

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR



59304

NO 91-124649

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

350-832-119

LOG NO &amp; AREA T-236

DATE 6/25/91

CONST VAL \$76,600.

ADDRESS OF CONSTRUCTION 2121 Greenhouse Court

OWNER Schulman - Chery Creek Partnership, a NV gen'l part, PHONE

LOT(s) 31 BLOCK 5 SUBDIVISION Summerlin

ZONE

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 1265 2ND 1456 GARAGE 473 PORCH TOTAL 3194

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

DATE

BUILDING DEPT

DATE

| PLUMBING                           |       | FEE | ELECTRICAL                                  |        | FEE |
|------------------------------------|-------|-----|---------------------------------------------|--------|-----|
| WATER DISTRIBUTION                 | 6 00  |     | RECEPTACLE _____ SWITCH _____               | 40     |     |
| SEWER SYSTEM NEW OR MODIFICATION   | 10 00 |     | EACH LIGHT FIXTURE OR SOCKET _____          | 30     |     |
| FIXTURES WATER SOFTENER 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                   | 436    |     |
| VAPORATIVE COOLER                  | 6 50  |     | TOTAL FEES                                  | 1,061. |     |
| VENTILATION FAN                    | 2 35  |     |                                             |        |     |
| 2310 2435 TOTAL                    |       |     |                                             |        |     |

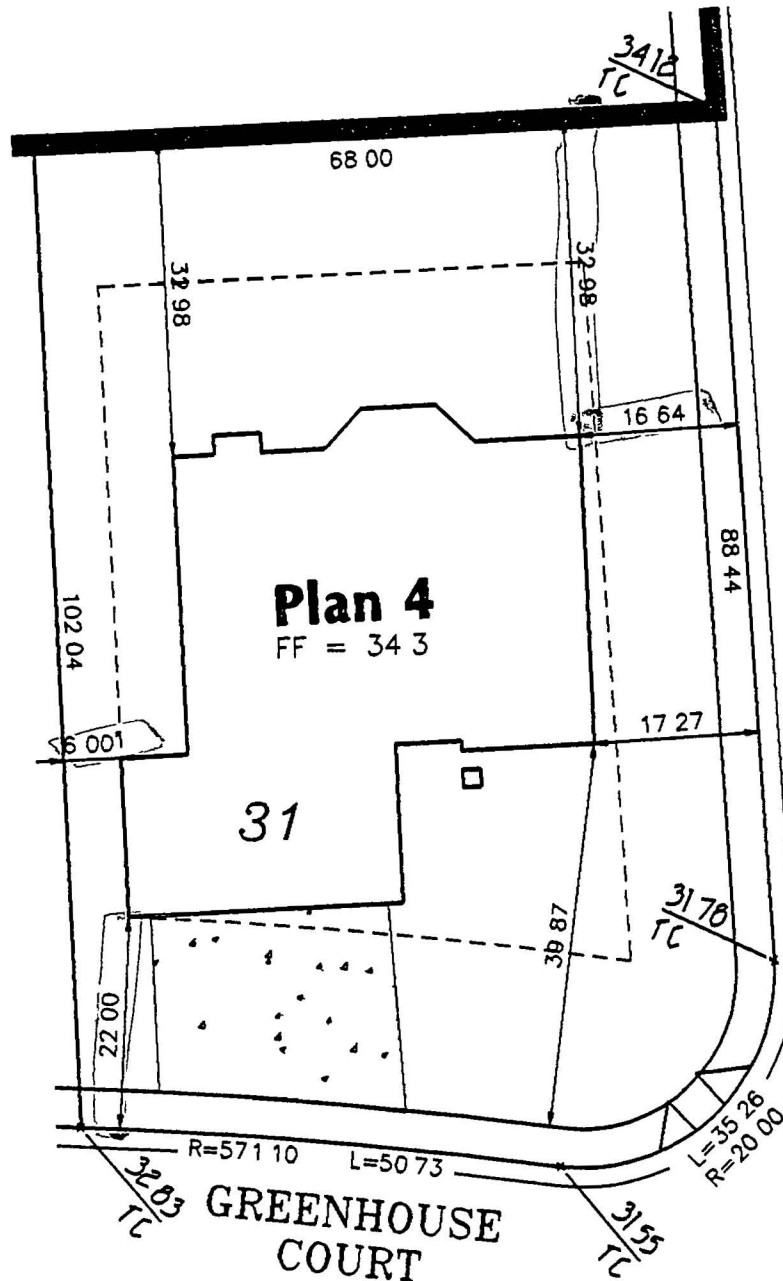
## RECEIPT

PERMIT NO

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

2121 Greenhouse Ct.



RED TWIGS DRIVE

#### SETBACKS

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

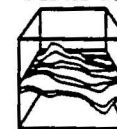


1"=20

APPROVED  
SFD 10/25/91

By \_\_\_\_\_  
COMMUNITY PLANNING & DEVELOPMENT  
City of Las Vegas

Church Engineering of Nevada., Inc.



Consulting Engineers  
Planners  
Surveyors

6600 W Charleston Blvd.  
Suite 140  
Las Vegas, Nv 89102  
(702) 878-6244

CHERRY CREEK  
PLOT PLAN  
LOT 31 BLOCK 5

Cherry Creek

|          |          |         |     |       |         |
|----------|----------|---------|-----|-------|---------|
| JOB NO   | 7104 235 | DRAWN   | FMZ | DATE  | 6-26-91 |
| SHEET NO | 13 OF 13 | CHECKED | KEK | SCALE | 1"=20   |



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

61866

T NO

91-127273

PLUMBING PERMIT

LOG NO &amp; AREA

P-236

DATE

11/21/91

CONST VAL \$

ADDRESS OF  
CONSTRUCTION

2121 Heix Lane Ct

OWNER

Schulman Dev

PHONE

386-9013

CONTRACTOR

N+T Plumbing

STATE  
LICENSE NO

23019

CITY  
LICENSE NO

2-029053

LOT(s)

31

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>            |                                                                   |         |       |
| 11                               | Bathtub Shower Lavatory Toilet Urinal                             | EA 2 15 | 23 65 |
| 2                                | Floor Drain Floor Sink Wash Tray Sink                             | EA 2 15 | 4 30  |
| 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

88 05

PERMIT NO

MUST BE MACHINE VALIDATED

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

SIGNED

CONTRACTOR

MASTER CARD NO

BY

Registered Master Plumber Spec Contractor or Owner

BUILDING DEPT

DATE

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

PERMIT NO 92-131616

PLUMBING PERMIT



71543

LOG NO &amp; AREA

F-236

DATE

CONST VAL \$

ADDRESS OF  
CONSTRUCTION

2121 Green Lane Ct

OWNER

Schulman Dev

PHONE

386-9013

CONTRACTOR

H + H Plumbing

STATE  
LICENSE NO

23019

CITY  
LICENSE NO

2-029053

LOT(s)

31

BLOCK

5

SUBDIVISION

Cherry Creek

ZONE

PROPOSED CONSTRUCTION

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>            |                                                                                         |         |       |
| 11                               | Bath/ Shower Lavatory Toilet Urinal                                                     | EA 2 15 | 23 65 |
| 2                                | Floor Drain Floor Sink Wash Tray Sink                                                   | EA 2 15 | 4 30  |
| 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  
FEE \_\_\_\_\_TOTAL  
FEES

88 05

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

MASTER CARD NO

# 130

BY

Keith Perry

Registered Master Plumber Spec Contractor or Owner

BUILDING DEPT

DATE

1/21/82

3/83

40

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

## PERMIT NO

92-135946  
ELECTRICAL PERMITDEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FCC 799-2071

LOG NO & AREA P-236

CONST VAL \$

ADDRESS OF  
CONSTRUCTION2121 Greenhouse Ct.

OWNER

Schulman Development

CONTRACTOR

Time Electric, Inc.

STATE

LICENSE NO

020824 A

CITY

LICENSE NO

023572

(PRINT NAME OF MASTER ELECTRICIAN)

John Hinkell

MASTER CARD NO

180

PHONE

239 8554

PROPOSED CONSTRUCTION

Plan 4C

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>93</u>                                                                                                               | Receptacle <u>53</u> Switch <u>40</u>                                                                                                                                                                                                                | 45    | <u>41 85</u> |
| <u>31</u>                                                                                                               | Each Light Fixture Socket or Exit Light<br>Smoke Detector or Exhaust Fan                                                                                                                                                                             | 35    | <u>10 85</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

DATE

PERMIT  
FEE85.90LESS  
STARTER PERMITTOTAL  
FEES

PERMIT NO

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

NO 92-136207

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR



81034

## AIR CONDITIONING PERMIT

LOG NO & AREA P-236 DATE 2-12-92 CONST VAL \$                     

ADDRESS OF  
CONSTRUCTION 2121 Greenhouse Court OWNER Schulman PHONE 367-6064

CONTRACTOR Interstate Plumbing & Mechanical STATE LICENSE NO. 28743 CITY LICENSE NO. C11-037833

LOT(s) 31 BLOCK 5 SUBDIVISION Cherry Creek ZONE \_\_\_\_\_

PROPOSED CONSTRUCTION \_\_\_\_\_ USE \_\_\_\_\_

| 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  |       |
| 2                        | 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  | 18.00 |
|                          | 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 |       |
|                          | 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                                                     |       |
| 3     | For each ventilation fan                                                                                                                                                                                                                                                                                                               | <div>COMMERCIAL 4 50</div> <div>RESIDENTIAL x 2 35</div> | 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                                                     |       |

