

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

59300

MIT NO

91-124646

## BUILDING PERMIT

FOR Single Family Dwelling Remodel ,  
Additions Misc Residential Construction

350-832-121

LOG NO &amp; AREA T-236

DATE 6/25/91

CONST VAL \$ 54,200

ADDRESS OF CONSTRUCTION 2113 Greenhouse Court

Schulman Cherry Creek Partnership  
OWNER a NV general partnership PHONE 737-1440

LOT(s) 29 BLOCK 5 SUBDIVISION Summerlin

ZONE PC

PROPOSED CONSTRUCTION Residential

USE Single Family

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

FLOOR AREA BSMT 1ST 1842 2ND GARAGE 440 PORCH 118 TOTAL 2400

CONTRACTOR Schulman Dev Corp of NV

STATE LICENSE NO 21573

CITY LICENSE NO C1102208203268

ARCHITECT Energetic Enterprises

ENGINEER Church

MASTER PLUMBER/  
CONTRACTOR H&H PlumbingMASTER ELECTRICIAN/  
CONTRACTOR Time Elect

## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT

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

## SPECIAL CONDITIONS

CONFORMANCE  
TO  
APPROVED  
PLOT  
PLAN.

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

OWNER

BY *Stephen H. Kiger*

AGENT

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

PLANNING DEPT

BUILDING DEPT

DATE

DATE

## RECEIPT

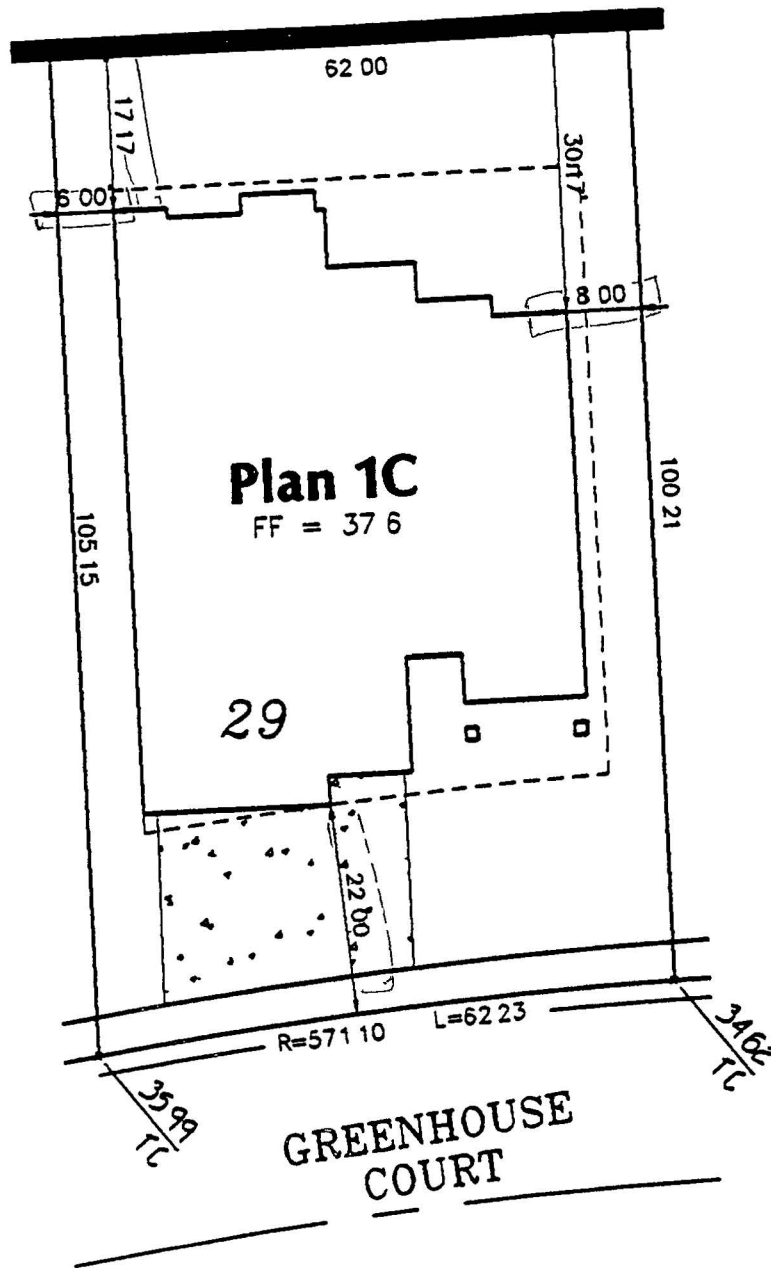
| PLUMBING                           |       | FEE | ELECTRICAL                                  |      | FEE |
|------------------------------------|-------|-----|---------------------------------------------|------|-----|
| WATER DISTRIBUTION                 | 6.00  |     | RECEPTACLE _____ SWITCH _____               |      | 40  |
| SEWER SYSTEM NEW OR MODIFICATION   | 10.00 |     | EACH LIGHT FIXTURE OR SOCKET _____          |      | 30  |
| FIXTURES WATER SOFTENER H/W HEATER | 2.00  |     | SPECIAL OUTLET APPLIANCE ETC                |      | 70  |
| GARBAGE DISPOSAL WASHER            | 2.00  |     | SERVICE/PANEL SUB/3.00 200A/6.00 400A/12.50 |      |     |
| FUEL PIPING                        | 6.00  |     | A/C UNIT OR MOTORS                          | 3.00 |     |
| IRRIGATION SYSTEM                  | 8.00  |     | 2310 2432 TOTAL                             |      |     |
| MISC                               |       |     | MISC                                        |      |     |
| 2310 2433 TOTAL                    |       |     | 2310 2431 ISSUANCE FEE                      |      |     |
| AIR CONDITIONING                   |       | FEE | 7143 2973 SEWER CONNECTION                  |      | 625 |
| 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                   |      | 348 |
| VAPORATIVE COOLER                  | 6.50  |     | TOTAL FEES                                  |      | 973 |
| VENTILATION FAN                    | 2.35  |     |                                             |      |     |
| 2310 2435 TOTAL                    |       |     |                                             |      |     |

PERMIT NO

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

2113 Greenhouse Ct.

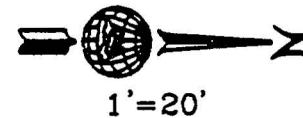


APPROVED

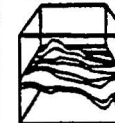
SKD 10/25/01  
By: *[Signature]*  
COMMUNITY PLANNING & DEVELOPMENT  
City of Las Vegas

SETBACKS

FRONT 18 NON-SIDEWALK  
22 SIDEWALK  
SIDE 6  
15 CORNER SIDE  
REAR 15



Church Engineering of Nevada., Inc.



Consulting Engineers  
Planners  
Surveyors

6800 W Charleston Blvd.  
Suite 140  
Las Vegas, NV 89102  
(702) 878-6244

Cherry Creek

CHERRY CREEK  
PLOT PLAN  
LOT 29, BLOCK 5

JOB NO 7104 235  
SHEET NO 11 OF 13

DRAWN  
CHECKED

FMZ  
KEK

DATE 6-26-91  
SCALE 1"=20'

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

NO

91-127269

PLUMBING PERMIT



61862

LOG NO &amp; AREA

P-236

DATE

11/21/91

CONST VAL \$

ADDRESS OF  
CONSTRUCTION

2115 Neer Lane Ct

OWNER

Schulman Dev-

PHONE

386-9013

CONTRACTOR

N &amp; N Plumbing

STATE  
LICENSE NO

23019

CITY  
LICENSE NO

2-029053

LOT(s)

29

BLOCK

5

-SUBDIVISION

Cherry Creek

ZONE

PROPOSED CONSTRUCTION

PLUMBING  
PERMIT NO

Complete plumbing installation

USE

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

| UNITS                            | DESCRIPTION                                                       | FEE     | TOTAL |
|----------------------------------|-------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                   |         |       |
| 1                                | For Issuing Each Permit                                           | 10 70   | 10 70 |
|                                  | For Issuing Each Supplemental Permit                              | 4 85    |       |
| <b>FIXTURE CHARGE</b>            |                                                                   |         |       |
| 8                                | Bathtub Shower Lavatory Toilet Urinal                             | EA 2 15 | 17 20 |
| 1                                | Floor Drain Floor Sink Wash Tray Sink                             | EA 2 15 | 2 15  |
| 3                                | Garbage Disposal Clothes Washer Dishwasher (residential)          | EA 2 15 | 6 45  |
|                                  | Garbage Disposal (commercial)                                     | EA 8 60 |       |
|                                  | Clothes Washer Dishwasher (commercial)                            | EA 2 15 |       |
|                                  | Clothes Dryer (gas) (venting)                                     | 2 15    |       |
|                                  | Dental Unit                                                       | 8 60    |       |
|                                  | Drinking Fountain                                                 | 2 15    |       |
| 1                                | Refrigerator Ice Maker Water Dispenser                            | 2 15    | 2 15  |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers | 2 15    |       |
| 1                                | Hot Water Heater (Gas or Electric)                                | EA 2 15 | 2 15  |
| <b>SEWER SYSTEM</b>              |                                                                   |         |       |
| 1                                | New Replacement Modification or Any Drainage Work                 | 10 70   | 10 70 |
|                                  | Grease or Sand Trap or Interceptor                                | 2 15    |       |
|                                  | Trailer Trap (rental parks)                                       | 5 35    |       |
| <b>WATER SOFTENERS</b>           |                                                                   |         |       |
|                                  | Non Permanent Type (rental)                                       | 2 15    |       |
| 1                                | Permanent Type (connected to drain)                               | 2 15    | 2 15  |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                   |         |       |
| 1                                | Single Family Dwelling                                            | 6 45    | 6 45  |
|                                  | Multi Family Dwelling                                             | 6 45    |       |
|                                  | Plus Each Dwelling Unit                                           | 3 25    |       |
|                                  | Commercial Building per floor                                     | 3 25    |       |
|                                  | Plus Each Unit (leased space or office)                           | 2 15    |       |
|                                  | Hotel or Motel                                                    | 8 60    |       |
|                                  | Plus Each Unit                                                    | 3 25    |       |
|                                  | Trailer Park                                                      | 32 10   |       |
|                                  | Plus Each Space                                                   | 2 15    |       |
|                                  | Irrigation Single Family Dwelling                                 | 8 60    |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart  |         |       |
|                                  | Construction Valuation                                            |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                         | FEE            | TOTAL |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                     |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                              | 6 45           | 6 45  |
|                                   | Multi Family Dwelling                                                                                                                                                                                               | 10 70          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                      | 2 15           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                     | 6 45           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                             | 6 45           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                 | 12 85          |       |
| 6                                 | Each Gas Appliance (Any Type)                                                                                                                                                                                       | 2 15           | 12 90 |
|                                   | Steam Boilers                                                                                                                                                                                                       | 5 60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                     |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                       | 5 60           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                | 5 60           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                     |                |       |
|                                   | For Onsite Sewer Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                     |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                           | 25 00 per hour |       |
|                                   | Under provisions of Table 3 A of the Uniform Building Code work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                   | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 30 00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                   |                |       |
|                                   | Construction Valuation                                                                                                                                                                                              |                |       |

FOR INSPECTIONS  
CALL 799-2071SEWER # 7114 3654  
CONNECTION

RECEIPT

FIXTURES X

FEE

2310-2403

PERMIT  
FEETOTAL  
FEES

79.45

PERMIT NO

MUST BE MACHINE VALIDATED

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

SIGNED

N &amp; N Plumbing

CONTRACTOR

# 130

MASTER CARD NO

BY

Keith Perry

Registered Master Plumber Spec Contractor or Owner

BUILDING DEPT

DATE

11/21/91

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

PERMIT NO 92-131614

PLUMBING PERMIT

LOG NO &amp; AREA

P-236

DATE

CONST VAL \$

ADDRESS OF  
CONSTRUCTION

2113 Meer Lane Ct

OWNER

Schulman Dan

PHONE

386-9013

CONTRACTOR

H+H Plumbing

STATE  
LICENSE NO

23019

CITY  
LICENSE NO

2-029053

LOT(s)

29

BLOCK

5

SUBDIVISION

Cherry Creek

ZONE

PROPOSED CONSTRUCTION

PLUMBING  
PERMIT NO

Plumbing installation complete

USE

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

| UNITS                            | DESCRIPTION                                                                             | FEE     | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |         |       |
| 1                                | For Issuing Each Permit                                                                 | 10 70   | 10 70 |
|                                  | For Issuing Each Supplemental Permit                                                    | 4 85    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |         |       |
| 8                                | Bathub Shower Lavatory Toilet Urinal                                                    | EA 2 15 | 17 20 |
| 1                                | Floor Drain Floor Sink Wash Tray Sink                                                   | EA 2 15 | 2 15  |
| 3                                | Garbage Disposal Clothes Washer Dishwasher (residential)                                | EA 2 15 | 6 45  |
|                                  | Garbage Disposal (commercial)                                                           | EA 8 60 |       |
|                                  | Clothes Washer Dishwasher (commercial)                                                  | EA 2 15 |       |
|                                  | Clothes Dryer (gas) (venting)                                                           | 2 15    |       |
|                                  | Dental Unit                                                                             | 8 60    |       |
|                                  | Drinking Fountain                                                                       | 2 15    |       |
| 1                                | Refrigerator Ice Maker Water Dispenser                                                  | 2 15    | 2 15  |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                       | 2 15    |       |
| 1                                | Hot Water Heater (Gas or Electric)                                                      | EA 2 15 | 2 15  |
| <b>SEWER SYSTEM</b>              |                                                                                         |         |       |
| 1                                | New Replacement Modification or Any Drainage Work                                       | 10 70   | 10 70 |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2 15    |       |
|                                  | Trailer Trap (rental parks)                                                             | 5 35    |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |         |       |
|                                  | Non Permanent Type (rental)                                                             | 2 15    |       |
| 1                                | Permanent Type (connected to drain)                                                     | 2 15    | 2 15  |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |         |       |
| 1                                | Single Family Dwelling                                                                  | 6 45    | 6 45  |
|                                  | Multi Family Dwelling                                                                   | 6 45    |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3 25    |       |
|                                  | Commercial Building per floor                                                           | 3 25    |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2 15    |       |
|                                  | Hotel or Motel                                                                          | 8 60    |       |
|                                  | Plus Each Unit                                                                          | 3 25    |       |
|                                  | Trailer Park                                                                            | 32 10   |       |
|                                  | Plus Each Space                                                                         | 2 15    |       |
|                                  | Irrigation Single Family Dwelling                                                       | 8 60    |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                         | FEE            | TOTAL |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                     |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                              | 6 45           | 6 45  |
|                                   | Multi Family Dwelling                                                                                                                                                                                               | 10 70          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                      | 2 15           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                     | 6 45           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                             | 6 45           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                 | 12 85          |       |
| 6                                 | Each Gas Appliance (Any Type)                                                                                                                                                                                       | 2 15           | 12 90 |
|                                   | Steam Boilers                                                                                                                                                                                                       | 5 60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                     |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                       | 5 60           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                | 5 60           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                     |                |       |
|                                   | For Onsite Sewer Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                     |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                           | 25 00 per hour |       |
|                                   | Under provisions of Table 3 A of the Uniform Building Code work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                   | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 30 00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                   |                |       |
|                                   | Construction Valuation                                                                                                                                                                                              |                |       |

FOR INSPECTIONS  
CALL 799-2071SEWER # 7114 3654  
CONNECTION

RECEIPT

\*\*0002\*\*  
FLBG 251 25  
CHEK 251 25  
7872A000 10 14

FIXTURES X 01/02/92

FEE

2310 2403  
PERMIT  
FEETOTAL  
FEES

79 45

PERMIT NO

MUST BE MACHINE VALIDATED

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

SIGNED

H+H Plumbing

CONTRACTOR

# 130

MASTER CARD NO

BY

Registered Master Plumber Spec Contractor or Owner

BUILDING DEPT

DATE

3/83

Permit Expires 180 Days After Abandonment of Work



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR



PERMIT NO 92-135205

AIR CONDITIONING PERMIT

LOG NO &amp; AREA P-236

DATE 2-12-92

CONST VAL \$

ADDRESS OF CONSTRUCTION 2113 Greenhouse Court

OWNER Schulman

PHONE 367-6064

CONTRACTOR Interstate Plumbing &amp; Mechanical

STATE LICENSE NO 28743

CITY LICENSE NO C11-037833

LOT(s) 29 BLOCK 5 SUBDIVISION Cherry Creek

ZONE

PROPOSED CONSTRUCTION

USE

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

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

| UNITS                             | DESCRIPTION                                                                                                                                                                                                                                                                                                                            | FEE            | TOTAL |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                   | For each air handling unit to and including 10 000 cubic feet per minute including ducts attached thereto<br><b>Note</b> This fee shall not apply to an air handling unit which is a portion of a factory assembled appliance cooling unit evaporative cooler or absorption unit for which a permit is required elsewhere in this code | 6 50           |       |
|                                   | For each air handling unit over 10 000 cfm                                                                                                                                                                                                                                                                                             | 11 00          |       |
|                                   | For each evaporative cooler other than portable type                                                                                                                                                                                                                                                                                   | 6 50           |       |
| 3                                 | For each ventilation fan<br>COMMERCIAL<br>RESIDENTIAL                                                                                                                                                                                                                                                                                  | 4 50<br>2 35   | 7.05  |
|                                   | For each ventilation system which is not a portion of any heating or air conditioning system authorized by a permit                                                                                                                                                                                                                    | 6 50           |       |
|                                   | For the installation of each hood which is served by mechanical exhaust including the ducts for such hood                                                                                                                                                                                                                              | 6 50           |       |
|                                   | For each fire damper installed in an existing system                                                                                                                                                                                                                                                                                   | 4 50           |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                                                                                                                                        |                |       |
|                                   | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                                                                                                                                                                            | 25 00 per hour |       |
|                                   | Reinspection fee assessed under provisions of TABLE 3 A of the Uniform Building Code = \$15 00 EACH                                                                                                                                                                                                                                    | 15 00 each     |       |
|                                   | Inspections for which no fee is specifically indicated (minimum charge — one half hour)                                                                                                                                                                                                                                                | 30 00 per hour |       |
|                                   | Additional plan review required by changes additions or revisions to approved plans (minimum charge — two hours)                                                                                                                                                                                                                       | 30 00 per hour |       |
|                                   | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                                                                                                                                    |                |       |
|                                   | Gas piping which is directly related and necessary to the repair or replacement of heating air conditioning or refrigeration systems not exceeding 500 000 BTU H                                                                                                                                                                       | 6 00           |       |

2310-2435

RECEIPT #0002\*\*

A/C 126 95

CHEK 126 95

0142A000 12 16

02/13/92

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

SIGNED *Interstate Plumbing & Mechanical, Inc* CONTRACTOR MASTER CARD NO  
BY *[Signature]* DATE 2-13-92  
BUILDING DEPT

PERMIT FEE 38.55

+796 2 70

TOTAL FEES 41 25

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

92-135944

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

ELECTRICAL PERMIT

LOG NO & AREA P-236

CONST VAL \$

ADDRESS OF  
CONSTRUCTION2113 Greenhouse Ct.

