPECTOR NO

INSPECTOR NAME

75

**INSPECTION  
REQUESTED**

F/Elect

(am)

240

SFD

8 AM

No one answers door

(53 Checked out receipt. at 9:10 AM found to be OK)

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☒ REJECTED (R)

REINSPECTION REQUIRED CALL \*799 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

R. Patterson

INSPECTION DATE

5-16-91

☐ PROJECT  
COMPLETE

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

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

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

\* EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

104650-7

**INSPECTION  
NUMBER**

JOB ADDRESS

325 Greenfield

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

5/15/91

1 12 08p

INSPECTOR NO

INSPECTOR NAME

75

**INSPECTION  
REQUESTED**

F/Elect

AM

SFD

8 AM

No one answers door

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☒ REJECTED (R)

REINSPECTION REQUIRED CALL \*799 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

R Patterson

INSPECTION DATE

5-16-91

☐ PROJECT  
COMPLETE

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

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

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

\*EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91104650-1

**INSPECTION  
NUMBER**

JOB ADDRESS

325 Greenfield

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

4 30 91 16 2 33p

INSPECTOR NO

INSPECTOR NAME

71

**INSPECTION  
REQUESTED**

R/Elect

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

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REQUIRED

**INSPECTOR  
SIGNATURE**

*[Signature]*

INSPECTION DATE

1 MAY 91

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