## OTHER INSPECTIONS AND FEES

|  |                                                                                                                                                                                              |                   |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
|  | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                               | 25 00<br>per hour |
|  | Reinspection fee assessed under provisions of<br>TABLE 3 A of the Uniform Building Code = \$15 00 EACH                                                                                       | 15 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 or<br>revisions to approved plans (minimum charge — two hours)                                                                         | 30 00<br>per hour |
|  | Mechanical permit fees may be computed the same as<br>building permit fees by using the cost of installation for<br>valuation amount when such work is not included in the above<br>schedule |                   |
|  | Gas piping which is directly related and necessary to the<br>repair or replacement of heating air conditioning or<br>refrigeration systems not exceeding 500 000 BTUH                        | 6 00              |
|  |                                                                                                                                                                                              |                   |

2310-2435

RECEIPT

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

SIGNED

CONTRACTOR

MASTER CARD NO

BY Interstate Plumbing & Mechanical, Inc. Spec. Contr. for Owner

BUILDING DEPT 2-13-92 DATE

PERMIT

FREE

1.780

4170

TOTAL

## FEEES

1000

## WORK

## WORK

|            |       |
|------------|-------|
| PERMIT FEE | 40.05 |
| 4790       | 280   |
| <hr/>      |       |
| TOTAL FEES | 4285  |

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

071

92-148772

PLUMBING PERMIT

LOG NO & AREA P236 DATE 6/10/92 CONST VAL \$ADDRESS OF CONSTRUCTION 2121 Greenhouse Ct OWNER Schulman Group PHONE 876-905CONTRACTOR McChes Custom Sprinklers STATE LICENSE NO 26938 CITY LICENSE NO 01582-2-025608LOT(s) BLOCK SUBDIVISION Cherry Creek ZONEPROPOSED CONSTRUCTION IRRIGATION USE

PLUMBING PERMIT NO

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

| UNITS                            | DESCRIPTION                                                                             | FEE   | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                         |       |       |
| 1                                | For Issuing Each Permit                                                                 | 10 70 | 10 70 |
|                                  | For Issuing Each Supplemental Permit                                                    | 4 85  |       |
| <b>FIXTURE CHARGE</b>            |                                                                                         |       |       |
|                                  | 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

FIXTURES X 06/10/92

FEE

2310-2403  
PERMIT  
FEE

TOTAL FEES 19.30

RECEIPT

\*\*0006\*\*

FLBG 57 90

CHEK 57 90

7380A000 14 16

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 MASTER CARD NO

BY Registered Master Plumber Spec Cont r or Owner

[Signature] 6/10/92 DATE

BUILD NG DEPT

PERMIT NO

MUST BE MACHINE VALIDATED



# CERTIFICATION OF INSULATION

|                   |                                                                     |  |                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|-------------------|---------------------------------------------------------------------|--|-----------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| PART I<br>GENERAL | ADDRESS OR TRACT                                                    |  | SACRAMENTO INSULATION CONTRACTORS |  |                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|                   | THE SCHULMAN GROUP<br><br>CHERRY CREEK<br><br>2121 Greenhouse Court |  | LOT # 31                          |  | <input type="checkbox"/> P O BOX 854 WEST SACRAMENTO CA 95691 LIC #202026<br><input type="checkbox"/> P O BOX 4146 STOCKTON CA 95204 LIC #202026<br><input type="checkbox"/> P O BOX 1631 RENO NV 89505 LIC #10675<br><input checked="" type="checkbox"/> P O BOX 9651 FRESNO CA 93793 9651 LIC #202026<br>X 1132A W Bonanza, Las Vegas, NV 89106<br>DATE INSULATION COMPLETED<br>February, 1992 |  |  |

|                            |                            |                      |                              |                      |                                            |                            |                      |
|----------------------------|----------------------------|----------------------|------------------------------|----------------------|--------------------------------------------|----------------------------|----------------------|
| PART II<br>AREAS INSULATED | 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                         |                      |                                            |                            |                      |

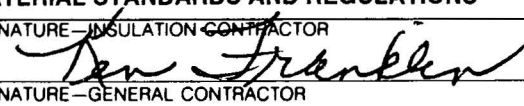
  

|                                                 |                   |                     |                         |
|-------------------------------------------------|-------------------|---------------------|-------------------------|
| KNEE WALLS IF R VALUE IS OTHER THAN WALLS ABOVE |                   |                     |                         |
| MATERIAL <b>FIBERGLASS</b>                      | FORM <b>BATTS</b> | R VALUE <b>R-19</b> | MANUFACTURER <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<br>                        | TITLE <b>MANAGER</b> | DATE <b>2/20/92</b> |
| SIGNATURE—GENERAL CONTRACTOR                                                                                                                  | TITLE                | DATE                |
| REMARKS                                                                                                                                       |                      |                     |

## CITY OF LAS VEGAS, NEVADA

PERMIT NO 91-12669

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR INSPECTIONS CALL 799-2071

BUILDING PERMIT  
FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

350-832-119

LOG NO &amp; AREA T-236

DATE 6/25/91

CONST VAL \$76,600.

ADDRESS OF CONSTRUCTION 2121 Greenhouse Court

OWNER Schulman - Cary Creek  
Partnership, a NV gen'l part. PHONE

LOT(s) 31 BLOCK 5 SUBDIVISION Summerlin

ZONE

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 1265 2ND 1456 GARAGE 473 PORCH 3194 TOTAL 3194

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 Twp 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

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

OWNER

BY Stephen H. Kruger

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

DATE

BUILDING DEPT

DATE

| PLUMBING                           |       | FEE | ELECTRICAL                                  |        | FEE |
|------------------------------------|-------|-----|---------------------------------------------|--------|-----|
| WATER DISTRIBUTION                 | 6 00  |     | RECEPTACLE SWITCH                           |        | 40  |
| SEWER SYSTEM NEW OR MODIFICATION   | 10 00 |     | EACH LIGHT FIXTURE OR SOCKET                |        | 30  |
| FIXTURES WATER SOFTENER HW HEATER  | 2 00  |     | SPECIAL OUTLET APPLIANCE ETC                |        | 70  |
| GARBAGE DISPOSAL WASHER            | 2 00  |     | SERVICE/PANEL SUB/3 00 200A/6 00 400A/12 50 |        |     |
| FUEL PIPING                        | 6 00  |     | A/C UNIT OR MOTORS                          | 3 00   |     |
| IRRIGATION SYSTEM                  | 8 00  |     | 2310 2432 TOTAL                             |        |     |
| MISC                               |       |     | MISC                                        |        |     |
| 2310 2433 TOTAL                    |       |     | 2310 2431 ISSUANCE FEE                      |        |     |
| 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                   | 436.   |     |
| VAPORATIVE COOLER                  | 6 50  |     | TOTAL FEES                                  | 1,061. |     |
| VENTILATION FAN                    | 2 35  |     |                                             |        |     |
| 2310 2435 TOTAL                    |       |     |                                             |        |     |

## SPECIAL CONDITIONS

CONFORMANCE  
TO  
APPROVED  
PLOT  
PLAN

## 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 92-131616

PLUMBING PERMIT

70

LOG NO &amp; AREA

P-236

DATE

CONST VAL \$

ADDRESS OF  
CONSTRUCTION

2121 Green Lane Ct

OWNER

Schulman Dev

PHONE

386-9013

CONTRACTOR

H + H Plumbing

STATE  
LICENSE NO

23019

CITY  
LICENSE NO

2-029053

LOT(s)

31

BLOCK

5

SUBDIVISION

Cherry Creek

ZONE

PROPOSED CONSTRUCTION

Complete plumbing installation

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>            |                                                                                         |       |       |
| 11                               | Bathtub Shower Lavatory Toilet Urinal EA                                                | 2 15  | 23 65 |
| 2                                | Floor Drain Floor Sink Wash Tray Sink EA                                                | 2 15  | 4 30  |
| 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

FIXTURES X

FEE

2310 2403

PERMIT  
FEETOTAL  
FEES

88 05

RECEIPT

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

MASTER CARD NO

# 130

BY

Keith Perry

Registered Master Plumber Spec Contractor or Owner

BUILDING DEPT

DATE

1/2/52

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386 6251

FOR INSPECTIONS CALL 799 2071

PLUMBING PERMIT

LOG NO & AREA P-236 DATE 11/21/91 CONST VAL \$ \_\_\_\_\_  
ADDRESS OF CONSTRUCTION 2151 Neer Lane Ct OWNER Schulman Dev PHONE 386-9013  
CONTRACTOR NTV Plumbing STATE LICENSE NO 23019 CITY LICENSE NO 2-029053  
LOT(s) 31 BLOCK 5 SUBDIVISION Cherry Creek ZONE \_\_\_\_\_  
PROPOSED CONSTRUCTION Complete plumbing installation USE \_\_\_\_\_  
PLUMBING PERMIT NO \_\_\_\_\_