OWNER

Schulman Development

CONTRACTOR

Time Electric, Inc.

STATE

LICENSE NO

020824A

CITY

LICENSE NO

023572

(PRINT NAME OF MASTER ELECTRICIAN)

John Hinkell

MASTER CARD NO

PHONE

739 8554

PROPOSED CONSTRUCTION

Plan 1c

USE

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

| UNITS                                                                                                                   | DESCRIPTION                                                                                                                                                                                                                                          | FEE   | TOTAL        |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|
| <b>PERMIT ISSUANCE</b>                                                                                                  |                                                                                                                                                                                                                                                      |       |              |
| <u>1</u>                                                                                                                | For Issuing Each Permit                                                                                                                                                                                                                              | 10 70 | <u>10.70</u> |
|                                                                                                                         | Supplemental Fee                                                                                                                                                                                                                                     | 4 85  |              |
| <b>APPLIANCE CHARGE</b>                                                                                                 |                                                                                                                                                                                                                                                      |       |              |
| <b>Residential or General Commercial</b>                                                                                |                                                                                                                                                                                                                                                      |       |              |
| <u>83</u>                                                                                                               | Receptacle <u>52</u> Switch <u>31</u>                                                                                                                                                                                                                | 45    | <u>37.35</u> |
| <u>28</u>                                                                                                               | Each Light Fixture Socket or Exit Light<br>Smoke Detector or Exhaust Fan                                                                                                                                                                             | 35    | <u>9.80</u>  |
| <u>7</u>                                                                                                                | EACH OUTLET FOR SPECIAL PURPOSE<br>Dishwasher Garbage Grinder Trash Compactor<br>GFI Clothes Washer Dryer Electric Range<br>Ovens Water Heater Space Heater Blast Coil<br>Heater (PER KW) Mercury Lamp Quartz Lamp<br>Sodium Lamp 20AMP Sign Circuit | 75    | <u>5.25</u>  |
|                                                                                                                         | X Ray Unit                                                                                                                                                                                                                                           | 10 70 |              |
|                                                                                                                         | Area Lighting (First 3 000 Watts)                                                                                                                                                                                                                    | 8 60  |              |
|                                                                                                                         | Each Additional 1 000 Watts                                                                                                                                                                                                                          | 3 25  |              |
| <b>MOTORS (1 H P AND OVER) TRANSFORMERS ELEVATORS WELDERS<br/>GENERATORS CHILLERS SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                      |       |              |
|                                                                                                                         | First H P or Ton For each Unit                                                                                                                                                                                                                       | 3 25  |              |
|                                                                                                                         | First KVA For Each Unit                                                                                                                                                                                                                              | 3 25  |              |
|                                                                                                                         | Each Additional H P Ton or KVA up to 50                                                                                                                                                                                                              | 55    |              |
|                                                                                                                         | Each Additional H P Ton or KVA over 50                                                                                                                                                                                                               | 40    |              |
|                                                                                                                         | Temporary power or Pole                                                                                                                                                                                                                              | 6 45  |              |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                              |                                                                                                                                                                                                                                                      |       |              |
| <u>1</u>                                                                                                                | Up to 200 AMP                                                                                                                                                                                                                                        | 6 45  | <u>6.45</u>  |
|                                                                                                                         | 400 AMP And 600 AMP                                                                                                                                                                                                                                  | 13 40 |              |
|                                                                                                                         | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                             | 26 75 |              |
|                                                                                                                         | Over 1200 AMP                                                                                                                                                                                                                                        | 53 50 |              |
|                                                                                                                         | Each Additional Meter Socket                                                                                                                                                                                                                         | 55    |              |
|                                                                                                                         | Sub Panel Motor Control Center<br>Disconnect Switch Transfer Switch (Each)                                                                                                                                                                           | 3 25  |              |
|                                                                                                                         | Swimming Pool (Residential)                                                                                                                                                                                                                          | 21 40 |              |
|                                                                                                                         | Swimming Pool (Semi Public)                                                                                                                                                                                                                          | 32 10 |              |
|                                                                                                                         | Spas                                                                                                                                                                                                                                                 | 8 60  |              |
|                                                                                                                         | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                   | 3 25  |              |

| UNITS                                                                        | DESCRIPTION                                                                                                                                                                        | FEE               | TOTAL       |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|
|                                                                              | Busways Trolley or Plug in (Ea 100 Ft)                                                                                                                                             | 3 25              |             |
|                                                                              | Gas Pumps Dispensers (Each)                                                                                                                                                        | 3 25              |             |
| <u>2</u>                                                                     | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                | 3 25              | <u>6.50</u> |
| <u>2</u>                                                                     | Each Air Handler                                                                                                                                                                   | 1 10              | <u>2.20</u> |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                 |                                                                                                                                                                                    |                   |             |
|                                                                              | Speaker Outlets (Each)                                                                                                                                                             | 35                |             |
|                                                                              | Signal or Alarm Outlets (Each)                                                                                                                                                     | 35                |             |
|                                                                              | Amplifiers                                                                                                                                                                         | 2 15              |             |
|                                                                              | Control Panel                                                                                                                                                                      | 55                |             |
| <u>3</u>                                                                     | TV Master System                                                                                                                                                                   | 35                | <u>1.05</u> |
| <u>3</u>                                                                     | Telephone or Computer Outlet                                                                                                                                                       | 35                | <u>1.05</u> |
| <b>OTHER INSPECTIONS AND FEES<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                    |                   |             |
|                                                                              | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                     | 30 00<br>per hour |             |
|                                                                              | Reinspection fee assessed under provisions of TABLE<br>3 A of the Uniform Building Code = \$30 00 EACH                                                                             | 30 00<br>each     |             |
|                                                                              | Inspections for which no fee is specifically<br>indicated (minimum charge — one half hour)                                                                                         | 30 00<br>per hour |             |
|                                                                              | Additional plan review required by changes additions<br>or revisions to approved plans (minimum charge —<br>one half hour) After work hours — \$30 00 per hour<br>— minimum 1 hour | 30 00<br>per hour |             |
|                                                                              | Starter Permit                                                                                                                                                                     | 50 00             |             |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                |                                                                                                                                                                                    |                   |             |
|                                                                              | Commercial —Burglar Alarms                                                                                                                                                         |                   |             |
|                                                                              | —Music Systems                                                                                                                                                                     |                   |             |
|                                                                              | —Data Processing                                                                                                                                                                   |                   |             |
|                                                                              | —Communication                                                                                                                                                                     |                   |             |
|                                                                              | Conduit Only—Contract Price                                                                                                                                                        |                   |             |
|                                                                              | All Misc Electric                                                                                                                                                                  |                   |             |

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

# 2310 2432

RECEIPT

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

SIGNED HOMEOWNER CONTRACTOR

BUILDING DEPT

PERMIT

FEE

80.35

LESS

STARTER PERMIT

TOTAL

FEES

PERMIT NO

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

MIT NO

2071

92-159781

PLUMBING PERMIT

LOG NO &amp; AREA P236

DATE 9/11/92

CONST VAL \$

ADDRESS OF CONSTRUCTION 2113 GREENHOUSE COURT

OWNER SCHULMAN GROUP

PHONE 876-9015

CONTRACTOR MCGHEE'S CUSTOM SPRINKLERS

STATE 26938  
LICENSE NOCITY C0158-2-2-025608  
LICENSE NO

LOT(s) BLOCK SUBDIVISION CHERRY CREEK ZONE

PROPOSED CONSTRUCTION IRRIGATION

USE

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

| UNITS                            | DESCRIPTION                                                                             | FEE   | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |       |       |
| 1                                | For Issuing Each Permit                                                                 | 10 70 | 10.70 |
|                                  | For Issuing Each Supplemental Permit                                                    | 4 85  |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |       |       |
|                                  | Bathtub Shower Lavatory Toilet Urinal EA                                                | 2 15  |       |
|                                  | Floor Drain Floor Sink Wash Tray Sink EA                                                | 2 15  |       |
|                                  | Garbage Disposal Clothes Washer Dishwasher (residential) EA                             | 2 15  |       |
|                                  | Garbage Disposal (commercial) EA                                                        | 8 60  |       |
|                                  | Clothes Washer Dishwasher (commercial) EA                                               | 2 15  |       |
|                                  | Clothes Dryer (gas) (venting)                                                           | 2 15  |       |
|                                  | Dental Unit                                                                             | 8 60  |       |
|                                  | Drinking Fountain                                                                       | 2 15  |       |
|                                  | Refrigerator Ice Maker Water Dispenser                                                  | 2 15  |       |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                       | 2 15  |       |
|                                  | Hot Water Heater (Gas or Electric) EA                                                   | 2 15  |       |
| <b>SEWER SYSTEM</b>              |                                                                                         |       |       |
|                                  | New Replacement Modification or Any Drainage Work                                       | 10 70 |       |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2 15  |       |
|                                  | Trailer Trap (rental parks)                                                             | 5 35  |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |       |       |
|                                  | Non Permanent Type (rental)                                                             | 2 15  |       |
|                                  | Permanent Type (connected to drain)                                                     | 2 15  |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |       |       |
|                                  | Single Family Dwelling                                                                  | 6 45  |       |
|                                  | Multi Family Dwelling                                                                   | 6 45  |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3 25  |       |
|                                  | Commercial Building per floor                                                           | 3 25  |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2 15  |       |
|                                  | Hotel or Motel                                                                          | 8 60  |       |
|                                  | Plus Each Unit                                                                          | 3 25  |       |
|                                  | Trailer Park                                                                            | 32 10 |       |
|                                  | Plus Each Space                                                                         | 2 15  |       |
| 1                                | Irrigation Single Family Dwelling                                                       | 8 60  | 8.60  |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation |       |       |

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

FOR INSPECTIONS  
CALL 229-2071SEWER # 7114 3654  
CONNECTION

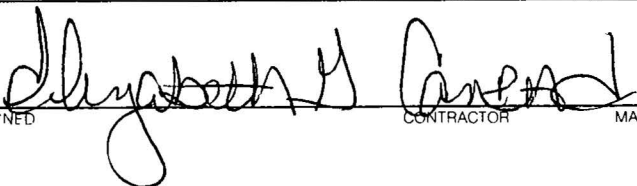
RECEIPT

FIXTURES X

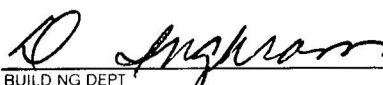
FEE

2310 2403  
PERMIT  
FEETOTAL  
FEES

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

SIGNED  CONTRACTOR MASTER CARD NO

BY Registered Master Plumber Spec Contractor or Owner

 BUILDING DEPT 9/11/92 DATE

# CERTIFICATION OF INSULATION

|                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>ADDRESS OR TRACT</b><br><br><div style="display: flex; justify-content: space-between;"> <div> <b>THE SCHULMAN GROUP</b><br/><br/> <b>CHERRY CREEK</b><br/><br/>                 2113 Greenhouse Court             </div> <div style="text-align: right;">                 LOT # 29             </div> </div> |  | <b>SACRAMENTO INSULATION CONTRACTORS</b><br><br><div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 5px;"><input type="checkbox"/> P O BOX 854 WEST SACRAMENTO CA 95691 LIC #202026</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> P O BOX 4146 STOCKTON CA 95204 LIC #202026</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> P O BOX 1631 RENO NV 89505 LIC #10675</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> P O BOX 9651 FRESNO CA 93793 9651 LIC #202026</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> 1132A W Bonanza, Las Vegas, NV 89106</div> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> <b>DATE INSULATION COMPLETED</b><br/>                 February, 1992             </div> |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| WALLS                      |                      | CEILINGS                     |                      |                                            | FLOORS                     |                      |
|----------------------------|----------------------|------------------------------|----------------------|--------------------------------------------|----------------------------|----------------------|
| ( SQUARE FEET)             |                      | ( SQUARE FEET)               |                      |                                            | ( SQUARE FEET)             |                      |
| TYPE OF INSULATION         |                      | TYPE OF INSULATION           |                      |                                            | TYPE OF INSULATION         |                      |
| MATERIAL <b>FIBERGLASS</b> |                      | MATERIAL <b>FIBERGLASS</b>   |                      |                                            | MATERIAL <b>FIBERGLASS</b> |                      |
| FORM <b>BATTS</b>          |                      | FORM <b>BATTS &amp; BLOW</b> |                      |                                            | FORM <b>BATTS</b>          |                      |
| MANUFACTURER'S PRODUCT I D |                      | MANUFACTURER'S PRODUCT I D   |                      |                                            | MANUFACTURER'S PRODUCT I D |                      |
| MANUFACTURER               |                      | MANUFACTURER                 |                      |                                            | MANUFACTURER               |                      |
| OCF                        |                      | OCF                          |                      |                                            | OCF                        |                      |
|                            |                      | BAGS                         |                      |                                            |                            |                      |
| R VALUE<br>INSTALLED       | APPLIED<br>THICKNESS | R VALUE<br>INSTALLED         | APPLIED<br>THICKNESS | MIN INSTALLED<br>WEIGHT PER<br>SQUARE FOOT | R VALUE<br>INSTALLED       | APPLIED<br>THICKNESS |
| R-11                       |                      | R-30                         |                      |                                            |                            |                      |

| KNEE WALLS IF R VALUE IS OTHER THAN WALLS ABOVE |              |             |              |
|-------------------------------------------------|--------------|-------------|--------------|
| MATERIAL                                        | FORM         | R VALUE     | MANUFACTURER |
| <b>FIBERGLASS</b>                               | <b>BATTS</b> | <b>R-19</b> | <b>OCF</b>   |

| AIR INFILTRATION SEALANT |                  |
|--------------------------|------------------|
| MATERIAL                 | MANUFACTURER     |
|                          | <b>W R GRACE</b> |

| THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES MATERIAL STANDARDS AND REGULATIONS |         |         |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| SIGNATURE - INSULATION CONTRACTOR                                                                                                            | TITLE   | DATE    |
| <i>Ken Franklin</i>                                                                                                                          | MANAGER | 2/20/92 |
| SIGNATURE - GENERAL CONTRACTOR                                                                                                               | TITLE   | DATE    |
|                                                                                                                                              |         |         |
| REMARKS                                                                                                                                      |         |         |

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

91-121646

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS CALL 799-2071

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

LOG NO &amp; AREA T-236

DATE 6/25/91

CONST VAL \$ 54,200.

ADDRESS OF CONSTRUCTION 2113 Greenhouse Court

OWNER Schulman Cherry Creek Partnership  
a NV general partnership PHONE 737-1400

LOT(s) 29 BLOCK 1 SUBDIVISION Summerlin

ZONE PC

PROPOSED CONSTRUCTION Residential

USE Single Family

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

FLOOR AREA BSMT 1ST 1842 2ND GARAGE 440 PORCH 118 TOTAL 2400

CONTRACTOR Schulman Dev. Corp of NV STATE LICENSE NO 21573 CITY LICENSE NO C1102208203268

ARCHITECT Energetic Enterprises

ENGINEER Church

MASTER PLUMBER/  
CONTRACTOR H&H PlumbingMASTER ELECTRICIAN/  
CONTRACTOR Time Flect

## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT

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

## SPECIAL CONDITIONS

CONFORMANCE  
TO  
APPROVED  
PLOT  
PLAN.

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

OWNER

BY *Stephan H. Kiger*

AGENT

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

PLANNING DEPT

BUILDING DEPT

DATE

| PLUMBING                           |       | FEE | ELECTRICAL                                  |      | FEE |
|------------------------------------|-------|-----|---------------------------------------------|------|-----|
| WATER DISTRIBUTION                 | 6 00  |     | RECEPTACLE _____ SWITCH _____               | 40   |     |
| SEWER SYSTEM NEW OR MODIFICATION   | 10 00 |     | EACH LIGHT FIXTURE OR SOCKET _____          | 30   |     |
| FIXTURES WATER SOFTENER H/W HEATER | 2 00  |     | SPECIAL OUTLET APPLIANCE ETC                | 70   |     |
| GARBAGE DISPOSAL WASHER            | 2 00  |     | SERVICE/PANEL SUB/3 00 200A/6 00 400A/12 50 |      |     |
| FUEL PIPING                        | 6 00  |     | A/C UNIT OR MOTORS                          | 3 00 |     |
| IRRIGATION SYSTEM                  | 8 00  |     | 2310 2432 TOTAL                             |      |     |
| MISC                               |       |     | MISC                                        |      |     |
| 2310 2433 TOTAL                    |       |     | 2310 2431 ISSUANCE FEE                      |      |     |
| AIR CONDITIONING                   |       | FEE | 7143 2973 SEWER CONNECTION                  | 625  |     |
| 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                   | 348  |     |
| VAPORATIVE COOLER                  | 6 50  |     | TOTAL FEES                                  | 973  |     |
| VENTILATION FAN                    | 2 35  |     |                                             |      |     |
| 2310 2435 TOTAL                    |       |     |                                             |      |     |

## RECEIPT

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

FOR INSPECTIONS CALL 799 2071

PERMIT NO 92-131614

PLUMBING PERMIT

70

LOG NO &amp; AREA

P-236

DATE

CONST-VAL \$

ADDRESS OF  
CONSTRUCTION

2113 Neer Lane Ct

OWNER

Schulman Dan

PHONE

386 9012

CONTRACTOR

H+H Plumbing

STATE  
LICENSE NO

23019

CITY

LICENSE NO

2-029053

LOT(s)

29

BLOCK

5

SUBDIVISION

Cherry Creek

ZONE

PROPOSED CONSTRUCTION

PLUMBING  
PERMIT NO

Plumbing installation complete

USE

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

| UNITS                            | DESCRIPTION                                                                             | FEE     | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |         |       |
| 1                                | For Issuing Each Permit                                                                 | 10 70   | 10 70 |
|                                  | For Issuing Each Supplemental Permit                                                    | 4 85    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |         |       |
| 8                                | Bathtub Shower Lavatory Toilet Urinal                                                   | EA 2 15 | 17 20 |
| 1                                | Floor Drain Floor Sink Wash Tray Sink                                                   | EA 2 15 | 2 15  |
| 3                                | Garbage Disposal Clothes Washer Dishwasher (residential)                                | EA 2 15 | 6 45  |
|                                  | Garbage Disposal (commercial)                                                           | EA 8 60 |       |
|                                  | Clothes Washer Dishwasher (commercial)                                                  | EA 2 15 |       |
|                                  | Clothes Dryer (gas) (venting)                                                           | 2 15    |       |
|                                  | Dental Unit                                                                             | 8 60    |       |
|                                  | Drinking Fountain                                                                       | 2 15    |       |
| 1                                | Refrigerator Ice Maker Water Dispenser                                                  | 2 15    | 2 15  |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                       | 2 15    |       |
| 1                                | Hot Water Heater (Gas or Electric)                                                      | EA 2 15 | 2 15  |
| <b>SEWER SYSTEM</b>              |                                                                                         |         |       |
| 1                                | New Replacement Modification or Any Drainage Work                                       | 10 70   | 10 70 |
|                                  | Grease or Sand Trap or Interceptor                                                      | 2 15    |       |
|                                  | Trailer Trap (rental parks)                                                             | 5 35    |       |
| <b>WATER SOFTENERS</b>           |                                                                                         |         |       |
|                                  | Non Permanent Type (rental)                                                             | 2 15    |       |
| 1                                | Permanent Type (connected to drain)                                                     | 2 15    | 2 15  |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                         |         |       |
| 1                                | Single Family Dwelling                                                                  | 6 45    | 6 45  |
|                                  | Multi Family Dwelling                                                                   | 6 45    |       |
|                                  | Plus Each Dwelling Unit                                                                 | 3 25    |       |
|                                  | Commercial Building per floor                                                           | 3 25    |       |
|                                  | Plus Each Unit (leased space or office)                                                 | 2 15    |       |
|                                  | Hotel or Motel                                                                          | 8 60    |       |
|                                  | Plus Each Unit                                                                          | 3 25    |       |
|                                  | Trailer Park                                                                            | 32 10   |       |
|                                  | Plus Each Space                                                                         | 2 15    |       |
|                                  | Irrigation Single Family Dwelling                                                       | 8 60    |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                         | FEE            | TOTAL |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                     |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                              | 6 45           | 6 45  |
|                                   | Multi Family Dwelling                                                                                                                                                                                               | 10 70          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                      | 2 15           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                     | 6 45           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                             | 6 45           |       |
| 6                                 | Medium Pressure System (Plan Check)                                                                                                                                                                                 | 12 85          |       |
|                                   | Each Gas Appliance (Any Type)                                                                                                                                                                                       | 2 15           | 12 90 |
|                                   | Steam Boilers                                                                                                                                                                                                       | 5 60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                     |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                       | 5 60           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                | 5 60           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                     |                |       |
|                                   | For Onsite Sewer Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                     |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                           | 25 00 per hour |       |
|                                   | Under provisions of Table 3 A of the Uniform Building Code work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                   | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 30 00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                   |                |       |
|                                   | Construction Valuation                                                                                                                                                                                              |                |       |

FOR INSPECTIONS  
CALL 799-2071SEWER # 7114 3654  
CONNECTION

FIXTURES X 01/01/92

FEE

2310 2403  
PERMIT  
FEETOTAL  
FEES

79 45

RECEIPT

\*\*0002\*\*

FLBG 251 25

CHEK 251.25

7872A000 10 14

PERMIT NO

MUST BE MACHINE VALIDATED

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

SIGNED

H+H Plumbing

CONTRACTOR

# 130

MASTER CARD NO

BY

Kurt D. Nery

Registered Master Plumber Spec Contractor or Owner

BUILDING DEPT

DATE

11/2/92



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY,  
PHONE 386 6251

PERMIT NO

91-127269

PLUMBING PERMIT

FOR INSPECTIONS CALL 799-2071

LOG NO &amp; AREA

P-236

DATE

11/21/91

CONST VAL \$

ADDRESS OF  
CONSTRUCTION

2115 Neen Lane Ct

OWNER

Schulman Dev-

PHONE

386-9073

CONTRACTOR

N+N Plumbing

STATE  
LICENSE NO

23019

CITY  
LICENSE NO

2-029053

LOT(s)

29

BLOCK

5

SUBDIVISION

Cherry Creek

ZONE

PROPOSED CONSTRUCTION

PLUMBING  
PERMIT NO

Complete plumbing installation

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

| UNITS                            | DESCRIPTION                                                       | FEE     | TOTAL |
|----------------------------------|-------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                   |         |       |
| 1                                | For Issuing Each Permit                                           | 10 70   | 10 70 |
|                                  | For Issuing Each Supplemental Permit                              | 4 85    |       |
| <b>FIXTURE CHARGE</b>            |                                                                   |         |       |
| 8                                | Bathtub Shower Lavatory Toilet Urinal                             | EA 2 15 | 17 20 |
| 1                                | Floor Drain Floor Sink Wash Tray Sink                             | EA 2 15 | 2 15  |
| 3                                | Garbage Disposal Clothes Washer Dishwasher (residential)          | EA 2 15 | 6 45  |
|                                  | Garbage Disposal (commercial)                                     | EA 8 60 |       |
|                                  | Clothes Washer Dishwasher (commercial)                            | EA 2 15 |       |
|                                  | Clothes Dryer (gas) (venting)                                     | 2 15    |       |
|                                  | Dental Unit                                                       | 8 60    |       |
|                                  | Drinking Fountain                                                 | 2 15    |       |
| 1                                | Refrigerator Ice Maker Water Dispenser                            | 2 15    | 2 15  |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers | 2 15    |       |
| 1                                | Hot Water Heater (Gas or Electric)                                | EA 2 15 | 2 15  |
| <b>SEWER SYSTEM</b>              |                                                                   |         |       |
| 1                                | New Replacement Modification or Any Drainage Work                 | 10 70   | 10 70 |
|                                  | Grease or Sand Trap or Interceptor                                | 2 15    |       |
|                                  | Trailer Trap (rental parks)                                       | 5 35    |       |
| <b>WATER SOFTENERS</b>           |                                                                   |         |       |
|                                  | Non Permanent Type (rental)                                       | 2 15    |       |
| 1                                | Permanent Type (connected to drain)                               | 2 15    | 2 15  |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                   |         |       |
| 1                                | Single Family Dwelling                                            | 6 45    | 6 45  |
|                                  | Multi Family Dwelling                                             | 6 45    |       |
|                                  | Plus Each Dwelling Unit                                           | 3 25    |       |
|                                  | Commercial Building per floor                                     | 3 25    |       |
|                                  | Plus Each Unit (leased space or office)                           | 2 15    |       |
|                                  | Hotel or Motel                                                    | 8 60    |       |
|                                  | Plus Each Unit                                                    | 3 25    |       |
|                                  | Trailer Park                                                      | 32 10   |       |
|                                  | Plus Each Space                                                   | 2 15    |       |
|                                  | Irrigation Single Family Dwelling                                 | 8 60    |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart  |         |       |
|                                  | Construction Valuation                                            |         |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                         | FEE            | TOTAL |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                     |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                              | 6 45           | 6 45  |
|                                   | Multi Family Dwelling                                                                                                                                                                                               | 10 70          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                      | 2 15           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                     | 6 45           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                             | 6 45           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                 | 12 85          |       |
| 6                                 | Each Gas Appliance (Any Type)                                                                                                                                                                                       | 2 15           | 12 90 |
|                                   | Steam Boilers                                                                                                                                                                                                       | 5 60           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                     |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                       | 5 60           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                | 5 60           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                     |                |       |
|                                   | For Onsite Sewer Gas or Water Contract Value Fee based on Building Code Permit Valuation Chart                                                                                                                      |                |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                                                                                                                                                                                                     |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours)                                                                                                                                           | 25 00 per hour |       |
|                                   | Under provisions of Table 3 A of the Uniform Building Code work which has been inspected once and not approved may be subject to a Reinspection Fee not less than \$30 00 per each inspection during business hours | 30 00 each     |       |
|                                   | Additional plan review required by changes Additions to or revisions to approved plans (minimum charge two hours)                                                                                                   | 30 00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule                                   |                |       |
|                                   | Construction Valuation                                                                                                                                                                                              |                |       |

FOR INSPECTIONS  
CALL 799-2071SEWER # 7114 3654  
CONNECTION

RECEIPT

FIXTURES X

FEE

2310-2403

PERMIT  
FEETOTAL  
FEES

79.45

PERMIT NO

MUST BE MACHINE VALIDATED

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

SIGNED

N+N Plumbing

#130

CONTRACTOR

MASTER CARD NO

BY

Keith Perry

Registered Master Plumber Spec Contractor or Owner

BUILDING DEPT

DATE

11/21/91

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

92-150781

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FOR INSPECTIONS CALL 229 2071

PLUMBING PERMIT

LOG NO & AREA **P236** DATE **9/11/92** CONST VAL \$ \_\_\_\_\_

ADDRESS OF CONSTRUCTION **2113 GREENHOUSE COURT** OWNER **SCHULMAN GROUP** PHONE **876-9015**

CONTRACTOR **McGHEE'S CUSTOM SPRINKLERS** STATE LICENSE NO **26938** CITY LICENSE NO **C0158-2-2-025608**

LOT(s) \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION **CHERRY CREEK** ZONE \_\_\_\_\_

PROPOSED CONSTRUCTION **IRRIGATION**

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

USE \_\_\_\_\_

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

| UNITS                            | DESCRIPTION                                                                                   | FEE   | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                               |       |       |
| 1                                | For Issuing Each Permit                                                                       | 10 70 | 10 70 |
|                                  | For Issuing Each Supplemental Permit                                                          | 4 85  |       |
| <b>FIXTURE CHARGE</b>            |                                                                                               |       |       |
|                                  | Bathtub Shower Lavatory Toilet Urinal EA                                                      | 2 15  |       |
|                                  | Floor Drain Floor Sink Wash Tray Sink EA                                                      | 2 15  |       |
|                                  | Garbage Disposal Clothes Washer Dishwasher (residential) EA                                   | 2 15  |       |
|                                  | Garbage Disposal (commercial) EA                                                              | 8 60  |       |
|                                  | Clothes Washer Dishwasher (commercial) EA                                                     | 2 15  |       |
|                                  | Clothes Dryer (gas) (venting)                                                                 | 2 15  |       |
|                                  | Dental Unit                                                                                   | 8 60  |       |
|                                  | Drinking Fountain                                                                             | 2 15  |       |
|                                  | Refrigerator Ice Maker Water Dispenser                                                        | 2 15  |       |
|                                  | Any other water using equipment Attached Coffee Makers Ice Makers                             | 2 15  |       |
|                                  | Hot Water Heater (Gas or Electric) EA                                                         | 2 15  |       |
| <b>SEWER SYSTEM</b>              |                                                                                               |       |       |
|                                  | New Replacement Modification or Any Drainage Work                                             | 10 70 |       |
|                                  | Grease or Sand Trap or Interceptor                                                            | 2 15  |       |
|                                  | Trailer Trap (rental parks)                                                                   | 5 35  |       |
| <b>WATER SOFTENERS</b>           |                                                                                               |       |       |
|                                  | Non Permanent Type (rental)                                                                   | 2 15  |       |
|                                  | Permanent Type (connected to drain)                                                           | 2 15  |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                                               |       |       |
|                                  | Single Family Dwelling                                                                        | 6 45  |       |
|                                  | Multi Family Dwelling                                                                         | 6 45  |       |
|                                  | Plus Each Dwelling Unit                                                                       | 3 25  |       |
|                                  | Commercial Building per floor                                                                 | 3 25  |       |
|                                  | Plus Each Unit (leased space or office)                                                       | 2 15  |       |
|                                  | Hotel or Motel                                                                                | 8 60  |       |
|                                  | Plus Each Unit                                                                                | 3 25  |       |
|                                  | Trailer Park                                                                                  | 32 10 |       |
|                                  | Plus Each Space                                                                               | 2 15  |       |
|                                  | Irrigation Single Family Dwelling                                                             | 8 60  |       |
| 1                                | Irrigation Commercial Fee Based on Building Code Valuation Chart Construction Valuation _____ |       | 565   |

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

**FOR INSPECTIONS  
CALL 229-2071**

**SEWER # 7114 3654  
CONNECTION**

RECEIPT

FIXTURES XFEE 19 30

2310-2403  
PERMIT  
FEE

TOTAL  
FEES

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

MUST BE MACHINE VALIDATED

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

SIGNED [Signature] CONTRACTOR [Signature] MASTER CARD NO \_\_\_\_\_

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

[Signature] BUILDING DEPT 9/11/92 DATE

## CITY OF LAS VEGAS, NEVADA

PERMIT NO 92-135205

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR INSPECTIONS CALL 799 2071

AIR CONDITIONING PERMIT

84

LOG NO & AREA P-236 DATE 2-12-92 CONST VAL \$ADDRESS OF CONSTRUCTION 2113 Greenhouse Court OWNER Schulman PHONE 367-6064CONTRACTOR Interstate Plumbing & Mechanical STATE LICENSE NO 28743 CITY LICENSE NO C11-037833LOT(s) 29 BLOCK 5 SUBDIVISION Cherry Creek ZONE

PROPOSED CONSTRUCTION USE

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

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

| UNITS    | DESCRIPTION                                                                                                                                                                                                                                                                                                                            | FEE          | TOTAL       |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|
|          | For each air handling unit to and including 10 000 cubic feet per minute including ducts attached thereto<br><b>Note</b> This fee shall not apply to an air handling unit which is a portion of a factory assembled appliance cooling unit evaporative cooler or absorption unit for which a permit is required elsewhere in this code | 6 50         |             |
|          | For each air handling unit over 10 000 cfm                                                                                                                                                                                                                                                                                             | 11 00        |             |
|          | For each evaporative cooler other than portable type                                                                                                                                                                                                                                                                                   | 6 50         |             |
| <u>3</u> | For each ventilation fan<br>COMMERCIAL<br>RESIDENTIAL                                                                                                                                                                                                                                                                                  | 4 50<br>2 35 | <u>7 05</u> |
|          | For each ventilation system which is not a portion of any heating or air conditioning system authorized by a permit                                                                                                                                                                                                                    | 6 50         |             |
|          | For the installation of each hood which is served by mechanical exhaust including the ducts for such hood                                                                                                                                                                                                                              | 6 50         |             |
|          | For each fire damper installed in an existing system                                                                                                                                                                                                                                                                                   | 4 50         |             |

## OTHER INSPECTIONS AND FEES

|  |                                                                                                                                                                                     |                |  |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|
|  | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                         | 25 00 per hour |  |
|  | Reinspection fee assessed under provisions of TABLE 3 A of the Uniform Building Code — \$15 00 EACH                                                                                 | 15 00 each     |  |
|  | Inspections for which no fee is specifically indicated (minimum charge — one half hour)                                                                                             | 30 00 per hour |  |
|  | Additional plan review required by changes additions or revisions to approved plans (minimum charge — two hours)                                                                    | 30 00 per hour |  |
|  | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule |                |  |
|  | Gas piping which is directly related and necessary to the repair or replacement of heating air conditioning or refrigeration systems not exceeding 500 000 BTU H                    | 6 00           |  |

2310-2435

RECEIPT #002\*\*

A/C 126 95

CHEK 126.95

0142A000 12 16

02/13/92

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

SIGNED Interstate Plumbing & Mechanical, Inc CONTRACTOR MASTER CARD NO  
BY [Signature] DATE 2-13-92  
BUILDING DEPT

PERMIT FEE 38 55  
+796 2 70  
TOTAL FEES 41 25

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## CITY OF LAS VEGAS, NEVADA