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

| UNITS                            | DESCRIPTION                                                                                   | FEE     | TOTAL |
|----------------------------------|-----------------------------------------------------------------------------------------------|---------|-------|
| <b>PERMIT ISSUANCE</b>           |                                                                                               |         |       |
| 1                                | For Issuing Each Permit                                                                       | 10 70   | 10 70 |
|                                  | For Issuing Each Supplemental Permit                                                          | 4 85    |       |
| <b>FIXTURE CHARGE</b>            |                                                                                               |         |       |
| 11                               | Bathub Shower Lavatory Toilet Urinal                                                          | EA 2 15 | 23 65 |
| 2                                | Floor Drain Floor Sink Wash Tray Sink                                                         | EA 2 15 | 4 30  |
| 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 799-2071

SEWER # 7114 3654  
CONNECTION

RECEIPT

FIXTURES X

FEE \_\_\_\_\_

2310-2403  
PERMIT  
FEE \_\_\_\_\_

TOTAL  
FEES 88 05

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 NTV Plumbing #130 CONTRACTOR MASTER CARD NO \_\_\_\_\_  
BY Kurt Nery Registered Master Plumber Spec Contractor or Owner  
Wane Hresly 11/21/91 BUILDING DEPT DATE

84

## AIR CONDITIONING PERMIT

CONST VAL \$\_\_\_\_\_

PHONE 367-6068

CITY  
LICENSE NO **C11-037833**

ZONE \_\_\_\_\_

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

## OTHER INSPECTIONS AND FEES

2310-2435

RECEIPT

|                                        |                       |                 |
|----------------------------------------|-----------------------|-----------------|
| SIGNED                                 | CONTRACTOR            | MASTER CARD NO. |
| Interstate Plumbing & Mechanical, Inc. |                       |                 |
| BY                                     | Spec. Contr. or Owner |                 |
| 2-13-92                                |                       |                 |
| BUILDING DEPT.                         | DATE                  |                 |

|        |       |
|--------|-------|
| PERMIT | 40 05 |
| FEE    |       |
| + 7%   | 2 80  |
| <hr/>  |       |
| TOTAL  | 42 85 |
| FEES   |       |

MUST BE MACHINE VALIDATED

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## CITY OF LAS VEGAS, NEVADA

## PERMIT NO

92-135946

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 2121 Greenhouse CT OWNER Schulman DevelopmentCONTRACTOR Time Electric, Inc. STATE LICENSE NO 020824A CITY LICENSE NO 023522(PRINT NAME OF MASTER ELECTRICIAN) John Hinkell MASTER CARD NO 180 PHONE 239 8554PROPOSED CONSTRUCTION Plan 4C USE           ELECTRIC PERMIT NO           

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

| UNITS                                                                                                                   | DESCRIPTION                                                                                                                                                                                                                                          | FEE   | TOTAL        |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|
| <b>PERMIT ISSUANCE</b>                                                                                                  |                                                                                                                                                                                                                                                      |       |              |
| <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>93</u>                                                                                                               | Receptacle <u>53</u> Switch <u>40</u>                                                                                                                                                                                                                | 45    | <u>41 85</u> |
| <u>31</u>                                                                                                               | Each Light Fixture Socket or Exit Light<br>Smoke Detector or Exhaust Fan                                                                                                                                                                             | 35    | <u>10 85</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 per hour |             |
|                                                                              | Reinspection fee assessed under provisions of TABLE<br>3 A of the Uniform Building Code = \$30 00 EACH                                                                             | 30 00 each     |             |
|                                                                              | Inspections for which no fee is specifically<br>indicated (minimum charge — one half hour)                                                                                         | 30 00 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 per hour |             |
|                                                                              | Starter Permit                                                                                                                                                                     | 50 00          |             |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                |                                                                                                                                                                                    |                |             |
|                                                                              | Commercial —Burglar Alarms                                                                                                                                                         |                |             |
|                                                                              | —Music Systems                                                                                                                                                                     |                |             |
|                                                                              | —Data Processing                                                                                                                                                                   |                |             |
|                                                                              | —Communication                                                                                                                                                                     |                |             |
|                                                                              | Conduit Only—Contract Price                                                                                                                                                        |                |             |
|                                                                              | All Misc Electric                                                                                                                                                                  |                |             |

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

# 2310-2432

## RECEIPT

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

SIGNED HOMEOWNER CONTRACTOR

BUILDING DEPT

DATE

PERMIT FEE 85 90LESS  
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 92-158333

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential Construction

PLAN CHECK NO M-5314 DATE 8/27/92 CONST VAL \$ 2,450.00

ADDRESS OF CONSTRUCTION 2121 Greenhouse Ct. OWNER Renee A. Hurdle PHONE 228-1358

LOT(s) 31 BLOCK 5 SUBDIVISION Cherry Creek ZONE R1

PROPOSED CONSTRUCTION POOR PATIO COVER USE \_\_\_\_\_

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

FLOOR AREA BSMT \_\_\_\_\_ 1ST \_\_\_\_\_ 2ND \_\_\_\_\_ GARAGE \_\_\_\_\_ PORCH 350 TOTAL \_\_\_\_\_

CONTRACTOR OWNER-BUILDER STATE LICENSE NO \_\_\_\_\_ CITY LICENSE NO \_\_\_\_\_

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

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

## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT

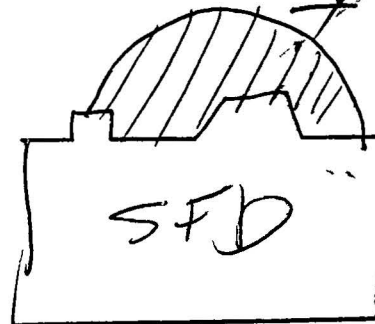
- 1 I agree to call the City Building Department for inspections before concrete is poured before rough wiring electrical plumbing framing is covered Also for air conditioning drywall and sheathing inspection
- 2 I agree that when the job is completed that I will call for final inspection before occupancy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

BY Renee A. Hurdle  
I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE PROPERTY OWNER

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

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

## SPECIAL CONDITIONS



| LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER |  | DATE    | ELECTRICAL |  | FEE   |
|---------------------------------------------|--|---------|------------|--|-------|
| RECEPTACLE _____ SWITCH _____               |  | 8/28/92 |            |  | 45    |
| EACH LIGHT FIXTURE OR SOCKET _____          |  | 8/28/92 |            |  | 35    |
| SPECIAL OUTLET APPLIANCE ETC _____          |  |         |            |  | 75    |
| SERVICE/PANEL SUB/3 25 200A/6 45 400A/13 40 |  |         |            |  |       |
| A/C UNIT OR MOTORS _____                    |  |         |            |  | 3 25  |
| 2310 2432 TOTAL                             |  |         |            |  | 2.15  |
| MISC _____                                  |  |         |            |  |       |
| 08/28/92                                    |  |         |            |  |       |
| PLUMBING                                    |  | FEE     | TOTAL      |  |       |
| WATER DISTRIBUTION _____                    |  | 6 00    |            |  |       |
| SEWER SYSTEM NEW OR MODIFICATION _____      |  | 10 00   |            |  |       |
| FIXTURES WATER SOFTENER H/W HEATER _____    |  | 2 00    |            |  |       |
| GARBAGE DISPOSAL WASHER _____               |  | 2 00    |            |  |       |
| FUEL PIPING _____                           |  | 6 00    |            |  |       |
| IRRIGATION SYSTEM _____                     |  | 8 00    |            |  |       |
| MISC _____                                  |  |         |            |  |       |
| 2310 2433 TOTAL                             |  |         |            |  |       |
| AIR CONDITIONING                            |  | FEE     | TOTAL      |  |       |
| NEW UNIT 3 TON = 9 00 OVER = 16 50          |  |         |            |  |       |
| FURNACE TO 100 000/9 00 OVER/11 00          |  |         |            |  |       |
| VAPORATIVE COOLER _____                     |  | 6 95    |            |  |       |
| VENTILATION FAN _____                       |  | 2 55    |            |  |       |
| 2310 2435 TOTAL                             |  |         |            |  |       |
| 2310 2431 PLAN REVIEW                       |  |         |            |  | 52.00 |
| 2310 2401 BLDG PERMIT                       |  |         |            |  |       |
| 7143 2973 SEWER CONNECTION                  |  |         |            |  |       |
| 6122 3352 TORTOISE                          |  |         |            |  |       |
| 2897 PIF                                    |  |         |            |  |       |
| 88100 1232 TRANSPORT                        |  |         |            |  | 54.15 |
| TOTAL FEES                                  |  |         |            |  |       |

RECEIPT  
MUST BE MACHINE VALIDATED  
\*\*\*09\*\*\*  
ELEC 2 15  
SFD 52 00  
CHEK 54 15  
2524A000 15 31

PERMIT NO

Permit Expires 180 Days After Abandonment of Work



## CITY OF LAS VEGAS, NEVADA

PERMIT NO 92 153333

84

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229 6251

FOR INSPECTIONS CALL 229 2071

## BUILDING PERMIT

FOR Single Family Dwelling Remodel  
Additions Misc Residential ConstructionPLAN CHECK NO M 5314DATE 8/27/92CONST VAL \$ 2,450.00ADDRESS OF CONSTRUCTION 2121 Greenbush Ct.OWNER Renee A. HurdlePHONE 228-1358LOT(s) 31 BLOCK 5 SUBDIVISION Cherry CreekZONE 2-1PROPOSED CONSTRUCTION PORCH PATIO COVER