PERMIT NO

92-135944

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS CALL 799-2071

## ELECTRICAL PERMIT

LOG NO & AREA P-236 DATE 2/10/92 CONST VAL \$ADDRESS OF CONSTRUCTION 2113 Greenhouse CT OWNER Schulman DevelopmentCONTRACTOR Time Electric, Inc STATE LICENSE NO 020824A CITY LICENSE NO 023572(PRINT NAME OF MASTER ELECTRICIAN) John Hinkell MASTER CARD NO 186 PHONE 739 8554PROPOSED CONSTRUCTION Plan 1C USEELECTRIC  
PERMIT NOApproval for the work under this permit will be given only after refuse  
and debris have been removed from job site and public right of way

| UNITS                                                                                                                   | DESCRIPTION                                                                                                                                                                                                                                          | FEE   | TOTAL        |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|
| <b>PERMIT ISSUANCE</b>                                                                                                  |                                                                                                                                                                                                                                                      |       |              |
| <u>1</u>                                                                                                                | For Issuing Each Permit                                                                                                                                                                                                                              | 10 70 | <u>10 70</u> |
|                                                                                                                         | Supplemental Fee                                                                                                                                                                                                                                     | 4 85  |              |
| <b>APPLIANCE CHARGE</b>                                                                                                 |                                                                                                                                                                                                                                                      |       |              |
| <b>Residential or General Commercial</b>                                                                                |                                                                                                                                                                                                                                                      |       |              |
| <u>83</u>                                                                                                               | Receptacle <u>32</u> Switch <u>31</u>                                                                                                                                                                                                                | 45    | <u>37 35</u> |
| <u>28</u>                                                                                                               | Each Light Fixture Socket or Exit Light<br>Smoke Detector or Exhaust Fan                                                                                                                                                                             | 35    | <u>9 80</u>  |
| <u>7</u>                                                                                                                | EACH OUTLET FOR SPECIAL PURPOSE<br>Dishwasher Garbage Grinder Trash Compactor<br>GFI Clothes Washer Dryer Electric Range<br>Ovens Water Heater Space Heater Blast Coil<br>Heater (PER KW) Mercury Lamp Quartz Lamp<br>Sodium Lamp 20AMP Sign Circuit | 75    | <u>5 25</u>  |
|                                                                                                                         | X Ray Unit                                                                                                                                                                                                                                           | 10 70 |              |
|                                                                                                                         | Area Lighting (First 3 000 Watts)                                                                                                                                                                                                                    | 8 60  |              |
|                                                                                                                         | Each Additional 1 000 Watts                                                                                                                                                                                                                          | 3 25  |              |
| <b>MOTORS (1 H P AND OVER) TRANSFORMERS ELEVATORS WELDERS<br/>GENERATORS CHILLERS SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                      |       |              |
|                                                                                                                         | 1 First H P or Ton For each Unit                                                                                                                                                                                                                     | 3 25  |              |
|                                                                                                                         | First KVA For Each Unit                                                                                                                                                                                                                              | 3 25  |              |
|                                                                                                                         | Each Additional H P Ton or KVA up to 50                                                                                                                                                                                                              | 55    |              |
|                                                                                                                         | Each Additional H P Ton or KVA over 50                                                                                                                                                                                                               | 40    |              |
|                                                                                                                         | Temporary power or Pole                                                                                                                                                                                                                              | 6 45  |              |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                              |                                                                                                                                                                                                                                                      |       |              |
| <u>1</u>                                                                                                                | Up to 200 AMP                                                                                                                                                                                                                                        | 6 45  | <u>6 45</u>  |
|                                                                                                                         | 400 AMP And 600 AMP                                                                                                                                                                                                                                  | 13 40 |              |
|                                                                                                                         | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                             | 26 75 |              |
|                                                                                                                         | Over 1200 AMP                                                                                                                                                                                                                                        | 53 50 |              |
|                                                                                                                         | Each Additional Meter Socket                                                                                                                                                                                                                         | 55    |              |
|                                                                                                                         | Sub Panel Motor Control Center<br>Disconnect Switch Transfer Switch (Each)                                                                                                                                                                           | 3 25  |              |
|                                                                                                                         | Swimming Pool (Residential)                                                                                                                                                                                                                          | 21 40 |              |
|                                                                                                                         | Swimming Pool (Semi Public)                                                                                                                                                                                                                          | 32 10 |              |
|                                                                                                                         | Spas                                                                                                                                                                                                                                                 | 8 60  |              |
|                                                                                                                         | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                   | 3 25  |              |

| UNITS                                                                        | DESCRIPTION                                                                                                                                                                        | FEE               | TOTAL       |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|
|                                                                              | Busways Trolley or Plug in (Ea 100 Ft)                                                                                                                                             | 3 25              |             |
|                                                                              | Gas Pumps Dispensers (Each)                                                                                                                                                        | 3 25              |             |
| <u>2</u>                                                                     | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                | 3 25              | <u>6 50</u> |
| <u>2</u>                                                                     | Each Air Handler                                                                                                                                                                   | 1 10              | <u>2 20</u> |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                 |                                                                                                                                                                                    |                   |             |
|                                                                              | Speaker Outlets (Each)                                                                                                                                                             | 35                |             |
|                                                                              | Signal or Alarm Outlets (Each)                                                                                                                                                     | 35                |             |
|                                                                              | Amplifiers                                                                                                                                                                         | 2 15              |             |
|                                                                              | Control Panel                                                                                                                                                                      | 55                |             |
| <u>3</u>                                                                     | TV Master System                                                                                                                                                                   | 35                | <u>1 05</u> |
| <u>3</u>                                                                     | Telephone or Computer Outlet                                                                                                                                                       | 35                | <u>1 05</u> |
| <b>OTHER INSPECTIONS AND FEES<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                    |                   |             |
|                                                                              | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                     | 30 00<br>per hour |             |
|                                                                              | Reinspection fee assessed under provisions of TABLE<br>3 A of the Uniform Building Code = \$30 00 EACH                                                                             | 30 00<br>each     |             |
|                                                                              | Inspections for which no fee is specifically<br>indicated (minimum charge — one half hour)                                                                                         | 30 00<br>per hour |             |
|                                                                              | Additional plan review required by changes additions<br>or revisions to approved plans (minimum charge —<br>one half hour) After work hours — \$30 00 per hour<br>— minimum 1 hour | 30 00<br>per hour |             |
|                                                                              | Starter Permit                                                                                                                                                                     | 50 00             |             |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                |                                                                                                                                                                                    |                   |             |
|                                                                              | Commercial —Burglar Alarms                                                                                                                                                         |                   |             |
|                                                                              | —Music Systems                                                                                                                                                                     |                   |             |
|                                                                              | —Data Processing                                                                                                                                                                   |                   |             |
|                                                                              | —Communication                                                                                                                                                                     |                   |             |
|                                                                              | Conduit Only—Contract Price                                                                                                                                                        |                   |             |
|                                                                              | All Misc Electric                                                                                                                                                                  |                   |             |

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

# 2310-2432

## RECEIPT

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

SIGNED HOMEOWNER CONTRACTOR

BUILDING DEPT

PERMIT  
FEE 80.35LESS  
STARTER PERMITTOTAL  
FEES

PERMIT NO

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

INSTALLATION CARD

LA HABRA WALL

LA HABRA STUCCO COMPANY

Job Address

Lot # 29/5  
Cherry Creek  
2113 Greenhouse Crt.

ICBO Evaluation Service, Inc

Report No 4226

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

Plastering Contractor

Name Huntman Plastering

Telephone

Address 2441 Lincoln Rd.

Number ( ) 438 0195

City Las Vegas Nev.

Approved Contractor Number As Issued By The Plaster Manufacturer #126

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

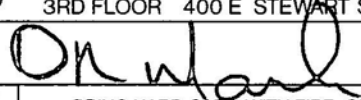
Alfred A. Huntman  
Signature of Authorized Representative  
of Plastering Contractor

2/27/92  
Date

Installation card must be presented to the Building Inspector after completion of work, and before final inspection



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                           |                                                                              |                                                                                                                                     |                                                            |                                             |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <b>1</b>                                                                                                                  | <b>PERMIT<br/>NUMBER</b>                                                     | <b>91-127269</b>                                                                                                                    | <b>INSPECTION<br/>NUMBER</b>                               | <b>2</b>                                    |
| JOB ADDRESS<br><b>2113 GREENHOUSE CT</b>                                                                                  |                                                                              |                                                                                                                                     |                                                            |                                             |
| LOT NO<br><b>29</b>                                                                                                       |                                                                              | BLOCK NO<br><b>5</b>                                                                                                                | SUBDIVISION NAME<br><b>CHERRY CREEK</b>                    |                                             |
| FIRE DEPT MAP NO<br><b>2216-31</b>                                                                                        | JOB PHONE<br><b>386-9073</b>                                                 | CALL IN DATE<br><b>01/08/92</b>                                                                                                     | CALL IN TIME<br><b>09:17</b>                               | SCHEDULE DATE<br><b>01/09/92</b>            |
| INSPECTOR NO<br><b>70</b>                                                                                                 |                                                                              | INSPECTOR NAME<br><b>DAVE MARSH</b>                                                                                                 |                                                            |                                             |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                           |                                                                              | <b>UNDERSLAB PLUMBING (407)</b>                                                                                                     |                                                            |                                             |
|                                                                                                                           |                                                                              |                                                                                                                                     |                                                            |                                             |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                            | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                             |                                                                                                                                     | PARTIAL DESCRIPTION                                        |                                             |
| <input checked="" type="checkbox"/> APPROVED<br>(A)                                                                       | <input type="checkbox"/> STOP<br>WORK (S)                                    | <input type="checkbox"/> COMMENTS<br>(C)                                                                                            | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                     | REINSPECTION REQUIRED CALL *229 2071                                         |                                                                                                                                     |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                        | REINSPECTION FEE REQUIRED PAY AT CITY HALL<br>3RD FLOOR 400 E STEWART STREET |                                                                                                                                     |                                                            |                                             |
| INSPECTOR<br>SIGNATURE<br>             |                                                                              |                                                                                                                                     | INSPECTION DATE<br><b>1-9-92</b>                           |                                             |
| <input type="checkbox"/> PROJECT<br>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>                             |

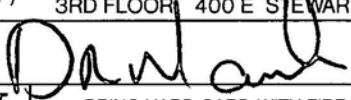
For Additional Assistance Call \*229-6251 See Reverse Side For Inspection Types

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                 |  |                                                                                                                                  |  |                                       |  |                                                         |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|----------|
| <b>PERMIT NUMBER</b>                                                                                                                                                                            |  | 91-124646                                                                                                                        |  | <b>INSPECTION NUMBER</b>              |  | 23                                                      |          |
| <b>JOB ADDRESS</b>                                                                                                                                                                              |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| 2113 GREENHOUSE CT                                                                                                                                                                              |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| <b>LOT NO</b>                                                                                                                                                                                   |  | <b>BLOCK NO</b>                                                                                                                  |  | <b>SUBDIVISION NAME</b>               |  |                                                         |          |
| 29                                                                                                                                                                                              |  | 5                                                                                                                                |  | SUMMERLIN                             |  |                                                         |          |
| <b>FIRE DEPT MAP NO</b>                                                                                                                                                                         |  | <b>JOB PHONE</b>                                                                                                                 |  | <b>CALL IN DATE</b>                   |  | <b>CALL IN TIME</b>                                     |          |
| 2216-31                                                                                                                                                                                         |  | 737-1440                                                                                                                         |  | 01/08/92                              |  | 16:00                                                   |          |
| <b>INSPECTOR NO</b>                                                                                                                                                                             |  | <b>INSPECTOR NAME</b>                                                                                                            |  |                                       |  |                                                         |          |
| 70/55                                                                                                                                                                                           |  | DAVE MARSH                                                                                                                       |  |                                       |  |                                                         |          |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                     |  | <b>PRE-SLAB (105)</b>                                                                                                            |  |                                       |  |                                                         |          |
| <p style="font-size: 2em; transform: rotate(-15deg); position: absolute; top: 30%; left: 50%;">Send to #70</p> <p style="font-size: 1.5em; position: absolute; top: 30%; left: 10%;">1 plan</p> |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                     |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | <b>PARTIAL DESCRIPTION</b>            |  |                                                         |          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                                                                                |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |          |
| <input type="checkbox"/> REJECTED (R)                                                                                                                                                           |  | <input type="checkbox"/> REFEED (F)                                                                                              |  | <input type="checkbox"/> HOLD (H)     |  |                                                         |          |
|                                                                                                                                                                                                 |  | REINSPECTION REQUIRED CALL *229 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>                                  |          |
|                                                                                                                                                                                                 |  |                                                                                                                                  |  |                                       |  | 1-9-92                                                  |          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                       |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C OF O ISSUANCE (Commercial Only) |  |                                       |  |                                                         |          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT                                                                          |  |                                                                                                                                  |  |                                       |  |                                                         | 229-6769 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                               |                          |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                           | <b>PERMIT<br/>NUMBER</b> | 92131614                                                                                                                            | <b>INSPECTION<br/>NUMBER</b>          |                                                         |                                          |
| JOB ADDRESS<br><b>2113 GREENHOUSE WY</b>                                                                                                                                                                      |                          |                                                                                                                                     |                                       |                                                         |                                          |
| LOT NO                                                                                                                                                                                                        |                          | BLOCK NO                                                                                                                            | SUBDIVISION NAME                      |                                                         |                                          |
| FIRE DEPT MAP NO                                                                                                                                                                                              |                          | JOB PHONE                                                                                                                           | CALL IN DATE<br><b>01/02/92</b>       | CALL IN TIME<br><b>11:09</b>                            | SCHEDULE DATE<br><b>01/03/92</b>         |
| INSPECTOR NO<br><b>70</b>                                                                                                                                                                                     |                          | INSPECTOR NAME<br><b>MARSH, DAVE</b>                                                                                                |                                       |                                                         |                                          |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                                                                                               |                          | <b>407 UNDERSLAB PLUMBING</b>                                                                                                       |                                       |                                                         |                                          |
| <b>CHERRY CREEK</b>                                                                                                                                                                                           |                          |                                                                                                                                     |                                       |                                                         |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                   |                          | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                                       | PARTIAL DESCRIPTION                                     |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                                                                                              |                          | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                                                                                                         |                          | REINSPECTION REQUIRED CALL *229 2071                                                                                                |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                                                                                            |                          | REINSPECTION FEE REQUIRED PAY AT CITY HALL<br>3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |                                          |
| INSPECTOR SIGNATURE<br>                                                                                                    |                          |                                                                                                                                     | INSPECTION DATE<br><b>1-6-92</b>      |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                     |                          | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br>CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT  |                          |                                                                                                                                     |                                       |                                                         |                                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91124646

**INSPECTION  
NUMBER**

JOB ADDRESS

2113 GREENHOUSE CT

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

11/01/91

CALL IN TIME

11:39

SCHEDULE DATE

11/04/91

INSPECTOR NO

70

INSPECTOR NAME

MARSH, DAVE

**INSPECTION  
REQUESTED**

101 FOOTING, LAYOUT, REBAR, ZONING

☐ 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**

*DMC*

INSPECTION DATE

11-4-91

☐ **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

|                                                                                                                        |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                                   |  | 91-124646                                                                                                                        |  | <b>INSPECTION NUMBER</b>              |  | 22                                                      |                 |
| <b>JOB ADDRESS</b><br>2113 GREENHOUSE CT                                                                               |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <b>LOT NO</b><br>29                                                                                                    |  | <b>BLOCK NO</b><br>5                                                                                                             |  | <b>SUBDIVISION NAME</b><br>SUMMERLIN  |  |                                                         |                 |
| <b>FIRE DEPT MAP NO</b><br>2216-31                                                                                     |  | <b>JOB PHONE</b><br>737-1440                                                                                                     |  | <b>CALL IN DATE</b><br>02/28/92       |  | <b>CALL IN TIME</b><br>16:39                            |                 |
| <b>SCHEDULE DATE</b><br>03/02/92                                                                                       |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <b>INSPECTOR NO</b><br>84                                                                                              |  | <b>INSPECTOR NAME</b><br>BOB WARD                                                                                                |  |                                       |  |                                                         |                 |
| <b>INSPECTION REQUESTED</b>                                                                                            |  | DRYWALL NAILING (125)                                                                                                            |  |                                       |  |                                                         |                 |
| <div style="border: 1px solid black; width: 100%; height: 100%;"></div>                                                |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | <b>PARTIAL DESCRIPTION</b>            |  |                                                         |                 |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |                 |
| <input type="checkbox"/> HOLD (H)                                                                                      |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <input type="checkbox"/> REJECTED (R)                                                                                  |  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |  |                                       |  |                                                         |                 |
| <input type="checkbox"/> REFEE (F)                                                                                     |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |  |                                       |  |                                                         |                 |
| <input type="checkbox"/> PERMIT REQUIRED                                                                               |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <b>INSPECTOR SIGNATURE</b><br><i>Bob Ward</i>                                                                          |  |                                                                                                                                  |  | <b>INSPECTION DATE</b><br>3-2-92      |  |                                                         |                 |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C OF O ISSUANCE (Commercial Only) |  |                                       |  |                                                         |                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |  |                                                                                                                                  |  |                                       |  |                                                         | <b>229-6765</b> |

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



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

|                                                                                                                        |                                                                                                                                  |                                                       |                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> PERMIT NUMBER                                                                      | 91-124646                                                                                                                        | <input checked="" type="checkbox"/> INSPECTION NUMBER | 21                                                      |
| JOB ADDRESS<br><b>2113 GREENHOUSE CT</b>                                                                               |                                                                                                                                  |                                                       |                                                         |
| LOT NO<br><b>29</b>                                                                                                    | BLOCK NO<br><b>5</b>                                                                                                             | SUBDIVISION NAME<br><b>SUMMERLIN</b>                  |                                                         |
| FIRE DEPT MAP NO<br><b>2216-31</b>                                                                                     | JOB PHONE<br><b>737-1440</b>                                                                                                     | CALL IN DATE<br><b>02/28/92</b>                       | CALL IN TIME<br><b>16:39</b>                            |
| SCHEDULE DATE<br><b>03/02/92</b>                                                                                       |                                                                                                                                  |                                                       |                                                         |
| INSPECTOR NO<br><b>84</b>                                                                                              | INSPECTOR NAME<br><b>BOB WARD</b>                                                                                                |                                                       |                                                         |
| <b>INSPECTION REQUESTED</b> <b>EXTERIOR LATH/STUCCO (129)</b>                                                          |                                                                                                                                  |                                                       |                                                         |
| <div style="border: 1px solid black; height: 150px;"></div>                                                            |                                                                                                                                  |                                                       |                                                         |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                                   |                                                         |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C)                 | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |
| <input type="checkbox"/> REJECTED (R)                                                                                  | <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                |
| INSPECTOR SIGNATURE<br><i>Bob Ward</i>                                                                                 |                                                                                                                                  | INSPECTION DATE<br><b>3-2-92</b>                      |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C OF O ISSUANCE (Commercial Only) |                                                       |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                                                                                  |                                                       | <b>229-6765</b>                                         |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |  |                                                                                                                                  |  |                                                                   |  |                                                         |  |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|---------------------------------------------------------|--|
| <b>PERMIT NUMBER</b> <span style="font-size: 1.5em;">➤</span>                                                          |  | 92-135944                                                                                                                        |  | <b>INSPECTION NUMBER</b> <span style="font-size: 1.5em;">➤</span> |  | 13                                                      |  |
| JOB ADDRESS <span style="font-size: 1.2em;">2113 GREENHOUSE CT</span>                                                  |  |                                                                                                                                  |  |                                                                   |  |                                                         |  |
| LOT NO                                                                                                                 |  | BLOCK NO                                                                                                                         |  | SUBDIVISION NAME                                                  |  |                                                         |  |
| FIRE DEPT MAP NO                                                                                                       |  | JOB PHONE                                                                                                                        |  | CALL IN DATE                                                      |  | CALL IN TIME                                            |  |
| 2216-31                                                                                                                |  | 739-8554                                                                                                                         |  | 03/31/92                                                          |  | 13:45                                                   |  |
| SCHEDULE DATE                                                                                                          |  | 04/01/92                                                                                                                         |  |                                                                   |  |                                                         |  |
| INSPECTOR NO                                                                                                           |  | INSPECTOR NAME                                                                                                                   |  |                                                                   |  |                                                         |  |
| 84                                                                                                                     |  | BOB WARD                                                                                                                         |  |                                                                   |  |                                                         |  |
| <b>INSPECTION REQUESTED</b> <span style="font-size: 1.5em;">➤</span>                                                   |  | TEMP POWER/TAG/TEMP BLDG FINAL (139)                                                                                             |  |                                                                   |  |                                                         |  |
| No disconnect at condenser                                                                                             |  |                                                                                                                                  |  |                                                                   |  |                                                         |  |
| <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 <span style="font-size: 1.2em;">Bob Ward</span>                                                    |  |                                                                                                                                  |  | INSPECTION DATE <span style="font-size: 1.2em;">4-1-92</span>     |  |                                                         |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |  |                                                                   |  |                                                         |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |  |                                                                                                                                  |  |                                                                   |  | ➤ 229-6765                                              |  |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                     |                                                                                             |                                                                                                                                  |                                                                                             |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>W</b>                                                                                                                                                                                                                            | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">92-135944</div> | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">14</div>                                         |                                                                                             |                                                                                            |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; text-align: center;">2113 GREENHOUSE CT</div>                                                                                                              |                                                                                             |                                                                                                                                  |                                                                                             |                                                                                            |
| <b>LOT NO</b><br><div style="border: 1px solid black; padding: 2px;"> </div>                                                                                                                                                        |                                                                                             | <b>BLOCK NO</b><br><div style="border: 1px solid black; padding: 2px;">2</div>                                                   |                                                                                             | <b>SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px;"> </div>     |
| <b>FIRE DEPT MAP NO</b><br><div style="border: 1px solid black; padding: 2px;">2216-31</div>                                                                                                                                        | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px;">739-8554</div>      | <b>CALL IN DATE</b><br><div style="border: 1px solid black; padding: 2px;">04/16/92</div>                                        | <b>CALL IN TIME</b><br><div style="border: 1px solid black; padding: 2px;">75:11</div>      | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px;">04/17/92</div> |
| <b>INSPECTOR NO</b><br><div style="border: 1px solid black; padding: 2px;">84</div>                                                                                                                                                 |                                                                                             | <b>INSPECTOR NAME</b><br><div style="border: 1px solid black; padding: 2px;">BOB WARD</div>                                      |                                                                                             |                                                                                            |
| <b>INSPECTION REQUESTED</b> <span style="font-size: 2em;">➤</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">FINAL ELECTRICAL (240)</div>                                                          |                                                                                             |                                                                                                                                  |                                                                                             |                                                                                            |
| <div style="font-family: cursive; font-size: 1.2em;"> <p>① Kitchen - 5 receipts - on GFCI circuit<br/>Add GFCI -</p> <p>② Bond softener loop <sup>OK</sup> -</p> </div> <div style="text-align: center; margin-top: 100px;">2</div> |                                                                                             |                                                                                                                                  |                                                                                             |                                                                                            |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                                                                                                                  |                                                                                             | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                             |                                                                                             | <b>PARTIAL DESCRIPTION</b><br><div style="border: 1px solid black; height: 30px;"> </div>  |
| <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)</b> - UNTIL                              | <input type="checkbox"/> <b>HOLD (H)</b>                                                   |
| <input checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                                                                                                                             |                                                                                             | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                      |                                                                                             | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                            |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                                                                                                           |                                                                                             | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                 |                                                                                             |                                                                                            |
| <b>INSPECTOR SIGNATURE</b><br><div style="border: 1px solid black; padding: 5px; font-family: cursive;">Bob Ward</div>                                                                                                              |                                                                                             |                                                                                                                                  | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 5px;">4-17-92</div> |                                                                                            |
| <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                                                                                                                  |                                                                                             |                                                                                                                                  |                                                                                             | <div style="border: 1px solid black; padding: 5px; font-weight: bold;">229-6765</div>      |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                  |                      |                                                                                                                                                                                                                                  |                          |                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                              | <b>PERMIT NUMBER</b> | 92-135944                                                                                                                                                                                                                        | <b>INSPECTION NUMBER</b> | 9                                                                                                   |
| <b>JOB ADDRESS</b><br>2113 GREENHOUSE CT                                                                                                                                         |                      |                                                                                                                                                                                                                                  |                          |                                                                                                     |
| <b>LOT NO</b>                                                                                                                                                                    |                      | <b>BLOCK NO</b>                                                                                                                                                                                                                  |                          | <b>SUBDIVISION NAME</b>                                                                             |
| <b>FIRE DEPT MAP NO</b><br>2216-31                                                                                                                                               |                      | <b>JOB PHONE</b><br>739-8554                                                                                                                                                                                                     |                          | <b>CALL IN DATE</b><br>04/20/92<br><b>CALL IN TIME</b><br>13:46<br><b>SCHEDULE DATE</b><br>06/21/92 |
| <b>INSPECTOR NO</b><br>84                                                                                                                                                        |                      | <b>INSPECTOR NAME</b><br>BOB WARD                                                                                                                                                                                                |                          |                                                                                                     |
| <b>INSPECTION REQUESTED</b> <span style="font-size: 2em;">➤</span> FINAL ELECTRICAL (240)                                                                                        |                      |                                                                                                                                                                                                                                  |                          |                                                                                                     |
| <div style="text-align: center; font-size: 2em; margin-bottom: 20px;">OK</div> <div style="text-align: center; font-size: 2em;">Items corrected</div>                            |                      |                                                                                                                                                                                                                                  |                          |                                                                                                     |
| <input type="checkbox"/> PARTIAL INSPECTION<br><input checked="" type="checkbox"/> APPROVED (A)                                                                                  |                      | <input type="checkbox"/> PARTIAL APPROVAL (P)<br><input type="checkbox"/> STOP WORK (S)<br><input type="checkbox"/> COMMENTS (C)<br><input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL<br><input type="checkbox"/> HOLD (H) |                          |                                                                                                     |
| <input type="checkbox"/> REJECTED (R)<br><input type="checkbox"/> REFEE (F)                                                                                                      |                      | REINSPECTION REQUIRED CALL * 229 2071<br>REINSPECTION FEE REQUIRED PAY AT CITY HALL<br>3RD FLOOR 400 E STEWART STREET<br><input type="checkbox"/> PERMIT REQUIRED                                                                |                          |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                                                       |                      | <b>INSPECTION DATE</b>                                                                                                                                                                                                           |                          |                                                                                                     |
| <input type="checkbox"/> PROJECT COMPLETE<br>BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                      | 4-21-92                                                                                                                                                                                                                          |                          |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br>CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT                                                            |                      |                                                                                                                                                                                                                                  |                          | ➤ 229-6765                                                                                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                 |  |                             |  |                                                              |  |                     |  |
|-----------------------------------------------------------------|--|-----------------------------|--|--------------------------------------------------------------|--|---------------------|--|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>        |  | <b>91-127269</b>            |  | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> |  | <b>22</b>           |  |
| <b>JOB ADDRESS</b>                                              |  |                             |  |                                                              |  |                     |  |
| <b>2113 GREENHOUSE CT</b>                                       |  |                             |  |                                                              |  |                     |  |
| <b>LOT NO</b>                                                   |  | <b>BLOCK NO</b>             |  | <b>SUBDIVISION NAME</b>                                      |  |                     |  |
| <b>29</b>                                                       |  | <b>5</b>                    |  | <b>CHERRY CREEK</b>                                          |  |                     |  |
| <b>FIRE DEPT MAP NO</b>                                         |  | <b>JOB PHONE</b>            |  | <b>CALL IN DATE</b>                                          |  | <b>CALL IN TIME</b> |  |
| <b>2216-31</b>                                                  |  | <b>386-9973</b>             |  | <b>03/30/92</b>                                              |  | <b>15:55</b>        |  |
| <b>SCHEDULE DATE</b>                                            |  | <b>03/31/92</b>             |  |                                                              |  |                     |  |
| <b>INSPECTOR NO</b>                                             |  | <b>INSPECTOR NAME</b>       |  |                                                              |  |                     |  |
| <b>84</b>                                                       |  | <b>BOB WARD</b>             |  |                                                              |  |                     |  |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b> |  | <b>FINAL GAS TEST (423)</b> |  |                                                              |  |                     |  |

*Tag # 22210*

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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                                   |  | 91-124646                                                                                                                        |  | <b>INSPECTION NUMBER</b>              |  | 9                                                       |                 |
| <b>JOB ADDRESS</b>                                                                                                     |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| 2113 GREENHOUSE CT                                                                                                     |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <b>LOT NO</b>                                                                                                          |  | <b>BLOCK NO</b>                                                                                                                  |  | <b>SUBDIVISION NAME</b>               |  |                                                         |                 |
| 29                                                                                                                     |  | 5                                                                                                                                |  | SUMMERLIN                             |  |                                                         |                 |
| <b>FIRE DEPT MAP NO</b>                                                                                                |  | <b>JOB PHONE</b>                                                                                                                 |  | <b>CALL IN DATE</b>                   |  | <b>CALL IN TIME</b>                                     |                 |
| 2216-31                                                                                                                |  | 737-1440                                                                                                                         |  | 02/25/92                              |  | 14:57                                                   |                 |
| <b>INSPECTOR NO</b>                                                                                                    |  | <b>INSPECTOR NAME</b>                                                                                                            |  |                                       |  |                                                         |                 |
| 84                                                                                                                     |  | BOB WARD                                                                                                                         |  |                                       |  |                                                         |                 |
| <b>INSPECTION REQUESTED*</b>                                                                                           |  | INSULATION (123)                                                                                                                 |  |                                       |  |                                                         |                 |
|                                                                                                                        |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | <b>PARTIAL DESCRIPTION</b>            |  |                                                         |                 |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |                 |
| <input type="checkbox"/> REJECTED (R)                                                                                  |  | <input type="checkbox"/> REFEE (F)                                                                                               |  | <input type="checkbox"/> HOLD (H)     |  |                                                         |                 |
|                                                                                                                        |  | REINSPECTION REQUIRED CALL *229 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>                |  |                                                         |                 |
| <i>Robert Ward</i>                                                                                                     |  |                                                                                                                                  |  | 2-26-92                               |  |                                                         |                 |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C OF O ISSUANCE (Commercial Only) |  |                                       |  |                                                         |                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |  |                                                                                                                                  |  |                                       |  |                                                         | <b>229-6765</b> |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |                                                                           |                                                                                                                                  |                                                         |                                   |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/>                                                                                    | <b>PERMIT NUMBER</b>                                                      | 92-136205                                                                                                                        | <b>INSPECTION NUMBER</b>                                | 24                                |
| JOB ADDRESS <b>2113 GREENHOUSE CT</b>                                                                                  |                                                                           |                                                                                                                                  |                                                         |                                   |
| LOT NO<br><b>29</b>                                                                                                    |                                                                           | BLOCK NO<br><b>5</b>                                                                                                             | SUBDIVISION NAME<br><b>CHERRY CREEK</b>                 |                                   |
| FIRE DEPT MAP NO<br><b>2216-31</b>                                                                                     | JOB PHONE<br><b>367-6064</b>                                              | CALL IN DATE<br><b>02/14/92</b>                                                                                                  | CALL IN TIME<br><b>16:01</b>                            | SCHEDULE DATE<br><b>02/18/92</b>  |
| INSPECTOR NO<br><b>84</b>                                                                                              |                                                                           | INSPECTOR NAME<br><b>BOB WARD</b>                                                                                                |                                                         |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                            |                                                                           | <b>ROUGH MECHANICAL (320)</b>                                                                                                    |                                                         |                                   |
| <div style="border: 1px solid black; width: 100%; height: 100%;"></div>                                                |                                                                           |                                                                                                                                  |                                                         |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            | <input type="checkbox"/> PARTIAL APPROVAL (P)                             | PARTIAL DESCRIPTION                                                                                                              |                                                         |                                   |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       | <input type="checkbox"/> STOP WORK (S)                                    | <input type="checkbox"/> COMMENTS (C)                                                                                            | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                  | REINSPECTION REQUIRED CALL *229 2071                                      |                                                                                                                                  | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F)                                                                                     | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET |                                                                                                                                  |                                                         |                                   |
| INSPECTOR SIGNATURE<br><i>RW</i>                                                                                       |                                                                           | INSPECTION DATE<br><b>2-18-92</b>                                                                                                |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              |                                                                           | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                           |                                                                                                                                  |                                                         | <b>229-6765</b>                   |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                        |                                                                                                                    |                                                                                                                                     |                                                                                                                    |                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>M</b>                                                                                                                                               | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">92-136205</div> | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">24</div>                     |                                                                                                                    |                                                                                                                   |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2113 GREENHOUSE CT</div>                              |                                                                                                                    |                                                                                                                                     |                                                                                                                    |                                                                                                                   |
| <b>LOT NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">29</div>                                                   | <b>BLOCK NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>              | <b>SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">CHERRY CREEK</div>            |                                                                                                                    |                                                                                                                   |
| <b>FIRE DEPT MAP NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2216-31</div>                                    | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">367-6064</div>      | <b>CALL IN DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">02/14/92</div>                    | <b>CALL IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">16:01</div>      | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">02/18/92</div> |
| <b>INSPECTOR NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">84</div>                                             | <b>INSPECTOR NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">BOB WARD</div> |                                                                                                                                     |                                                                                                                    |                                                                                                                   |
| <b>INSPECTION REQUESTED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">ROUGH MECHANICAL (320)</div> |                                                                                                                    |                                                                                                                                     |                                                                                                                    |                                                                                                                   |
| Inspection Notes Area                                                                                                                                  |                                                                                                                    |                                                                                                                                     |                                                                                                                    |                                                                                                                   |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                                     |                                                                                                                    | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</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>REJECTED (R)</b>                                                                                                           |                                                                                                                    | <input type="checkbox"/> <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                |                                                                                                                    | <input type="checkbox"/> <b>HOLD (H)</b>                                                                          |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                              |                                                                                                                    | <input type="checkbox"/> <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                           |                                                                                                                    | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                   |
| <b>INSPECTOR SIGNATURE</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;">RW</div>                                      |                                                                                                                    |                                                                                                                                     | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;">2-18-92</div> |                                                                                                                   |
| <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                              |                                                                                                                    |                                                                                                                                     |                                                                                                                    | <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold;">229-6765</div>      |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                          |  |                                                                                                                                  |  |                                       |  |                                                         |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|----------|
| <b>PERMIT NUMBER</b>                                                                                                                                                                     |  | 92-135944                                                                                                                        |  | <b>INSPECTION NUMBER</b>              |  | 3                                                       |          |
| <b>JOB ADDRESS</b>                                                                                                                                                                       |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| 2113 GREENHOUSE CT                                                                                                                                                                       |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| <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>                                     |          |
|                                                                                                                                                                                          |  |                                                                                                                                  |  | 02/11/92                              |  | 13:52                                                   |          |
|                                                                                                                                                                                          |  |                                                                                                                                  |  | 02/12/92                              |  |                                                         |          |
| <b>INSPECTOR NO</b>                                                                                                                                                                      |  | <b>INSPECTOR NAME</b>                                                                                                            |  |                                       |  |                                                         |          |
| 84                                                                                                                                                                                       |  | BOB WARD                                                                                                                         |  |                                       |  |                                                         |          |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                              |  | ROUGH ELECTRICAL (220)                                                                                                           |  |                                       |  |                                                         |          |
| <p>① Install recept at hall - per city<br/>Approved plan - (red line)</p> <p>② ck recept at kitchen (red line)</p> <p style="text-align: center; margin-top: 50px;">Will ck at frame</p> |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                              |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | <b>PARTIAL DESCRIPTION</b>            |  |                                                         |          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                                                                         |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |          |
|                                                                                                                                                                                          |  |                                                                                                                                  |  |                                       |  | <input type="checkbox"/> HOLD (H)                       |          |
| <input type="checkbox"/> REJECTED (R)                                                                                                                                                    |  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |  |                                       |  | <input type="checkbox"/> 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>                |  |                                                         |          |
| RW                                                                                                                                                                                       |  |                                                                                                                                  |  | 2-12-92                               |  |                                                         |          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |  |                                       |  |                                                         |          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT                                                                   |  |                                                                                                                                  |  |                                       |  |                                                         | 229-6765 |