USE \_\_\_\_\_

THIS PERMIT FOR \_\_\_\_\_ BLDG ☐ A/C ☐ ELEC ☐ PLBG ☐OTHER PERMITS REQD FENCE ☐OFF SITE ☐SWIM POOL ☐FLOOR AREA BSMT \_\_\_\_\_ 1ST \_\_\_\_\_ 2ND \_\_\_\_\_ GARAGE \_\_\_\_\_ PORCH 350 TOTAL \_\_\_\_\_CONTRACTOR OWNER-BUILDER

STATE LICENSE NO \_\_\_\_\_

CITY LICENSE NO \_\_\_\_\_

ARCHITECT \_\_\_\_\_

ENGINEER \_\_\_\_\_

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

## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT

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

BY Renee A. Hurdle

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

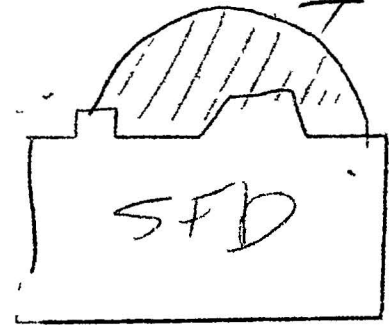
OWNER

BY \_\_\_\_\_

AGENT

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

## SPECIAL CONDITIONS



LAND DEVELOPMENT AND FLOOD-CONTROL ENGINEER

DATE

PLANNING DEPT

BUILDING DEPT

DATE

DATE

| PLUMBING                           |       | FEE |
|------------------------------------|-------|-----|
| WATER DISTRIBUTION                 | 6 00  |     |
| SEWER SYSTEM NEW OR MODIFICATION   | 10 00 |     |
| FIXTURES WATER SOFTENER H/W HEATER | 2 00  |     |
| GARBAGE DISPOSAL WASHER            | 2 00  |     |
| FUEL PIPING                        | 6 00  |     |
| IRRIGATION SYSTEM                  | 8 00  |     |
| MISC                               |       |     |
| 2310 2433                          | TOTAL |     |
| AIR CONDITIONING                   |       | FEE |
| NEW UNIT 3 TON = 9 00 OVER = 16 50 |       |     |
| FURNACE TO 100 000/9 00 OVER/11 00 |       |     |
| VAPORATIVE COOLER                  | 6 95  |     |
| VENTILATION FAN                    | 2 55  |     |
| 2310 2435                          | TOTAL |     |

| ELECTRICAL                                  |       | FEE  |
|---------------------------------------------|-------|------|
| RECEPTACLE _____ SWITCH _____               | 45    |      |
| EACH LIGHT FIXTURE OR SOCKET _____          | 35    | 1.40 |
| SPECIAL OUTLET APPLIANCE ETC _____          | 75    | 75   |
| SERVICE/PANEL SUB/3 25 200A/6 45 400A/13 40 |       |      |
| A/C UNIT OR MOTORS _____                    | 3 25  |      |
| 2310 2432                                   | TOTAL | 2.15 |
| MISC                                        |       |      |

2310 2431 PLAN REVIEW

2310 2401 BLDG PERMIT

7143 2973 SEWER CONNECTION

6122 3352 TORTOISE

2897 P I F

88100 1232 TRANSPORT

TOTAL FEES

RECEIPT  
MUST BE MACHINE VALIDATED

FLFC 2.15  
SFD 52.00  
CHCK 54.15  
2524A000 15:31

PERMIT NO

Permit Expires 180 Days After Abandonment of Work

INSTALLATION CARD

LA HABRA WALL

LA HABRA STUCCO COMPANY

Job Address

Lot # 31/5  
Cherry Creek  
2121 Greenhouse Crt.

ICBO Evaluation Service, Inc

Report No 4226

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

Plastering Contractor

Name Buntzman Plastering

Address 2441 Lincoln Rd.

City Las Vegas

Telephone

Number ( ) 438-0195

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

Rich A. Buntzman  
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

(Individual)

STATE OF NEVADA,  
COUNTY OF

CLARK

ss.

On AUGUST 27, 1992

Before me, a Notary Public, personally appeared

Renee Antoinette Hurdle



NOTARY PUBLIC  
STATE OF NEVADA

County of Clark

JONI FORAN

My Appointment Expires Oct. 23, 1995

personally known to me (or proved to me on the basis of satisfactory evidence) to be  
the person whose name is subscribed to this instrument and acknowledged that he  
(she or they) executed it

Joni Foran

JONI FORAN

NAME (TYPED OR PRINTED)

# OMEGA PRODUCTS CORP

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS

ICBO Report #4004

2121 Greenhouse

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

PLASTERING CONTRACTOR

**OWENS PLASTERING COMPANY**

Name 4840 W. HACIENDA AVE.

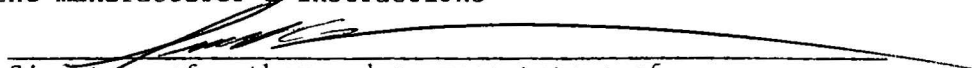
Address LAS VEGAS, NEVADA 89118

Telephone No (702) 871 6447

Contractor Number of Diamond Wall System 1054

This is to certify that the exterior coating 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

Date \_\_\_\_\_

  
Signature of authorized representative of  
Plastering Contractor

This 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>PERMIT NUMBER</b>                                                                                                                            | <b>92-158333</b>                                                                    | <b>INSPECTION NUMBER</b>                                       | <b>23</b>                                       |
| <b>JOB ADDRESS</b>                                                                                                        |                                                                                                                                                 |                                                                                     |                                                                |                                                 |
| <b>2121 GREENHOUSE CT</b>                                                                                                 |                                                                                                                                                 |                                                                                     |                                                                |                                                 |
| <b>LOT NO</b>                                                                                                             |                                                                                                                                                 | <b>BLOCK NO</b>                                                                     |                                                                | <b>SUBDIVISION NAME</b>                         |
| <b>39</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>SCHEDULE DATE</b>                            |
| <b>2216-31</b>                                                                                                            | <b>228-1358</b>                                                                                                                                 | <b>08/31/92</b>                                                                     | <b>13:47</b>                                                   | <b>09/01/92</b>                                 |
| <b>INSPECTOR NO</b>                                                                                                       |                                                                                                                                                 | <b>INSPECTOR NAME</b>                                                               |                                                                |                                                 |
| <b>8485</b>                                                                                                               |                                                                                                                                                 | <b>BOB WARD 78</b>                                                                  |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                               |                                                                                                                                                 | <b>ROOF SHEATHING (107)</b>                                                         |                                                                |                                                 |
| NO ACCESS                                                                                                                 |                                                                                                                                                 |                                                                                     |                                                                |                                                 |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                        | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            | <b>PARTIAL DESCRIPTION</b>                                                          |                                                                |                                                 |
| <input type="checkbox"/> <b>APPROVED (A)</b>                                                                              | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   | <input 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>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                 |                                                                                                                                                 | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>    |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                |                                                                                                                                                 |  |                                                                | <b>INSPECTION DATE</b>                          |
| <b>9/1/92</b>                                                                                                             |                                                                                                                                                 |                                                                                     |                                                                |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                          | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                                                                     |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT</b> |                                                                                                                                                 |                                                                                     |                                                                | <b>229-6765</b>                                 |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                    |                                        |                                                                                                                                  |                                                         |                                          |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                | <b>PERMIT NUMBER</b>                   | 92-158333                                                                                                                        | <b>INSPECTION NUMBER</b>                                | 22                                       |
| <b>JOB ADDRESS</b><br>2121 GREENHOUSE CT                                                                           |                                        |                                                                                                                                  |                                                         |                                          |
| <b>LOT NO</b><br>31                                                                                                |                                        | <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>228-1358           | <b>CALL IN DATE</b><br>08/31/92                                                                                                  | <b>CALL IN TIME</b><br>13:47                            | <b>SCHEDULE DATE</b><br>09/01/92         |
| <b>INSPECTOR NO</b><br>86                                                                                          |                                        | <b>INSPECTOR NAME</b><br>BOB WARD 73                                                                                             |                                                         |                                          |
| <b>INSPECTION REQUESTED</b> FOOTING, LAYOUT, REBAR, ZONING (101)                                                   |                                        |                                                                                                                                  |                                                         |                                          |
| <p>MUST HAVE PERMIS/ TO ENTER YARD<br/>NO ONE HOME</p>                                                             |                                        |                                                                                                                                  |                                                         |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                        |                                        | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |                                                         | <b>PARTIAL DESCRIPTION</b>               |
| <input type="checkbox"/> APPROVED (A)                                                                              | <input type="checkbox"/> STOP WORK (S) | <input type="checkbox"/> COMMENTS (C)                                                                                            | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                   |                                        | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                                         |                                          |
| <input type="checkbox"/> 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>73                                                                                   |                                        | <b>INSPECTION DATE</b><br>9/1/92                                                                                                 |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                          |                                        | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT |                                        |                                                                                                                                  |                                                         | ▶ 229-6765                               |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

PERMIT  
NUMBER

92-158333

INSPECTION  
NUMBER

25

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

228-1358

CALL IN DATE

08/31/92

CALL IN TIME

13:47

SCHEDULE DATE

09/01/92

INSPECTOR NO

84

INSPECTOR NAME

BOB WARD

78

INSPECTION  
REQUESTED

ROUGH ELECTRICAL (220)