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

# DEPARTMENT OF BUILDING & SAFETY, CITY OF LAS VEGAS

|                                                                                                                    |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                               |  | <b>91-124646</b>                                                                                                                 |  | <b>INSPECTION NUMBER</b>              |  | <b>9</b>                                                |                 |
| JOB ADDRESS<br><b>2113 GREENHOUSE CT</b>                                                                           |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| LOT NO<br><b>29</b>                                                                                                |  | BLOCK NO<br><b>5</b>                                                                                                             |  | SUBDIVISION NAME<br><b>SUMMERLIN</b>  |  |                                                         |                 |
| FIRE DEPT MAP NO<br><b>2216-31</b>                                                                                 |  | JOB PHONE<br><b>737-1660</b>                                                                                                     |  | CALL IN DATE<br><b>02/07/92</b>       |  | CALL IN TIME<br><b>16:10</b>                            |                 |
| SCHEDULE DATE<br><b>02/10/92</b>                                                                                   |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| INSPECTOR NO<br><b>84</b>                                                                                          |  | INSPECTOR NAME<br><b>BOB WARD</b>                                                                                                |  |                                       |  |                                                         |                 |
| <b>INSPECTION REQUESTED</b>                                                                                        |  | <b>ROOF SHEATHING (107) / Shear-109</b>                                                                                          |  |                                       |  |                                                         |                 |
| <p><i>Have concrete company ck all A-B schedules - A + shears</i></p> <p><i>Will ck A + frame</i></p>              |  |                                                                                                                                  |  |                                       |  |                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                        |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | PARTIAL DESCRIPTION                   |  |                                                         |                 |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                   |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |                 |
|                                                                                                                    |  |                                                                                                                                  |  |                                       |  | <input type="checkbox"/> HOLD (H)                       |                 |
| <input type="checkbox"/> REJECTED (R)                                                                              |  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |  |                                       |  | <input type="checkbox"/> PERMIT REQUIRED                |                 |
| <input type="checkbox"/> REFEE (F)                                                                                 |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |  |                                       |  |                                                         |                 |
| INSPECTOR SIGNATURE <i>RWard</i>                                                                                   |  |                                                                                                                                  |  | INSPECTION DATE<br><b>2-10-92</b>     |  |                                                         |                 |
| <input type="checkbox"/> PROJECT COMPLETE                                                                          |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |  |                                       |  |                                                         |                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT |  |                                                                                                                                  |  |                                       |  |                                                         | <b>229-6765</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                                        |                                                                                                                    |                                                                                                                                                 |                                                                                                               |                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>K</b>                                                                                                                                                                                                                                               | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">91-124646</div> | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">13</div>                                 |                                                                                                               |                                                                                                                                |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2113 GREENHOUSE CT</div>                                                                                                                              |                                                                                                                    |                                                                                                                                                 |                                                                                                               |                                                                                                                                |
| <b>LOT NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">29</div>                                                                                                                                                   | <b>BLOCK NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>              | <b>SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">SUMNERLIN</div>                           |                                                                                                               |                                                                                                                                |
| <b>FIRE DEPT MAP NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2216-31</div>                                                                                                                                    | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">737-1440</div>      | <b>CALL IN DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">02/20/92</div>                                | <b>CALL IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15:44</div> | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">02/21/92</div>              |
| <b>INSPECTOR NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">84</div>                                                                                                                                             | <b>INSPECTOR NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">BOB HARD</div> |                                                                                                                                                 |                                                                                                               |                                                                                                                                |
| <b>INSPECTION REQUESTED</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">FRAMING (120)</div>                                                                                                                          |                                                                                                                    |                                                                                                                                                 |                                                                                                               |                                                                                                                                |
| <div style="font-family: cursive; font-size: 1.2em; margin-bottom: 10px;">             ① Nail gable bracing           </div> <div style="font-family: cursive; font-size: 1.2em;">             ② Plb - install clean-out on foot-vent           </div> |                                                                                                                    |                                                                                                                                                 |                                                                                                               |                                                                                                                                |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                                                                                                                                     |                                                                                                                    | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            |                                                                                                               | <b>PARTIAL DESCRIPTION</b>                                                                                                     |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                                                                                                                                |                                                                                                                    | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   |                                                                                                               | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                   |
|                                                                                                                                                                                                                                                        |                                                                                                                    | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T)</b>                                                                                          |                                                                                                               | <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>                                                                |                                                                                                               |                                                                                                                                |
| <b>INSPECTOR SIGNATURE</b><br><div style="font-family: cursive; font-size: 1.2em;">R. Hard</div>                                                                                                                                                       |                                                                                                                    | <b>INSPECTION DATE</b><br><div style="font-family: cursive; font-size: 1.2em;">2-21-92</div>                                                    |                                                                                                               |                                                                                                                                |
| <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>                                                                                                                          |                                                                                                                    |                                                                                                                                                 |                                                                                                               | <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">229-6765</div> |

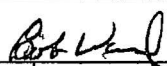
For Additional Assistance Call \* 229-6251 See Reverse Side For Inspection Types

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |  |                                                                                                                                  |  |                                       |  |                                                          |  |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|----------------------------------------------------------|--|
| <b>PERMIT NUMBER</b>                                                                                                   |  | 92-135966                                                                                                                        |  | <b>INSPECTION NUMBER</b>              |  | 15                                                       |  |
| JOB ADDRESS<br><b>2113 GREENHOUSE CT</b>                                                                               |  |                                                                                                                                  |  |                                       |  |                                                          |  |
| LOT NO                                                                                                                 |  | BLOCK NO                                                                                                                         |  | SUBDIVISION NAME                      |  |                                                          |  |
| FIRE DEPT MAP NO<br><b>2216-31</b>                                                                                     |  | JOB PHONE<br><b>739-8554</b>                                                                                                     |  | CALL IN DATE<br><b>04/03/92</b>       |  | CALL IN TIME<br><b>13:36</b>                             |  |
| SCHEDULE DATE<br><b>04/06/92</b>                                                                                       |  |                                                                                                                                  |  |                                       |  |                                                          |  |
| INSPECTOR NO<br><b>84</b>                                                                                              |  | INSPECTOR NAME<br><b>BOB WARD</b>                                                                                                |  |                                       |  |                                                          |  |
| <b>INSPECTION REQUESTED</b>                                                                                            |  | <b>TEMP POWER TAG/TEMP BLDG FINAL (139)</b>                                                                                      |  |                                       |  |                                                          |  |
| <p style="font-size: 2em; margin: 0;">Tag # 41625</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 *229 2071                                                                                             |  |                                       |  | <input type="checkbox"/> PERMIT REQUIRED                 |  |
|                                                                                                                        |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |  |                                       |  |                                                          |  |
| INSPECTOR SIGNATURE<br><i>Bob Ward</i>                                                                                 |  |                                                                                                                                  |  | INSPECTION DATE<br><b>4 6 92</b>      |  |                                                          |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |  |                                       |  |                                                          |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |  |                                                                                                                                  |  |                                       |  | <b>229-6765</b>                                          |  |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |                                                                           |                                                                                                                                  |                                                         |                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 1                                                                                                                      | <b>PERMIT NUMBER</b>                                                      | 91-127269                                                                                                                        | <b>INSPECTION NUMBER</b>                                | 18                                                                                                  |
| <b>JOB ADDRESS</b>                                                                                                     |                                                                           |                                                                                                                                  |                                                         |                                                                                                     |
| 2113 GREENHOUSE CT                                                                                                     |                                                                           |                                                                                                                                  |                                                         |                                                                                                     |
| <b>LOT NO</b>                                                                                                          |                                                                           | <b>BLOCK NO</b>                                                                                                                  |                                                         | <b>SUBDIVISION NAME</b>                                                                             |
| 29                                                                                                                     |                                                                           | 5                                                                                                                                |                                                         | CHERRY CREEK                                                                                        |
| <b>FIRE DEPT MAP NO</b>                                                                                                | <b>JOB PHONE</b>                                                          | <b>CALL IN DATE</b>                                                                                                              | <b>CALL IN TIME</b>                                     | <b>SCHEDULE DATE</b>                                                                                |
| 2216-39                                                                                                                | 386-9073                                                                  | 04/03/92                                                                                                                         | 13:38                                                   | 04/06/92                                                                                            |
| <b>INSPECTOR NO</b>                                                                                                    |                                                                           | <b>INSPECTOR NAME</b>                                                                                                            |                                                         |                                                                                                     |
| 84                                                                                                                     |                                                                           | BOB WARD                                                                                                                         |                                                         |                                                                                                     |
| <b>INSPECTION REQUESTED</b>                                                                                            |                                                                           |                                                                                                                                  |                                                         |                                                                                                     |
| FINAL PLUMBING (440)                                                                                                   |                                                                           |                                                                                                                                  |                                                         |                                                                                                     |
|                                                                                                                        |                                                                           |                                                                                                                                  |                                                         |                                                                                                     |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            |                                                                           | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |                                                         | <b>PARTIAL DESCRIPTION</b>                                                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       | <input type="checkbox"/> STOP WORK (S)                                    | <input type="checkbox"/> COMMENTS (C)                                                                                            | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)                                                                   |
| <input type="checkbox"/> REJECTED (R)                                                                                  | REINSPECTION REQUIRED CALL *229 2071                                      |                                                                                                                                  |                                                         | <input type="checkbox"/> PERMIT REQUIRED                                                            |
| <input type="checkbox"/> REFEE (F)                                                                                     | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET |                                                                                                                                  |                                                         |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b>                                                                                             |                                                                           |                                                                                                                                  | <b>INSPECTION DATE</b>                                  |                                                                                                     |
|                                     |                                                                           |                                                                                                                                  | 4-6-92                                                  |                                                                                                     |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                       |                                                                           | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                                         |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                           |                                                                                                                                  |                                                         |  <b>229-6765</b> |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                        |                                                                                                                                                 |                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>X</b>                                                                                                                                                                               | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">91-124646</div>                              | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15</div>                  |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2113 GREENHOUSE CT</div>                                                              |                                                                                                                                                 |                                                                                                                                  |
| <b>LOT NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">29</div>                                                                                   | <b>BLOCK NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>                                           | <b>SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">SUMMERLIN</div>            |
| <b>FIRE DEPT MAP NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2216-31</div>                                                                    | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">737-1440</div>                                   | <b>CALL IN DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">02/27/92</div>                 |
|                                                                                                                                                                                        |                                                                                                                                                 | <b>CALL IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15:05</div>                    |
| <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">02/28/92</div>                                                                      |                                                                                                                                                 |                                                                                                                                  |
| <b>INSPECTOR NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">84</div>                                                                             | <b>INSPECTOR NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">BOB WARD</div>                              |                                                                                                                                  |
| <b>INSPECTION REQUESTED</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">DRYWALL NAILING (125)</div>                                                  |                                                                                                                                                 |                                                                                                                                  |
| <div style="font-family: cursive; font-size: 1.2em; margin-top: 20px;">             MAX SPACING OF FRAMING MEMBER WHEN DRYWALL RUN PARALLEL WITH ON LIDS IS 16" &amp;           </div> |                                                                                                                                                 |                                                                                                                                  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                            | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                                                                                        | <b>PARTIAL DESCRIPTION</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">INSIDE HOUSE ONLY</div> |
| <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)                                                                                                                                                  | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                                     |                                                                                                                                  |
| <input type="checkbox"/> REFEE (F)                                                                                                                                                     | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |                                                                                                                                  |
| <b>INSPECTOR SIGNATURE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                                                       |                                                                                                                                                 | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2-28-92</div>               |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                                                                       | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C OF O ISSUANCE (Commercial Only)</b> |                                                                                                                                  |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT</b>                                                              |                                                                                                                                                 | <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">229-6765</div>                     |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

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| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>INSPECTION<br/>NUMBER</b>            | 19                               |
| JOB ADDRESS<br><b>2113 GREENHOUSE CT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| LOT NO<br><b>29</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| SUBDIVISION NAME<br><b>CHERRY CREEK</b> |                                  |
| FIRE DEPT MAP NO<br><b>2216-31</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| CALL IN TIME<br><b>15:45</b>            | SCHEDULE DATE<br><b>02/21/92</b> |
| INSPECTOR NO<br><b>84</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|                                         |                                  |
| <b>INSPECTION REQUESTED</b> <span style="font-size: 2em;">➤</span> <b>TOP OUT-WATER, GAS, WASTE (420)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|                                         |                                  |
| <div style="font-family: monospace; font-size: 0.8em; line-height: 1.2;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 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1323. 1324. 1325. 1326. 1327. 1328. 1329. 1330. 1331. 1332. 1333. 1334. 1335. 1336. 1337. 1338. 1339. 1340. 1341. 1342. 1343. 1344. 1345. 1346. 1347. 1348. 1349. 1350. 1351. 1352. 1353. 1354. 1355. 1356. 1357. 1358. 1359. 1360. 1361. 1362. 1363. 1364. 1365. 1366. 1367. 1368. 1369. 1370. 1371. 1372. 1373. 1374. 1375. 1376. 1377. 1378. 1379. 1380. 1381. 1382. 1383. 1384. 1385. 1386. 1387. 1388. 1389. 1390. 1391. 1392. 1393. 1394. 1395. 1396. 1397. 1398. 1399. 1400. 1401. 1402. 1403. 1404. 1405. 1406. 1407. 1408. 1409. 1410. 1411. 1412. 1413. 1414. 1415. 1416. 1417. 1418. 1419. 1420. 1421. 1422. 1423. 1424. 1425. 1426. 1427. 1428. 1429. 1430. 1431. 1432. 1433. 1434. 1435. 1436. 1437. 1438. 1439. 1440. 1441. 1442. 1443. 1444. 1445. 1446. 1447. 1448. 1449. 1450. 1451. 1452. 1453. 1454. 1455. 1456. 1457. 1458. 1459. 1460. 1461. 1462. 1463. 1464. 1465. 1466. 1467. 1468. 1469. 1470. 1471. 1472. 1473. 1474. 1475. 1476. 1477. 1478. 1479. 1480. 1481. 1482. 1483. 1484. 1485. 1486. 1487. 1488. 1489. 1490. 1491. 1492. 1493. 1494. 1495. 1496. 1497. 1498. 1499. 1500. 1501. 1502. 1503. 1504. 1505. 1506. 1507. 1508. 1509. 1510. 1511. 1512. 1513. 1514. 1515. 1516. 1517. 1518. 1519. 1520. 1521. 1522. 1523. 1524. 1525. 1526. 1527. 1528. 1529. 1530. 1531. 1532. 1533. 1534. 1535. 1536. 1537. 1538. 1539. 1540. 1541. 1542. 1543. 1544. 1545. 1546. 1547. 1548. 1549. 1550. 1551. 1552. 1553. 1554. 1555. 1556. 1557. 1558. 1559. 1560. 1561. 1562. 1563. 1564. 1565. 1566. 1567. 1568. 1569. 1570. 1571. 1572. 1573. 1574. 1575. 1576. 1577. 1578. 1579. 1580. 1581. 1582. 1583. 1584. 1585. 1586. 1587. 1588. 1589. 1590. 1591. 1592. 1593. 1594. 1595. 1596. 1597. 1598. 1599. 1600. 1601. 1602. 1603. 1604. 1605. 1606. 1607. 1608. 1609. 1610. 1611. 1612. 1613. 1614. 1615. 1616. 1617. 1618. 1619. 1620. 1621. 1622. 1623. 1624. 1625. 1626. 1627. 1628. 1629. 1630. 1631. 1632. 1633. 1634. 1635. 1636. 1637. 1638. 1639. 1640. 1641. 1642. 1643. 1644. 1645. 1646. 1647. 1648. 1649. 1650. 1651. 1652. 1653. 1654. 1655. 1656. 1657. 1658. 1659. 1660. 1661. 1662. 1663. 1664. 1665. 1666. 1667. 1668. 1669. 1670. 1671. 1672. 1673. 1674. 1675. 1676. 1677. 1678. 1679. 1680. 1681. 1682. 1683. 1684. 1685. 1686. 1687. 1688. 1689. 1690. 1691. 1692. 1693. 1694. 1695. 1696. 1697. 1698. 1699. 1700. 1701. 1702. 1703. 1704. 1705. 1706. 1707. 1708. 1709. 1710. 1711. 1712. 1713. 1714. 1715. 1716. 1717. 1718. 1719. 1720. 1721. 1722. 1723. 1724. 1725. 1726. 1727. 1728. 1729. 1730. 1731. 1732. 1733. 1734. 1735. 1736. 1737. 1738. 1739. 1740. 1741. 1742. 1743. 1744. 1745. 1746. 1747. 1748. 1749. 1750. 1751. 1752. 1753. 1754. 1755. 1756. 1757. 1758. 1759. 1760. 1761. 1762. 1763. 1764. 1765. 1766. 1767. 1768. 1769. 1770. 1771. 1772. 1773. 1774. 1775. 1776. 1777. 1778. 1779. 1780. 1781. 1782. 1783. 1784. 1785. 1786. 1787. 1788. 1789. 1790. 1791. 1792. 1793. 1794. 1795. 1796. 1797. 1798. 1799. 1800. 1801. 1802. 1803. 1804. 1805. 1806. 1807. 1808. 1809. 1810. 1811. 1812. 1813. 1814. 1815. 1816. 1817. 1818. 1819. 1820. 1821. 1822. 1823. 1824. 1825. 1826. 1827. 1828. 1829. 1830. 1831. 1832. 1833. 1834. 1835. 1836. 1837. 1838. 1839. 1840. 1841. 1842. 1843. 1844. 1845. 1846. 1847. 1848. 1849. 1850. 1851. 1852. 1853. 1854. 1855. 1856. 1857. 1858. 1859. 1860. 1861. 1862. 1863. 1864. 1865. 1866. 1867. 1868. 1869. 1870. 1871. 1872. 1873. 1874. 1875. 1876. 1877. 1878. 1879. 1880. 1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920. 1921. 1922. 1923. 1924. 1925. 1926. 1927. 1928. 1929. 1930. 1931. 1932. 1933. 1934. 1935. 1936. 1937. 1938. 1939. 1940. 1941. 1942. 1943. 1944. 1945. 1946. 1947. 1948. 1949. 1950. 1951. 1952. 1953. 1954. 1955. 1956. 1957. 1958. 1959. 1960. 1961. 1962. 1963. 1964. 1965. 1966. 1967. 1968. 1969. 1970. 1971. 1972. 1973. 1974. 1975. 1976. 1977. 1978. 1979. 1980. 1981. 1982. 1983. 1984. 1985. 1986. 1987. 1988. 1989. 1990. 1991. 1992. 1993. 1994. 1995. 1996. 1997. 1998. 1999. 2000. 2001. 2002. 2003. 2004. 2005. 2006. 2007. 2008. 2009. 2010. 2011. 2012. 2013. 2014. 2015. 2016. 2017. 2018. 2019. 2020. 2021. 2022. 2023. 2024. 2025. 2026. 2027. 2028. 2029. 2030. 2031. 2032. 2033. 2034. 2035. 2036. 2037. 2038. 2039. 2040. 2041. 2042. 2043. 2044. 2045. 2046. 2047. 2048. 2049. 2050. 2051. 2052. 2053. 2054. 2055. 2056. 2057. 2058. 2059. 2060. 2061. 2062. 2063. 2064. 2065. 2066. 2067. 2068. 2069. 2070. 2071. 2072. 2073. 2074. 2075. 2076. 2077. 2078. 2079. 2080. 2081. 2082. 2083. 2084. 2085. 2086. 2087. 2088. 2089. 2090. 2091. 2092. 2093. 2094. 2095. 2096. 2097. 2098. 2099. 2100. 2101. 2102. 2103. 2104. 2105. 2106. 2107. 2108. 2109. 2110. 2111. 2112. 2113. 2114. 2115. 2116. 2117. 2118. 2119. 2120. 2121. 2122. 2123. 2124. 2125. 2126. 2127. 2128. 2129. 2130. 2131. 2132. 2133. 2134. 2135. 2136. 2137. 2138. 2139. 2140. 2141. 2142. 2143. 2144</p></div></div></div> |                              |                                   |                                         |                                  |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                       |                                   |                                         |                              |
|-------------------------------------------------------|-----------------------------------|-----------------------------------------|------------------------------|
| <b>PERMIT NUMBER</b><br>92-15628                      |                                   | <b>INSPECTION NUMBER</b><br>21          |                              |
| <b>JOB ADDRESS</b><br>2115 GARDENHOUSE CT             |                                   |                                         |                              |
| <b>LOT NO</b><br>29                                   | <b>BLOCK NO</b><br>5              | <b>SUBDIVISION NAME</b><br>CHERRY CREEK |                              |
| <b>FIRE DEPT MAP NO</b><br>2216-31                    | <b>JOB PHONE</b><br>367-6064      | <b>CALL IN DATE</b><br>04/15/92         | <b>CALL IN TIME</b><br>14:52 |
| <b>SCHEDULE DATE</b><br>04/16/92                      |                                   |                                         |                              |
| <b>INSPECTOR NO</b><br>84/81                          | <b>INSPECTOR NAME</b><br>BOB WARD |                                         |                              |
| <b>INSPECTION REQUESTED</b><br>FINAL MECHANICAL (360) |                                   |                                         |                              |