NO ACCESS

☐ 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

78

INSPECTION DATE

9/1/92

☐ 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> 92-158333 |                              | <b>INSPECTION NUMBER</b> 24                |                              |
| JOB ADDRESS<br><b>2121 GREENHOUSE CT</b>                           |                              |                                            |                              |
| LOT NO<br><b>31</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>228-1358</b> | CALL IN DATE<br><b>08/31/92</b>            | CALL IN TIME<br><b>13:47</b> |
| SCHEDULE DATE<br><b>09/01/92</b>                                   |                              |                                            |                              |
| INSPECTOR NO<br><b>8485</b>                                        |                              | INSPECTOR NAME<br><b>EDWARDS</b> <i>73</i> |                              |
| <b>INSPECTION REQUESTED</b>                                        |                              | <b>FRAMING (120)</b>                       |                              |

*No ACCESS*

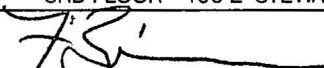
|                                                                                                                        |                                                                                                                                  |                                       |                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                   |                                                         |
| <input type="checkbox"/> APPROVED (A)                                                                                  | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                       | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                       | <input type="checkbox"/> HOLD (H)                       |
| <input checked="" 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> <i>73</i>                                                                                   |                                                                                                                                  | <b>INSPECTION DATE</b> <i>9/1/92</i>  |                                                         |
| <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>PERMIT NUMBER</b><br>92-158333                                   |                                      | <b>INSPECTION NUMBER</b><br>25          |                              |
| <b>JOB ADDRESS</b><br>2121 GREENHOUSE CT                            |                                      |                                         |                              |
| <b>LOT NO</b><br>31                                                 | <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>294-9523         | <b>CALL IN DATE</b><br>09/01/92         | <b>CALL IN TIME</b><br>14:07 |
| <b>SCHEDULE DATE</b><br>09/02/92                                    |                                      |                                         |                              |
| <b>INSPECTOR NO</b><br>84 85                                        | <b>INSPECTOR NAME</b><br>BOB HARD 73 |                                         |                              |
| <b>INSPECTION REQUESTED</b><br>FOOTING, LAYOUT, REBAR, ZONING (101) |                                      |                                         |                              |

CALL 30 MIN PRIOR 294-9523 FOR ACCESS

|                                                  |  |                                                                                                                                  |                                       |                                                         |                                          |
|--------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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                              |  |                                               |                                       |                                                         | INSPECTION DATE<br>9292                  |
| <input type="checkbox"/> PROJECT COMPLETE        |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C OF O ISSUANCE (Commercial Only) |                                       |                                                         |                                          |

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

PERMIT  
NUMBER

92-153333

INSPECTION  
NUMBER

26

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

294-9523

CALL IN DATE

09/01/92

CALL IN TIME

14:08

SCHEDULE DATE

09/02/92

INSPECTOR NO

85

INSPECTOR NAME

BOB CARD

73

INSPECTION  
REQUESTED

ROOF SHEATHING (107)

CALL 30 MIN PRIOR 294-9523 FOR ACCESS

☐ 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

9-292

☐ PROJECT  
COMPLETE

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

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

PERMIT  
NUMBER

92-158533

INSPECTION  
NUMBER

27

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

39

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

794-9523

CALL IN DATE

09/01/92

CALL IN TIME

14:08

SCHEDULE DATE

09/02/92

INSPECTOR NO

85

INSPECTOR NAME

BOB STARD

73

INSPECTION  
REQUESTED

FRAMING (120)

CALL 30 MIN PRIOR 294-9523 FOR ACCESS

ADD STRAP SOUTH SIDE  
CONNECTION TO HSE, STIFF LEB  
CEILING AS PER CONVERSATION  
INSTALL ATTIC VENTILATION  
RECALL FRAME

☐ 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

9292

☐ PROJECT  
COMPLETE

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

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

229-6765

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |                                                                                                                                  |                                       |                                                          |                                          |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|------------------------------------------|
|                                          | <b>PERMIT NUMBER</b>                                                                                                             | 92-158359                             | <b>INSPECTION NUMBER</b>                                 | 28                                       |
| <b>JOB ADDRESS</b> 2121 GREENHOUSE CT                                                                                  |                                                                                                                                  |                                       |                                                          |                                          |
| <b>LOT NO</b>                                                                                                          | <b>BLOCK NO</b>                                                                                                                  | <b>SUBDIVISION NAME</b>               |                                                          |                                          |
| 31                                                                                                                     | 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>                     |
| 2216-31                                                                                                                | 294-9523                                                                                                                         | 09/01/92                              | 14:09                                                    | 09/02/92                                 |
| <b>INSPECTOR NO</b>                                                                                                    |                                                                                                                                  | <b>INSPECTOR NAME</b>                 |                                                          |                                          |
| 85                                                                                                                     |                                                                                                                                  | BOB BARD 73                           |                                                          |                                          |
| <b>INSPECTION REQUESTED</b> ROUGH ELECTRICAL (220)                                                                     |                                                                                                                                  |                                       |                                                          |                                          |
| <p>CALL 30 MIN PRIOR 294-9523 FOR ACCESS</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>                |                                                          |                                          |
| 73                                                                                                                     |                                                                                                                                  | 9-292                                 |                                                          |                                          |
| <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                                 |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                    |                                   |                                         |                              |                                  |
|--------------------------------------------------------------------|-----------------------------------|-----------------------------------------|------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 92-158333 |                                   | <b>INSPECTION NUMBER</b> 40             |                              |                                  |
| <b>JOB ADDRESS</b> 2121 GREENHOUSE CT                              |                                   |                                         |                              |                                  |
| <b>LOT NO</b><br>31                                                | <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>294-9523      | <b>CALL IN DATE</b><br>09/08/92         | <b>CALL IN TIME</b><br>14:59 | <b>SCHEDULE DATE</b><br>09/09/92 |
| <b>INSPECTOR NO</b><br>84                                          | <b>INSPECTOR NAME</b><br>BOB WARD |                                         |                              |                                  |
| <b>INSPECTION REQUESTED</b> EXTERIOR LATH/STUCCO (129)             |                                   |                                         |                              |                                  |

- Second Notice -

Provide Stucco Applicator  
CARD. -

|                                                                                                                           |                                                      |                                                                                                                                                 |                                                                |                                          |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| <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>                                                                |                                                                |                                          |
| <b>INSPECTOR SIGNATURE</b> Bob Ward                                                                                       |                                                      | <b>INSPECTION DATE</b> 9-9-92                                                                                                                   |                                                                |                                          |
| <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

|                                                                                                                    |                      |                                                                                                                               |                          |                                                                                              |
|--------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------|
| <b>1</b>                                                                                                           | <b>PERMIT NUMBER</b> | 92-158337                                                                                                                     | <b>INSPECTION NUMBER</b> | 37                                                                                           |
| <b>JOB ADDRESS</b>                                                                                                 |                      |                                                                                                                               |                          |                                                                                              |
| 2121 GREENHOUSE CT                                                                                                 |                      |                                                                                                                               |                          |                                                                                              |
| <b>LOT NO</b>                                                                                                      |                      | <b>BLOCK NO</b>                                                                                                               |                          | <b>SUBDIVISION NAME</b>                                                                      |
| 31                                                                                                                 |                      | 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>                                                                         |
| 2216-31                                                                                                            | 228-1358             | 09/10/92                                                                                                                      | 14:36                    | 09/11/92                                                                                     |
| <b>INSPECTOR NO</b>                                                                                                |                      | <b>INSPECTOR NAME</b>                                                                                                         |                          |                                                                                              |
| 8460                                                                                                               |                      | BOB WARD                                                                                                                      |                          |                                                                                              |
| <b>INSPECTION REQUESTED</b>                                                                                        |                      | EXTERIOR LATH/STUCCO (129)                                                                                                    |                          |                                                                                              |
|                                                                                                                    |                      |                                                                                                                               |                          |                                                                                              |
| <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)                                                                               |                          | <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                                                     |                          |                                                                                              |
| <b>INSPECTOR SIGNATURE</b>                                                                                         |                      | <b>INSPECTION DATE</b>                                                                                                        |                          |                                                                                              |
|                                 |                      | 9-11-92                                                                                                                       |                          |                                                                                              |
| <input type="checkbox"/> 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 type="checkbox"/> <b>PERMIT NUMBER</b> 2-158333 |                                   | <b>INSPECTION NUMBER</b> 19          |                           |
| <b>JOB ADDRESS</b> 2121 GREENHOUSE CT                  |                                   |                                      |                           |
| <b>LOT NO</b> 31                                       | <b>BLOCK NO</b> 5                 | <b>SUBDIVISION NAME</b> CHERRY CREEK |                           |
| <b>FIRE DEPT MAP NO</b> 2216-31                        | <b>JOB PHONE</b> 294-9523         | <b>CALL IN DATE</b> 09/02/92         | <b>CALL IN TIME</b> 13:44 |
| <b>SCHEDULE DATE</b> 09/03/92                          |                                   |                                      |                           |
| <b>INSPECTOR NO</b> 85                                 | <b>INSPECTOR NAME</b> BOB WARD 73 |                                      |                           |
| <b>INSPECTION REQUESTED</b> FRAMING (120)              |                                   |                                      |                           |

CORR. HAVE BEEN MADE  
EXCEPT CITY WILL REQ ATTIC  
VENTILATION CAN CK AT  
NEXT INSP

|                                                                                                                           |                                                      |                                                                                                                                                 |                                                                |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <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> 73                                                                                             |                                                      | <b>INSPECTION DATE</b> 9392                                                                                                                     |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                          |                                                      | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT</b> |                                                      |                                                                                                                                                 | <b>229-6765</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                            |                                                                                                                                  |                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                        | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">92-158333</div>               | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">12</div>          |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2121 GREENHOUSE CT</div>                  |                                                                                                                                  |                                                                                                                          |
| <b>LOT NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">51</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;">296-9523</div>                    | <b>CALL IN DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">09/04/92</div>         |
|                                                                                                                                            |                                                                                                                                  | <b>CALL IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">14:07</div>            |
| <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">09/08/92</div>                          |                                                                                                                                  |                                                                                                                          |
| <b>INSPECTOR NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">86</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;">EXTERIOR LATH/STUCCO (129)</div> |                                                                                                                                  |                                                                                                                          |
| <p style="font-size: 1.2em; font-family: cursive;">Provide approved stucco Application CARD for 1-coat system</p>                          |                                                                                                                                  |                                                                                                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | <b>PARTIAL DESCRIPTION</b>                                                                                               |
| <input type="checkbox"/> APPROVED (A)                                                                                                      | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C)                                                                                    |
|                                                                                                                                            |                                                                                                                                  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL                                                                  |
|                                                                                                                                            |                                                                                                                                  | <input type="checkbox"/> HOLD (H)                                                                                        |
| <input checked="" type="checkbox"/> REJECTED (R) REINSPECTION REQUIRED CALL *229 2071                                                      |                                                                                                                                  | <input type="checkbox"/> PERMIT REQUIRED                                                                                 |
| <input type="checkbox"/> REFEE (F) REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                               |                                                                                                                                  |                                                                                                                          |
| <b>INSPECTOR SIGNATURE</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div>                           |                                                                                                                                  | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">9-8-92</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: 2px; display: inline-block;">229-6765</div>                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                            |                                                                                                                    |                                                                                                                                                 |  |                                                                                                                          |                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--|
| <b>Y</b>                                                                                                                   | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">92-158333</div> | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>                                  |  |                                                                                                                          |                                                                                           |  |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2121 GREENHOUSE CT</div>  |                                                                                                                    |                                                                                                                                                 |  |                                                                                                                          |                                                                                           |  |
| <b>LOT NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">31</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;">294-9533</div>                                   |  | <b>CALL IN DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">09/17/92</div>         |                                                                                           |  |
|                                                                                                                            |                                                                                                                    | <b>CALL IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15:33</div>                                   |  | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">09/21/92</div>        |                                                                                           |  |
| <b>INSPECTOR NO</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">85</div>                 |                                                                                                                    | <b>INSPECTOR NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">COTTON 73</div>                             |  |                                                                                                                          |                                                                                           |  |
| <b>INSPECTION REQUESTED</b>                                                                                                |                                                                                                                    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">BUILDING FINAL (141)</div>                                           |  |                                                                                                                          |                                                                                           |  |
| <div style="font-size: 2em; font-family: cursive;">FINAL ELECT. OK A/SO</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>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: 2px; display: inline-block;">73</div>          |                                                                                                                    | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">92/92</div>                                |  |                                                                                                                          |                                                                                           |  |
| <input checked="" 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;">229-6765</div> |  |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                       |                      |                                                                                                                                     |                                       |                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>N</b>                                                                                                              | <b>PERMIT NUMBER</b> | 92-158333                                                                                                                           | <b>INSPECTION NUMBER</b>              | 1                                                                                                   |
| <b>JOB ADDRESS</b><br>2121 GREENHOUSE CT                                                                              |                      |                                                                                                                                     |                                       |                                                                                                     |
| <b>LOT NO</b><br>31                                                                                                   |                      | <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>294-9523                                                                                                        |                                       | <b>CALL IN DATE</b><br>09/17/92<br><b>CALL IN TIME</b><br>15:33<br><b>SCHEDULE DATE</b><br>09/21/92 |
| <b>INSPECTOR NO</b><br>8185                                                                                           |                      | <b>INSPECTOR NAME</b><br>[Signature] 73                                                                                             |                                       |                                                                                                     |
| <b>INSPECTION REQUESTED</b>                                                                                           |                      | BUILDING FINAL (140)                                                                                                                |                                       |                                                                                                     |
| FINAL ELECT. OK A/SO                                                                                                  |                      |                                                                                                                                     |                                       |                                                                                                     |
| <input type="checkbox"/> PARTIAL INSPECTION<br><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<br>3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b><br>[Signature]                                                                             |                      |                                                                                                                                     | <b>INSPECTION DATE</b><br>9/21/92     |                                                                                                     |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                  |                      | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |                                       |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY<br>CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT |                      |                                                                                                                                     |                                       | 229-6765                                                                                            |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-15 8333

**INSPECTION  
NUMBER**

27

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

294-9523

CALL IN DATE

09/01/92

CALL IN TIME

14:08

SCHEDULE DATE

09/02/92

INSPECTOR NO

85

INSPECTOR NAME

JOHN B. BORD

73

**INSPECTION  
REQUESTED**

FRAMING (120)

CALL 30 MIN PRIOR 294-9523 FOR ACCESS

ADD STRAP SOUTH SIDE  
CONNECTION TO HSE, STIFF LEG  
CEILING AS PER CONVERSATION  
INSTALL ATTIC VENTILATION  
RECALL FRAME

☐ 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

9292

☐ **PROJECT  
COMPLETE**

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

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                  |                                          |                                                |                                     |                                         |
|------------------------------------------------------------------|------------------------------------------|------------------------------------------------|-------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/>                              | <b>PERMIT NUMBER</b>                     | <b>92-158333</b>                               | <b>INSPECTION NUMBER</b>            | <b>40</b>                               |
| <b>JOB ADDRESS</b><br><b>2121 GREENHOUSE CT</b>                  |                                          |                                                |                                     |                                         |
| <b>LOT NO</b><br><b>31</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>294-9523</b>      | <b>CALL IN DATE</b><br><b>09/08/92</b>         | <b>CALL IN TIME</b><br><b>14:59</b> | <b>SCHEDULE DATE</b><br><b>09/09/92</b> |
| <b>INSPECTOR NO</b><br><b>84</b>                                 | <b>INSPECTOR NAME</b><br><b>BOB WARD</b> |                                                |                                     |                                         |
| <b>INSPECTION REQUESTED</b><br><b>EXTERIOR LATH/STUCCO (129)</b> |                                          |                                                |                                     |                                         |

- Second Notice -

Provide Stucco Applicator  
CARD

|                                                                                                                           |                                                                                                                                                 |                                              |                                                                |                                                 |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <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>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>9-9-92</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



PERMIT  
NUMBER

92-158333

INSPECTION  
NUMBER

12

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

294-9523

CALL IN DATE

09/04/92

CALL IN TIME

14:07

SCHEDULE DATE

09/08/92

INSPECTOR NO

84

INSPECTOR NAME

BOB WARD

INSPECTION  
REQUESTED

EXTERIOR LATH/STUCCO (129)

Provide approved stucco Application  
CARD for 1-coat system

☐ 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

9-8-92

☐ PROJECT  
COMPLETE

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

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                    |                           |                                                                 |                           |
|--------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 92-158333 |                           | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> 37 |                           |
| <b>JOB ADDRESS</b> 2121 GREENHOUSE CT                              |                           |                                                                 |                           |
| <b>LOT NO</b> 31                                                   | <b>BLOCK NO</b> 5         | <b>SUBDIVISION NAME</b> CHERRY CREEK                            |                           |
| <b>FIRE DEPT MAP NO</b> 2216-31                                    | <b>JOB PHONE</b> 228-1353 | <b>CALL IN DATE</b> 09/10/92                                    | <b>CALL IN TIME</b> 14:36 |
| <b>INSPECTOR NO</b> 84/10                                          |                           | <b>INSPECTOR NAME</b> BOB WARD                                  |                           |
| <b>INSPECTION REQUESTED</b> EXTERIOR LATH/STUCCO (129)             |                           |                                                                 |                           |

|                                                                                                                    |                                                                                                                                 |                                                 |                                                                |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| <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>HOLD (H)</b>        |                                                                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                          |                                                                                                                                 | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |                                                                |
| <b>INSPECTOR SIGNATURE</b> <i>[Signature]</i>                                                                      |                                                                                                                                 | <b>INSPECTION DATE</b> 9-11-92                  |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                   | BRING WARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO DEPT & 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                                                       |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                      |                                                                                                                                  |                                       |                                                         |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                  | <b>PERMIT NUMBER</b>                                                                                                             | 92-15 8333                            | <b>INSPECTION NUMBER</b>                                | 32                                       |
| <b>JOB ADDRESS</b> 2121 GREENHOUSE CT                                                                                                                                |                                                                                                                                  |                                       |                                                         |                                          |
| <b>LOT NO</b><br>31                                                                                                                                                  |                                                                                                                                  | <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>228-1358                                                                                                     | <b>CALL IN DATE</b><br>09/01/92       | <b>CALL IN TIME</b><br>14:32                            | <b>SCHEDULE DATE</b><br>09/02/92         |
| <b>INSPECTOR NO</b><br>84                                                                                                                                            |                                                                                                                                  | <b>INSPECTOR NAME</b><br>BOB WARD     |                                                         |                                          |
| <b>INSPECTION REQUESTED</b> ROUGH ELECTRICAL (220)                                                                                                                   |                                                                                                                                  |                                       |                                                         |                                          |
| <p><b>CALL 30 MIN PRIOR 294-9523 FOR ACCESS</b></p> <p style="font-size: 2em; margin-top: 50px;">VOID</p> <p style="font-size: 2em; margin-top: 50px;">DUPLICATE</p> |                                                                                                                                  |                                       |                                                         |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                          | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                   |                                                         |                                          |
| <input type="checkbox"/> APPROVED (A)                                                                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                                                                | REINSPECTION REQUIRED CALL * 229 2071                                                                                            |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                                                   | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                                           |                                                                                                                                  |                                       | <b>INSPECTION DATE</b>                                  |                                          |
| <input type="checkbox"/> <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                                                   |                                                                                                                                  |                                       |                                                         | <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**