*Ad. note bathroom  
register installed.*

|                                                  |                                                                                                                                  |                                       |                                                         |                                          |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION      | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                   |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A) | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)            | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)               | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b><br><i>T. Ward</i>     |                                                                                                                                  | <b>INSPECTION DATE</b><br>4/16/92     |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE        | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                         |                                          |

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

229-67 65

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-159731

**INSPECTION  
NUMBER**

1

JOB ADDRESS

2113 GREENHOUSE CT

LOT NO

BLOCK NO

SUBDIVISION NAME

CHEPRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

376-9376

CALL IN DATE

09/28/92

CALL IN TIME

12:14

SCHEDULE DATE

09/29/92

INSPECTOR NO

INSPECTOR NAME

85

~~000000~~ 73

**INSPECTION  
REQUESTED**

OTHER (45C)

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL \*229 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

73

INSPECTION DATE

9-29-92

☐ PROJECT  
COMPLETE

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

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                          |                                         |                                         |                              |                                  |
|------------------------------------------|-----------------------------------------|-----------------------------------------|------------------------------|----------------------------------|
| <b>PERMIT NUMBER</b><br>92-159731        | <b>INSPECTION NUMBER</b><br>1           |                                         |                              |                                  |
| <b>JOB ADDRESS</b><br>2113 GREENHOUSE CT |                                         |                                         |                              |                                  |
| <b>LOT NO</b>                            | <b>BLOCK NO</b>                         | <b>SUBDIVISION NAME</b><br>CHERRY CREEK |                              |                                  |
| <b>FIRE DEPT MAP NO</b><br>2216-31       | <b>JOB PHONE</b><br>376-9376            | <b>CALL IN DATE</b><br>09/28/92         | <b>CALL IN TIME</b><br>12:14 | <b>SCHEDULE DATE</b><br>09/29/92 |
| <b>INSPECTOR NO</b><br>85                | <b>INSPECTOR NAME</b><br>[Signature] 72 |                                         |                              |                                  |
| <b>INSPECTION REQUESTED</b>              | OTHER (450)                             |                                         |                              |                                  |

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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91-124615

**INSPECTION  
NUMBER**

2

JOB ADDRESS

2113 GREENHOUSE CT

LOT NO

29

BLOCK NO

5

SUBDIVISION NAME

SUMMERLIN-CHEPPY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

376-9376

CALL IN DATE

09/28/92

CALL IN TIME

12:15

SCHEDULE DATE

09/29/92

INSPECTOR NO

85

INSPECTOR NAME

~~91071000~~ 73

**INSPECTION  
REQUESTED**

BUILDING FINAL (140)

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R) REINSPECTION REQUIRED CALL \*229 2071

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

73

INSPECTION DATE

9-29-92

☐ **PROJECT  
COMPLETE**

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

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                           |                                                                                                                                                 |                                                   |                                                                |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------|
| <b>PERMIT NUMBER</b><br>91-124646                                                                                         |                                                                                                                                                 | <b>INSPECTION NUMBER</b><br>2                     |                                                                |
| <b>JOB ADDRESS</b><br>2193 GREENHOUSE CT                                                                                  |                                                                                                                                                 |                                                   |                                                                |
| <b>LOT NO</b><br>29                                                                                                       | <b>BLOCK NO</b><br>5                                                                                                                            | <b>SUBDIVISION NAME</b><br>SUNDERLIN-CHERRY CREEK |                                                                |
| <b>FIRE DEPT MAP NO</b><br>2216-31                                                                                        | <b>JOB PHONE</b><br>376-0376                                                                                                                    | <b>CALL IN DATE</b><br>09/28/92                   | <b>CALL IN TIME</b><br>12:15                                   |
| <b>SCHEDULE DATE</b><br>09/29/92                                                                                          |                                                                                                                                                 |                                                   |                                                                |
| <b>INSPECTOR NO</b><br>85                                                                                                 | <b>INSPECTOR NAME</b><br>[Signature]                                                                                                            |                                                   |                                                                |
| <b>INSPECTION REQUESTED</b>                                                                                               |                                                                                                                                                 | <b>BUILDING FINAL (140)</b>                       |                                                                |
|                                                                                                                           |                                                                                                                                                 |                                                   |                                                                |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                        | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            | <b>PARTIAL DESCRIPTION</b>                        |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                   | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   | <input type="checkbox"/> <b>COMMENTS (C)</b>      | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                              | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                                     |                                                   | <input type="checkbox"/> <b>HOLD (H)</b>                       |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                 | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |                                                   | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                |
| <b>INSPECTOR SIGNATURE</b><br>[Signature]                                                                                 |                                                                                                                                                 | <b>INSPECTION DATE</b><br>9-29-92                 |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                          | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                                   |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT</b> |                                                                                                                                                 |                                                   | <b>229-6765</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**91-127269**

**INSPECTION  
NUMBER**

**22**

JOB ADDRESS

**2113 GREENHOUSE CT**

LOT NO

**29**

BLOCK NO

**5**

SUBDIVISION NAME

**CHERRY CREEK**

FIRE DEPT MAP NO

**2216-31**

JOB PHONE

**386-9073**

CALL IN DATE

**03/30/92**

CALL IN TIME

**15:55**

SCHEDULE DATE

**03/31/92**

INSPECTOR NO

**84**

INSPECTOR NAME

**BOB WARD**

**INSPECTION  
REQUESTED**

**FINAL GAS TEST (423)**

*Tag # 22210*

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL \*229 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*Bob Ward*

INSPECTION DATE

**3-31-92**

☐ PROJECT  
COMPLETE

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

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

**229-6765**

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-135944

**INSPECTION  
NUMBER**

9

JOB ADDRESS

2113 GREENHOUSE CT

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

2216-31

739-8554

04/20/92

13:46

04/21/92

INSPECTOR NO

84

INSPECTOR NAME

BOB WARD

**INSPECTION  
REQUESTED**

FINAL ELECTRICAL (240)

*Items Corrected*

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL \* 229 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*Bob Ward*

INSPECTION DATE

4-21-92

☐ **PROJECT  
COMPLETE**

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

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                    |                                                                                                                                  |                                       |                                                                                              |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 92131614                                                  |                                                                                                                                  | <b>INSPECTION NUMBER</b>              |                                                                                              |
| JOB ADDRESS<br>2113 GREENHOUSE WY                                                                                  |                                                                                                                                  |                                       |                                                                                              |
| LOT NO                                                                                                             | BLOCK NO                                                                                                                         | SUBDIVISION NAME                      |                                                                                              |
| FIRE DEPT MAP NO                                                                                                   | JOB PHONE                                                                                                                        | CALL IN DATE<br>01/02/92              | CALL IN TIME<br>11 09                                                                        |
|                                                                                                                    |                                                                                                                                  | SCHEDULE DATE<br>01/03/92             |                                                                                              |
| INSPECTOR NO<br>70                                                                                                 | INSPECTOR NAME<br>MARSH, DAVI                                                                                                    |                                       |                                                                                              |
| <b>INSPECTION REQUESTED</b> 40/ UNDERSLAB PLUMBING                                                                 |                                                                                                                                  |                                       |                                                                                              |
| CHERRY CRUIK                                                                                                       |                                                                                                                                  |                                       |                                                                                              |
| <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"/> 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>Daniel</i>                                                                           |                                                                                                                                  | <b>INSPECTION DATE</b> 1-6-92         |                                                                                              |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                   | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                                                              |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT |                                                                                                                                  |                                       |                                                                                              |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91-124646

**INSPECTION  
NUMBER**

23

JOB ADDRESS

2115 GREENHOUSE CT

LOT NO

29

BLOCK NO

5

SUBDIVISION NAME

SUMMERLIN

FIRE DEPT MAP NO

2216-31

JOB PHONE

737-1440

CALL IN DATE

01/08/92

CALL IN TIME

16:00

SCHEDULE DATE

01/09/92

INSPECTOR NO

70155

INSPECTOR NAME

DAVE MARSH

**INSPECTION  
REQUESTED**

PRE-SLAB (105)

*1 plan.*

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) -- UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL \*229 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*[Signature]*

INSPECTION DATE

1992

☐ **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

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

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

PERMIT  
NUMBER

91-127269

INSPECTION  
NUMBER

2

JOB ADDRESS

2113 GREENHOUSE CT

LOT NO

29

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

386-9073

CALL IN DATE

01/08/92

CALL IN TIME

09:17

SCHEDULE DATE

01/09/92

INSPECTOR NO

70

INSPECTOR NAME

DAVE MARSH

INSPECTION  
REQUESTED

UNDERSLAB PLUMBING (407)

☐ PARTIAL  
INSPECTION☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

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

REINSPECTION REQUIRED CALL \*229 2071

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

INSPECTION DATE

1-9-92

☐ 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

229-6769

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

## CITY OF LAS VEGAS

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

# CITY OF LAS VEGAS

|                                                                                                |  |                |  |                      |  |              |  |
|------------------------------------------------------------------------------------------------|--|----------------|--|----------------------|--|--------------|--|
|  PERMIT<br>NUMBER |  | 92-135944      |  | INSPECTION<br>NUMBER |  | 3            |  |
| JOB ADDRESS                                                                                    |  |                |  |                      |  |              |  |
| 2113 GREENHOUSE CT                                                                             |  |                |  |                      |  |              |  |
| LOT NO                                                                                         |  | BLOCK NO       |  | SUBDIVISION NAME     |  |              |  |
| FIRE DEPT MAP NO                                                                               |  | JOB PHONE      |  | CALL IN DATE         |  | CALL IN TIME |  |
| -                                                                                              |  |                |  | 02/11/92             |  | 13:52        |  |
|                                                                                                |  | SCHEDULE DATE  |  |                      |  |              |  |
|                                                                                                |  | 02/12/92       |  |                      |  |              |  |
| INSPECTOR NO                                                                                   |  | INSPECTOR NAME |  |                      |  |              |  |
| 84                                                                                             |  | BOB WARD       |  |                      |  |              |  |

**ROUGH ELECTRICAL (220)**

- ① Install recept at hall per city  
Approved plan - (red line)
- ② Ck recept at kitchen (red line)

Will ck at Frame

|                                                                                                                           |  |                                                                                                                                     |                                       |                                                         |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                               |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                                       | PARTIAL DESCRIPTION                                     |                                                                                                     |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                          |  | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)                                                                   |
| <input type="checkbox"/> REJECTED (R)                                                                                     |  | REINSPECTION REQUIRED CALL *229 2071                                                                                                |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED                                                            |
| <input type="checkbox"/> REFEE (F)                                                                                        |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL<br>3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |                                                                                                     |
| INSPECTOR SIGNATURE <i>R.W.</i>                                                                                           |  |                                                                                                                                     |                                       | INSPECTION DATE<br><i>2-12-92</i>                       |                                                                                                     |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                 |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                         |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br>CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |  |                                                                                                                                     |                                       |                                                         |  <b>229-6765</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |  |                                                                                                                                  |  |                                                                         |  |                                                              |            |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|--------------------------------------------------------------|------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> <span style="font-size: 2em;">➔</span>                        |  | 92-136205                                                                                                                        |  | <b>INSPECTION NUMBER</b> <span style="font-size: 2em;">➔</span>         |  | 24                                                           |            |
| JOB ADDRESS <span style="font-size: 1.2em;">2113 GREENHOUSE CT</span>                                                  |  |                                                                                                                                  |  |                                                                         |  |                                                              |            |
| LOT NO<br><span style="font-size: 1.2em;">29</span>                                                                    |  | BLOCK NO<br><span style="font-size: 1.2em;">5</span>                                                                             |  | SUBDIVISION NAME<br><span style="font-size: 1.2em;">CHERRY CREEK</span> |  |                                                              |            |
| FIRE DEPT MAP NO<br><span style="font-size: 1.2em;">2216-31</span>                                                     |  | JOB PHONE<br><span style="font-size: 1.2em;">367-6064</span>                                                                     |  | CALL IN DATE<br><span style="font-size: 1.2em;">02/14/92</span>         |  | CALL IN TIME<br><span style="font-size: 1.2em;">16:01</span> |            |
|                                                                                                                        |  | SCHEDULE DATE<br><span style="font-size: 1.2em;">02/18/92</span>                                                                 |  |                                                                         |  |                                                              |            |
| INSPECTOR NO<br><span style="font-size: 1.2em;">84</span>                                                              |  | INSPECTOR NAME<br><span style="font-size: 1.2em;">BOB WARD</span>                                                                |  |                                                                         |  |                                                              |            |
| <b>INSPECTION REQUESTED</b> <span style="font-size: 2em;">➔</span>                                                     |  | ROUGH MECHANICAL (320)                                                                                                           |  |                                                                         |  |                                                              |            |
|                                                                                                                        |  |                                                                                                                                  |  |                                                                         |  |                                                              |            |
| <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 *229 2071                                                                                             |  |                                                                         |  | <input type="checkbox"/> PERMIT REQUIRED                     |            |
|                                                                                                                        |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |  |                                                                         |  |                                                              |            |
| INSPECTOR SIGNATURE <span style="font-size: 1.5em;">RW</span>                                                          |  |                                                                                                                                  |  | INSPECTION DATE<br><span style="font-size: 1.2em;">2-18-92</span>       |  |                                                              |            |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |  |                                                                         |  |                                                              |            |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |  |                                                                                                                                  |  |                                                                         |  |                                                              | ➔ 229-6765 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                    |                                   |                                         |                              |
|--------------------------------------------------------------------|-----------------------------------|-----------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 91-127269 |                                   | <b>INSPECTION NUMBER</b> 19             |                              |
| JOB ADDRESS<br><b>2113 GREENHOUSE CT</b>                           |                                   |                                         |                              |
| LOT NO<br><b>29</b>                                                | BLOCK NO<br><b>5</b>              | SUBDIVISION NAME<br><b>CHERRY CREEK</b> |                              |
| FIRE DEPT MAP NO<br><b>2216-31</b>                                 | JOB PHONE<br><b>386-9073</b>      | CALL IN DATE<br><b>02/20/92</b>         | CALL IN TIME<br><b>15:45</b> |
| SCHEDULE DATE<br><b>02/21/92</b>                                   |                                   |                                         |                              |
| INSPECTOR NO<br><b>84</b>                                          | INSPECTOR NAME<br><b>BOB WARD</b> |                                         |                              |
| <b>INSPECTION REQUESTED</b>                                        |                                   | <b>TOP OUT-WATER, GAS, WASTE (420)</b>  |                              |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|                                                                                                                        |                                                                                                                                  |                                       |                                                          |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                   |                                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) -- UNTIL |
| <input type="checkbox"/> 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 <i>RWard</i>                                                                                       |                                                                                                                                  | INSPECTION DATE<br><b>2-21-92</b>     |                                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                                                                                  |                                       | <b>229-6765</b>                                          |