**92-158333**

**INSPECTION  
NUMBER**

**32**

**JOB ADDRESS**

**2121 GREENHOUSE CT**

**LOT NO**

**31**

**BLOCK NO**

**5**

**SUBDIVISION NAME**

**CHERRY CREEK**

**FIRE DEPT MAP NO**

**2216-31**

**JOB PHONE**

**228-1353**

**CALL IN DATE**

**09/01/92**

**CALL IN TIME**

**14:32**

**SCHEDULE DATE**

**09/02/92**

**INSPECTOR NO**

**84**

**INSPECTOR NAME**

**BOB HARD**

**INSPECTION  
REQUESTED**

**ROUGH ELECTRICAL (220)**

**CALL 30 MIN PRIOR 294-9523 FOR ACCESS**

*VOID*

*Duplic*

☐ **PARTIAL  
INSPECTION**

☐ **PARTIAL  
APPROVAL (P)**

**PARTIAL DESCRIPTION**

☐ **APPROVED  
(A)**

☐ **STOP  
WORK (S)**

☐ **COMMENTS  
(C)**

☐ **TEMPORARY  
APPROVAL (T) -- UNTIL**

☐ **HOLD  
(H)**

☐ **REJECTED (R)**

**REINSPECTION REQUIRED CALL \*229 2071**

☐ **REFEE (F)**

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

☐ **PERMIT  
REQUIRED**

**INSPECTOR  
SIGNATURE**

**INSPECTION DATE**

☐ **PROJECT  
COMPLETE**

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

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

**229-6765**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                              |  |                                          |  |                                                                                                           |  |                                     |  |
|--------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|
|  <b>PERMIT NUMBER</b>         |  | <b>92-158333</b>                         |  |  <b>INSPECTION NUMBER</b> |  | <b>32</b>                           |  |
| <b>JOB ADDRESS</b><br><b>2121 GREENHOUSE CT</b>                                                              |  |                                          |  |                                                                                                           |  |                                     |  |
| <b>LOT NO</b><br><b>31</b>                                                                                   |  | <b>BLOCK NO</b><br><b>5</b>              |  | <b>SUBDIVISION NAME</b><br><b>CHEERY CREEK</b>                                                            |  |                                     |  |
| <b>FIRE DEPT MAP NO</b><br><b>2216-31</b>                                                                    |  | <b>JOB PHONE</b><br><b>228-1358</b>      |  | <b>CALL IN DATE</b><br><b>09/01/92</b>                                                                    |  | <b>CALL IN TIME</b><br><b>14:32</b> |  |
| <b>INSPECTOR NO</b><br><b>84</b>                                                                             |  | <b>INSPECTOR NAME</b><br><b>BOB WARD</b> |  |                                                                                                           |  |                                     |  |
|  <b>INSPECTION REQUESTED</b> |  | <b>ROUGH ELECTRICAL (220)</b>            |  |                                                                                                           |  |                                     |  |

**CALL 30 MIN PRIOR 294-9523 FOR ACCESS**

VOID

Duplic

|                                                                                                                           |  |                                                                                                                                                 |  |                                              |  |                                                                 |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <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>REJECTED (R)</b>                                                                              |  | <input type="checkbox"/> <b>REINSPECTION REQUIRED</b>                                                                                           |  | <b>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</b>                                                                                       |  | <b>PAY AT CITY HALL</b>                      |  | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                 |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b>                                                                                                |  | <b>INSPECTION DATE</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> |

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-158333

**INSPECTION  
NUMBER**

32

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHEPPY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

228-1358

CALL IN DATE

09/01/92

CALL IN TIME

14:32

SCHEDULE DATE

09/02/92

INSPECTOR NO

84

INSPECTOR NAME

BOB WARD

**INSPECTION  
REQUESTED**

ROUGH ELECTRICAL (220)

CALL 30 MIN PRIOR 294-9523 FOR ACCESS

VOID

Dupl

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

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

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

INSPECTION DATE

☐ **PROJECT  
COMPLETE**

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

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

229-6765

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-158333**

**INSPECTION  
NUMBER**

**31**

**JOB ADDRESS**

**2121 GREENHOUSE CT**

**LOT NO**

**31**

**BLOCK NO**

**5**

**SUBDIVISION NAME**

**CHERRY CREEK**

**FIRE DEPT MAP NO**

**2216-31**

**JOB PHONE**

**228-1358**

**CALL IN DATE**

**09/01/92**

**CALL IN TIME**

**14:32**

**SCHEDULE DATE**

**09/02/92**

**INSPECTOR NO**

**84**

**INSPECTOR NAME**

**BOB WARD**

**INSPECTION  
REQUESTED**

**FRAMING (120)**

**CALL 30 MIN PRIOR 294-9523 FOR ACCESS**

Dupl  
void

☐ **PARTIAL  
INSPECTION**

☐ **PARTIAL  
APPROVAL (P)**

**PARTIAL DESCRIPTION**

☐ **APPROVED  
(A)**

☐ **STOP  
WORK (S)**

☐ **COMMENTS  
(C)**

☐ **TEMPORARY  
APPROVAL (T) — UNTIL**

☐ **HOLD  
(H)**

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

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

☐ **PERMIT  
REQUIRED**

**INSPECTOR  
SIGNATURE**

**INSPECTION DATE**

☐ **PROJECT  
COMPLETE**

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

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

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

92-158333

**INSPECTION  
NUMBER**

31

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

228-1358

CALL IN DATE

09/01/92

CALL IN TIME

14:32

SCHEDULE DATE

09/02/92

INSPECTOR NO

84

INSPECTOR NAME

BOB WARD

**INSPECTION  
REQUESTED**

FRAMING (120)

CALL 30 MIN PRIOR 294-9523 FOR ACCESS

Dupli

VOID

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

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

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

INSPECTION DATE

☐ **PROJECT  
COMPLETE**

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

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

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                          |  |                                                                                                                                  |  |                                       |  |                                                         |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|----------|
| <b>PERMIT NUMBER</b>                                                                                                                                     |  | 97-158333                                                                                                                        |  | <b>INSPECTION NUMBER</b>              |  | 31                                                      |          |
| JOB ADDRESS                                                                                                                                              |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| 2121 GREENHOUSE CT                                                                                                                                       |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| LOT NO                                                                                                                                                   |  | BLOCK NO                                                                                                                         |  | SUBDIVISION NAME                      |  |                                                         |          |
| 31                                                                                                                                                       |  | 5                                                                                                                                |  | CHERRY CREEK                          |  |                                                         |          |
| FIRE DEPT MAP NO                                                                                                                                         |  | JOB PHONE                                                                                                                        |  | CALL IN DATE                          |  | CALL IN TIME                                            |          |
| 2216-31                                                                                                                                                  |  | 228-1358                                                                                                                         |  | 09/01/92                              |  | 14:32                                                   |          |
| INSPECTOR NO                                                                                                                                             |  | INSPECTOR NAME                                                                                                                   |  |                                       |  |                                                         |          |
| 84                                                                                                                                                       |  | BOB WARD                                                                                                                         |  |                                       |  |                                                         |          |
| <b>INSPECTION REQUESTED</b>                                                                                                                              |  | FRAMING (120)                                                                                                                    |  |                                       |  |                                                         |          |
| <p>CALL 30 MIN PRIOR 294-9523 FOR ACCESS</p> <p style="font-size: 2em; margin-top: 50px;">Dupl</p> <p style="font-size: 2em; margin-top: 20px;">VOID</p> |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                              |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | PARTIAL DESCRIPTION                   |  |                                                         |          |
| <input type="checkbox"/> APPROVED (A)                                                                                                                    |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C) |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |          |
| <input type="checkbox"/> 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>                |  |                                                         |          |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                                         |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |  |                                       |  |                                                         |          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT                                   |  |                                                                                                                                  |  |                                       |  |                                                         | 229-6765 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                |                                          |                                                |                                     |                                         |
|--------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------|-------------------------------------|-----------------------------------------|
|  | <b>PERMIT NUMBER</b>                     | <b>92-158333</b>                               | <b>INSPECTION NUMBER</b>            | <b>31</b>                               |
| <b>JOB ADDRESS</b><br><b>2121 GREENHOUSE CT</b>                                |                                          |                                                |                                     |                                         |
| <b>LOT NO</b><br><b>31</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>228-1358</b>      | <b>CALL IN DATE</b><br><b>09/01/92</b>         | <b>CALL IN TIME</b><br><b>14:32</b> | <b>SCHEDULE DATE</b><br><b>09/02/92</b> |
| <b>INSPECTOR NO</b><br><b>84</b>                                               | <b>INSPECTOR NAME</b><br><b>BOB WARD</b> |                                                |                                     |                                         |
| <b>INSPECTION REQUESTED</b> <b>FRAMING (120)</b>                               |                                          |                                                |                                     |                                         |