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



# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                           |                              |                                   |                              |                                      |
|-------------------------------------------|------------------------------|-----------------------------------|------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>       | <b>PERMIT NUMBER</b>         | 91-124646                         | <b>INSPECTION NUMBER</b>     | 13                                   |
| <b>JOB ADDRESS</b><br>2113 GREENHOUSE CT  |                              |                                   |                              |                                      |
| <b>LOT NO</b><br>29                       |                              | <b>BLOCK NO</b><br>5              |                              | <b>SUBDIVISION NAME</b><br>SUMMERLIN |
| <b>FIRE DEPT MAP NO</b><br>2216-31        | <b>JOB PHONE</b><br>737-1440 | <b>CALL IN DATE</b><br>02/20/92   | <b>CALL IN TIME</b><br>15:44 | <b>SCHEDULE DATE</b><br>02/21/92     |
| <b>INSPECTOR NO</b><br>84                 |                              | <b>INSPECTOR NAME</b><br>BOB WARD |                              |                                      |
| <b>INSPECTION REQUESTED</b> FRAMING (12C) |                              |                                   |                              |                                      |

① Nail gable bracing

② Plb - install clean-out on foot-vent

|                                                                                                                    |                                               |                                                                                                                                  |                                                         |                                          |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                        | <input type="checkbox"/> PARTIAL APPROVAL (P) | <b>PARTIAL DESCRIPTION</b>                                                                                                       |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                   | <input type="checkbox"/> STOP WORK (S)        | <input type="checkbox"/> COMMENTS (C)                                                                                            | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                              |                                               | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                 |                                               | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b><br><i>RWard</i>                                                                         |                                               |                                                                                                                                  | <b>INSPECTION DATE</b><br>2-21-92                       |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                          |                                               | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT |                                               |                                                                                                                                  |                                                         | 229-6765                                 |

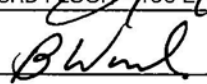
For Additional Assistance Call \*229-6251 See Reverse Side For Inspection Types

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |  |                                                                                                                                  |  |                                                              |  |                                                         |                 |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|---------------------------------------------------------|-----------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>                                                               |  | 91-124646                                                                                                                        |  | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> |  | 9                                                       |                 |
| JOB ADDRESS<br><b>2113 GREENHOUSE CT</b>                                                                               |  |                                                                                                                                  |  |                                                              |  |                                                         |                 |
| LOT NO<br><b>29</b>                                                                                                    |  | BLOCK NO<br><b>5</b>                                                                                                             |  | SUBDIVISION NAME<br><b>SUMMERLIN</b>                         |  |                                                         |                 |
| FIRE DEPT MAP NO<br><b>2216-31</b>                                                                                     |  | JOB PHONE<br><b>737-1440</b>                                                                                                     |  | CALL IN DATE<br><b>02/25/92</b>                              |  | CALL IN TIME<br><b>14:57</b>                            |                 |
|                                                                                                                        |  | SCHEDULE DATE<br><b>02/26/92</b>                                                                                                 |  |                                                              |  |                                                         |                 |
| INSPECTOR NO<br><b>84</b>                                                                                              |  | INSPECTOR NAME<br><b>BOB WARD</b>                                                                                                |  |                                                              |  |                                                         |                 |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b>                                                        |  | <b>INSULATION (123)</b>                                                                                                          |  |                                                              |  |                                                         |                 |
|                                                                                                                        |  |                                                                                                                                  |  |                                                              |  |                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | PARTIAL DESCRIPTION                                          |  |                                                         |                 |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C)                        |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |                 |
| <input type="checkbox"/> REJECTED (R)                                                                                  |  | <input type="checkbox"/> REFEED (F)                                                                                              |  | <input type="checkbox"/> HOLD (H)                            |  |                                                         |                 |
|                                                                                                                        |  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |  |                                                              |  | <input type="checkbox"/> PERMIT REQUIRED                |                 |
|                                                                                                                        |  | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |  |                                                              |  |                                                         |                 |
| INSPECTOR SIGNATURE<br><i>Bob Ward</i>                                                                                 |  |                                                                                                                                  |  | INSPECTION DATE<br><b>2-26-92</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 A M 7 15 A M OR 2 45 P M 3 00 P M AT |  |                                                                                                                                  |  |                                                              |  |                                                         | <b>229-6765</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                          |                                                                           |                                                                                                                                  |                                                         |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                      | <b>PERMIT NUMBER</b>                                                      | 91-124646                                                                                                                        | <b>INSPECTION NUMBER</b>                                | 15                                       |
| JOB ADDRESS<br><b>2113 GREENHOUSE CT</b>                                                                                                 |                                                                           |                                                                                                                                  |                                                         |                                          |
| LOT NO<br><b>29</b>                                                                                                                      |                                                                           | BLOCK NO<br><b>5</b>                                                                                                             | SUBDIVISION NAME<br><b>SUMMERLIN</b>                    |                                          |
| FIRE DEPT MAP NO<br><b>2216-31</b>                                                                                                       | JOB PHONE<br><b>737-1440</b>                                              | CALL IN DATE<br><b>02/27/92</b>                                                                                                  | CALL IN TIME<br><b>15:05</b>                            | SCHEDULE DATE<br><b>12/28/92</b>         |
| INSPECTOR NO<br><b>84</b>                                                                                                                |                                                                           | INSPECTOR NAME<br><b>BOB WARD</b>                                                                                                |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                              |                                                                           | <b>DRYWALL NAILING (125)</b>                                                                                                     |                                                         |                                          |
| <p style="font-size: 1.2em; font-family: cursive;">MAX SPACING OF FRAMING MEMBER WHEN DRYWALL RUN PARALLEL WITH ON LIDS IS 16" &amp;</p> |                                                                           |                                                                                                                                  |                                                         |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                              | <input checked="" type="checkbox"/> PARTIAL APPROVAL (P)                  |                                                                                                                                  | PARTIAL DESCRIPTION<br><b>INSIDE HOUSE ONLY</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 |                                                                                                                                  |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b><br>                        |                                                                           | <b>INSPECTION DATE</b><br><b>2-28-92</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 A M 7 15 A M OR 2 45 P M 3 00 P M AT                   |                                                                           |                                                                                                                                  |                                                         | <b>229-6765</b>                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                   |                                   |                                      |                              |
|---------------------------------------------------|-----------------------------------|--------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> PERMIT NUMBER | 91-124646                         | INSPECTION NUMBER                    | 16                           |
| JOB ADDRESS<br><b>2113 GREENHOUSE CT</b>          |                                   |                                      |                              |
| LOT NO<br><b>29</b>                               | BLOCK NO<br><b>5</b>              | SUBDIVISION NAME<br><b>SUMMERLIN</b> |                              |
| FIRE DEPT MAP NO<br><b>2216-31</b>                | JOB PHONE<br><b>737-1440</b>      | CALL IN DATE<br><b>02/27/92</b>      | CALL IN TIME<br><b>15:05</b> |
| SCHEDULE DATE<br><b>02/28/92</b>                  |                                   |                                      |                              |
| INSPECTOR NO<br><b>84/69</b>                      | INSPECTOR NAME<br><b>BOB WARD</b> |                                      |                              |
| INSPECTION REQUESTED                              |                                   | <b>EXTERIOR LATH/STUCCO (129)</b>    |                              |

*CANCEL  
PER  
SUPER*

|                                             |                                                                                                                                  |                                       |                                                         |                                          |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)          | REINSPECTION FEE REQUIRED PAY AT CITY HALL 2ND FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |                                          |
| INSPECTOR SIGNATURE<br><i>[Signature]</i>   |                                                                                                                                  | INSPECTION DATE<br><b>2-28-92</b>     |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE   | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                         |                                          |

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT **229-5765**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                          |                                                |                                     |
|----------------------------------------------------------|------------------------------------------|------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>91-127269</b>                         | <b>INSPECTION NUMBER</b>                       | <b>18</b>                           |
| <b>JOB ADDRESS</b><br><b>2113 GREENHOUSE CT</b>          |                                          |                                                |                                     |
| <b>LOT NO</b><br><b>29</b>                               | <b>BLOCK NO</b><br><b>5</b>              | <b>SUBDIVISION NAME</b><br><b>CHERRY CREEK</b> |                                     |
| <b>FIRE DEPT MAP NO</b><br><b>2216-31</b>                | <b>JOB PHONE</b><br><b>386-9073</b>      | <b>CALL IN DATE</b><br><b>04/03/92</b>         | <b>CALL IN TIME</b><br><b>13:38</b> |
| <b>SCHEDULE DATE</b><br><b>04/06/92</b>                  |                                          |                                                |                                     |
| <b>INSPECTOR NO</b><br><b>84</b>                         | <b>INSPECTOR NAME</b><br><b>BOB WARD</b> |                                                |                                     |
| <b>INSPECTION REQUESTED</b>                              |                                          | <b>FINAL PLUMBING (440)</b>                    |                                     |

|                                                                                                                               |                                                                                                                                                 |                                              |                                                                |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                            | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                       | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                  | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                                     |                                              |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                     | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |                                              |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b><br><i>Bob Ward</i>                                                                                 |                                                                                                                                                 |                                              | <b>INSPECTION DATE</b><br><b>4-6-92</b>                        |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                              | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                              |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT</b> |                                                                                                                                                 |                                              |                                                                | <b>229-6765</b>                                 |

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

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

|                                                                                                                               |                                                                                                                                                 |                                                 |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>                                                                      | <b>92-135944</b>                                                                                                                                | <b>INSPECTION NUMBER</b>                        | <b>15</b>                                                      |
| <b>JOB ADDRESS</b><br><b>2113 GREENHOUSE CT</b>                                                                               |                                                                                                                                                 |                                                 |                                                                |
| <b>LOT NO</b>                                                                                                                 | <b>BLOCK NO</b>                                                                                                                                 | <b>SUBDIVISION NAME</b>                         |                                                                |
| <b>FIRE DEPT MAP NO</b><br><b>2216-31</b>                                                                                     | <b>JOB PHONE</b><br><b>739-8554</b>                                                                                                             | <b>CALL IN DATE</b><br><b>04/03/92</b>          | <b>CALL IN TIME</b><br><b>13:36</b>                            |
| <b>INSPECTOR NO</b><br><b>84</b>                                                                                              |                                                                                                                                                 | <b>INSPECTOR NAME</b><br><b>BOB WARD</b>        |                                                                |
| <b>INSPECTION REQUESTED</b> <b>TEMP POWER/TAG/TEMP BLDG FINAL (139)</b>                                                       |                                                                                                                                                 |                                                 |                                                                |
| <div style="text-align: center; font-size: 1.5em; font-family: cursive;">Tag # 41625</div>                                    |                                                                                                                                                 |                                                 |                                                                |
| <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>REJECTED (R)</b>                                                                                  | <input type="checkbox"/> <b>REFEED (F)</b>                                                                                                      | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |                                                                |
| <b>INSPECTOR SIGNATURE</b><br><i>Bob Ward</i>                                                                                 |                                                                                                                                                 | <b>INSPECTION DATE</b><br><b>4-6-92</b>         |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                              | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                                 |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT</b> |                                                                                                                                                 |                                                 | <b>229-6765</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

PERMIT  
NUMBER

92-135041

INSPECTION  
NUMBER

14

JOB ADDRESS

2113 GREENHOUSE CT

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

2216-31

739-8554

04/16/92

15:11

04/17/92

INSPECTOR NO

84

INSPECTOR NAME

BOB WARD

INSPECTION  
REQUESTED

FINAL ELECTRICAL (240)

① Kitchen - 5 recepts - on GFCI circuit  
Add GFCI -

② Bond softwex loop

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☒ REJECTED (R) REINSPECTION REQUIRED CALL \*229 2071

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

☐ PERMIT  
REQUIRED

INSPECTOR  
SIGNATURE

*Bob Ward*

INSPECTION DATE

4-17-92

☐ PROJECT  
COMPLETE

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

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

229-6755

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> 01-124646 |                              | <b>INSPECTION NUMBER</b> 15           |                              |
| JOB ADDRESS <b>2113 GREENHOUSE CT</b>                   |                              |                                       |                              |
| LOT NO<br><b>29</b>                                     | BLOCK NO<br><b>5</b>         | SUBDIVISION NAME<br><b>SUNBELT LN</b> |                              |
| FIRE DEPT MAP NO<br><b>2216-31</b>                      | JOB PHONE<br><b>737-1440</b> | CALL IN DATE<br><b>04/16/92</b>       | CALL IN TIME<br><b>15.11</b> |
| INSPECTOR NO<br><b>84</b>                               |                              | INSPECTOR NAME<br><b>BOB WARD</b>     |                              |
| <b>INSPECTION REQUESTED</b>                             |                              | <b>BUILDING FINAL (140)</b>           |                              |

*Not ready*

|                                                                                                                        |                                                      |                                                                                                                                                 |                                                                |                                                 |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <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 checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                |                                                      | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                                     |                                                                |                                                 |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                              |                                                      | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <b>INSPECTOR SIGNATURE</b> <i>Bob Ward</i>                                                                             |                                                      |                                                                                                                                                 | <b>INSPECTION DATE</b> <b>4-17-92</b>                          |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                       |                                                      | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                                                |                                                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                      |                                                                                                                                                 |                                                                | <b>229-6765</b>                                 |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

PERMIT  
NUMBER

92-136245

INSPECTION  
NUMBER

21

JOB ADDRESS

2113 GREENHOUSE CT

LOT NO

29

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

367-6064

CALL IN DATE

04/15/92

CALL IN TIME

14:52

SCHEDULE DATE

04/16/92

INSPECTOR NO

84/81

INSPECTOR NAME

BOB VARD

INSPECTION  
REQUESTED

FINAL MECHANICAL (340)

nd new bathroom  
register installed,

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL \*229 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

INSPECTOR  
SIGNATURE

T. Paul

INSPECTION DATE

4/16/92

☐ PROJECT  
COMPLETE

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

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                    |                              |                                   |                              |
|--------------------------------------------------------------------|------------------------------|-----------------------------------|------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 02-135944 |                              | <b>INSPECTION NUMBER</b> 12       |                              |
| <b>JOB ADDRESS</b> 2113 GREENHOUSE CT                              |                              |                                   |                              |
| <b>LOT NO</b>                                                      |                              | <b>BLOCK NO</b>                   |                              |
| <b>SUBDIVISION NAME</b>                                            |                              |                                   |                              |
| <b>FIRE DEPT MAP NO</b><br>2216-31                                 | <b>JOB PHONE</b><br>739-8554 | <b>CALL IN DATE</b><br>04/11/92   | <b>CALL IN TIME</b><br>13:45 |
| <b>SCHEDULE DATE</b><br>04/01/92                                   |                              |                                   |                              |
| <b>INSPECTOR NO</b><br>84                                          |                              | <b>INSPECTOR NAME</b><br>BOB HARD |                              |
| <b>INSPECTION REQUESTED</b> TEMP POWER/TAG/TEMP BLDG FINAL (139)   |                              |                                   |                              |

No disconnect at condenser

|                                                                                                                    |                                                                                                                               |                                                                                  |                                                                |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------|
| <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 checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                            |                                                                                                                               | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                      |                                                                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                          |                                                                                                                               | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b> |                                                                |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                    |                                                                                                                               |                                                                                  |                                                                |
| <b>INSPECTOR SIGNATURE</b> <i>Bob Hard</i>                                                                         |                                                                                                                               | <b>INSPECTION DATE</b> 4-1-92                                                    |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                   | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C O ISSUANCE (Commercial Only) |                                                                                  |                                                                |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT |                                                                                                                               |                                                                                  | 229-6765                                                       |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91124646

**INSPECTION  
NUMBER**

JOB ADDRESS 2113 GREENHOUSE CT

LOT NO BLOCK NO SUBDIVISION NAME

FIRE DEPT MAP NO JOB PHONE CALL IN DATE 11/01/91 CALL IN TIME 11 39 SCHEDULE DATE 11/04/91

INSPECTOR NO 70 INSPECTOR NAME MARSH, DAVID

**INSPECTION  
REQUESTED** JOI FOOTING, LAYOUT, REBAR, ZONING

|                                                  |                                                                           |                                       |                                                         |                                          |
|--------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION      | <input type="checkbox"/> PARTIAL APPROVAL (P)                             | PARTIAL DESCRIPTION                   |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A) | <input type="checkbox"/> STOP WORK (S)                                    | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)            | REINSPECTION REQUIRED CALL *799 2071                                      |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)               | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET |                                       |                                                         |                                          |

**INSPECTOR SIGNATURE** *[Signature]* **INSPECTION DATE** 11-4-91

☐ **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**

91124646

**INSPECTION  
NUMBER**

JOB ADDRESS

2113 GREENHOUSE CT

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

10/30/91

14 34

11/01/91

INSPECTOR NO

70

INSPECTOR NAME

MARSH, DAVI

**INSPECTION  
REQUESTED**

101 FOOTING, LAYOUT, REBAR, ZONING

*Carls*

☐ 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**

*David Marsh*

INSPECTION DATE

11-1-91

☐ **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