**CALL 30 MIN PRIOR 294-9523 FOR ACCESS**

Dupli

VOID

|                                                                                                                           |                                                                                                                                                 |                                              |                                                                |                                                 |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                        | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                            | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                 |
| <input type="checkbox"/> <b>APPROVED (A)</b>                                                                              | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                   | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) — UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                              | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                                     |                                              |                                                                | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                 | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b>                                                                |                                              |                                                                |                                                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                |                                                                                                                                                 | <b>INSPECTION DATE</b>                       |                                                                |                                                 |
| <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>                | <b>92-158333</b>                         | <b>INSPECTION NUMBER</b>            | <b>30</b>                                      |
| <b>JOB ADDRESS</b><br><b>2121 GREENHOUSE CT</b>                                |                                     |                                          |                                     |                                                |
| <b>LOT NO</b><br><b>31</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>228-1358</b> | <b>CALL IN DATE</b><br><b>09/01/92</b>   | <b>CALL IN TIME</b><br><b>14:32</b> | <b>SCHEDULE DATE</b><br><b>09/02/92</b>        |
| <b>INSPECTOR NO</b><br><b>84</b>                                               |                                     | <b>INSPECTOR NAME</b><br><b>BOB WARD</b> |                                     |                                                |

**INSPECTION REQUESTED**

**ROOF SHEATHING (107)**

**CALL 30 MIN PRIOR 294-9523 FOR ACCESS**

VOID  
Dupl.

|                                                    |                                                                                  |                                              |                                                                 |                                                 |
|----------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b> | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                             | <b>PARTIAL DESCRIPTION</b>                   |                                                                 |                                                 |
| <input type="checkbox"/> <b>APPROVED (A)</b>       | <input type="checkbox"/> <b>STOP WORK (S)</b>                                    | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) -- UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>       | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                      |                                              |                                                                 | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>          | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b> |                                              |                                                                 |                                                 |
| <b>INSPECTOR SIGNATURE</b>                         |                                                                                  |                                              |                                                                 | <b>INSPECTION DATE</b>                          |

☐ **PROJECT COMPLETE**

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

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

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                 |                                     |                                          |                                     |                                                |
|-------------------------------------------------|-------------------------------------|------------------------------------------|-------------------------------------|------------------------------------------------|
| <input type="checkbox"/>                        | <b>PERMIT<br/>NUMBER</b>            | <b>92-158333</b>                         | <b>INSPECTION<br/>NUMBER</b>        | <b>30</b>                                      |
| <b>JOB ADDRESS</b><br><b>2121 GREENHOUSE CT</b> |                                     |                                          |                                     |                                                |
| <b>LOT NO</b><br><b>31</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>228-1358</b> | <b>CALL IN DATE</b><br><b>09/01/92</b>   | <b>CALL IN TIME</b><br><b>14:32</b> | <b>SCHEDULE DATE</b><br><b>09/02/92</b>        |
| <b>INSPECTOR NO</b><br><b>84</b>                |                                     | <b>INSPECTOR NAME</b><br><b>BOB WAPD</b> |                                     |                                                |

**INSPECTION REQUESTED** **ROOF SHEATHING (107)**

**CALL 30 MIN PRIOR 294-9523 FOR ACCESS**

VOID

Dupli

|                                                        |                                                                                      |                                                  |                                                                    |                                                     |
|--------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL<br/>INSPECTION</b> | <input type="checkbox"/> <b>PARTIAL<br/>APPROVAL (P)</b>                             | <b>PARTIAL DESCRIPTION</b>                       |                                                                    |                                                     |
| <input type="checkbox"/> <b>APPROVED<br/>(A)</b>       | <input type="checkbox"/> <b>STOP<br/>WORK (S)</b>                                    | <input type="checkbox"/> <b>COMMENTS<br/>(C)</b> | <input type="checkbox"/> <b>TEMPORARY<br/>APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD<br/>(H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>           | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                          |                                                  |                                                                    | <input type="checkbox"/> <b>PERMIT<br/>REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>              | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL<br/>3RD FLOOR 400 E STEWART STREET</b> |                                                  |                                                                    |                                                     |

|                                |                        |
|--------------------------------|------------------------|
| <b>INSPECTOR<br/>SIGNATURE</b> | <b>INSPECTION DATE</b> |
|--------------------------------|------------------------|

|                                                                 |                                                                                                                                                     |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PROJECT<br/>COMPLETE</b> | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS<br/>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<br/>CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT</b> | <b>229-6765</b> |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------|

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                       |                                                                              |                                                                                                                                     |                                                            |                                      |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> N                                                                                 | PERMIT<br>NUMBER                                                             | 92-158333                                                                                                                           | INSPECTION<br>NUMBER                                       | 30                                   |
| JOB ADDRESS<br><b>2121 GREENHOUSE CT</b>                                                                              |                                                                              |                                                                                                                                     |                                                            |                                      |
| LOT NO<br><b>31</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>228-1358</b>                                                 | CALL IN DATE<br><b>09/01/92</b>                                                                                                     | CALL IN TIME<br><b>14:32</b>                               | SCHEDULE DATE<br><b>09/02/92</b>     |
| INSPECTOR NO<br><b>84</b>                                                                                             |                                                                              | INSPECTOR NAME<br><b>BOB WARD</b>                                                                                                   |                                                            |                                      |
| INSPECTION<br>REQUESTED                                                                                               |                                                                              | <b>ROOF SHEATHING (107)</b>                                                                                                         |                                                            |                                      |
| <p><b>CALL 30 MIN PRIOR 294-9523 FOR ACCESS</b></p> <p><i>VOID</i></p> <p><i>Dupli</i></p>                            |                                                                              |                                                                                                                                     |                                                            |                                      |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                        | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                             | PARTIAL DESCRIPTION                                                                                                                 |                                                            |                                      |
| <input 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                                                                                                |                                                                              | INSPECTION DATE                                                                                                                     |                                                            |                                      |
| <input checked="" 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 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**

02-155333

**INSPECTION  
NUMBER**

30

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

228-1358

CALL IN DATE

09/01/92

CALL IN TIME

14:32

SCHEDULE DATE

09/02/92

INSPECTOR NO

84

INSPECTOR NAME

BOB WARD

**INSPECTION  
REQUESTED**

ROOF SHEATHING (107)

CALL 30 MIN PRIOR 294-9523 FOR ACCESS

VOID

Dupl.

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) - UNTIL

☐ HOLD  
(H)

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

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

INSPECTION DATE

☒ **PROJECT  
COMPLETE**

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

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

229-6765

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-158333

**INSPECTION  
NUMBER**

29

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

228-1358

CALL IN DATE

09/01/92

CALL IN TIME

14:32

SCHEDULE DATE

09/02/92

INSPECTOR NO

84

INSPECTOR NAME

BOB WARD

**INSPECTION  
REQUESTED**

FOOTING, LAYOUT, REBAR, ZONING (101)

CALL 30 MIN PRIOR 294-9523 FOR ACCESS

VOID

Dupli

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

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

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

INSPECTION DATE

☐ **PROJECT  
COMPLETE**

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

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

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                           |                                                                           |                                                                                                                                  |                                                         |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| 1                                                                                                                                                         | <b>PERMIT NUMBER</b>                                                      | 92-158333                                                                                                                        | <b>INSPECTION NUMBER</b>                                | 29                                       |
| <b>JOB ADDRESS</b>                                                                                                                                        |                                                                           |                                                                                                                                  |                                                         |                                          |
| 2121 GREENHOUSE CT                                                                                                                                        |                                                                           |                                                                                                                                  |                                                         |                                          |
| <b>LOT NO</b>                                                                                                                                             | <b>BLOCK NO</b>                                                           | <b>SUBDIVISION NAME</b>                                                                                                          |                                                         |                                          |
| 31                                                                                                                                                        | 5                                                                         | 1 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>                     |
| 2216-31                                                                                                                                                   | 228-1353                                                                  | 09/01/92                                                                                                                         | 14:32                                                   | 09/02/92                                 |
| <b>INSPECTOR NO</b>                                                                                                                                       | <b>INSPECTOR NAME</b>                                                     |                                                                                                                                  |                                                         |                                          |
| 84                                                                                                                                                        | BOB WARD                                                                  |                                                                                                                                  |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                                               | FOOTING, LAYOUT, REBAR, ZONING (101)                                      |                                                                                                                                  |                                                         |                                          |
| <p>CALL 30 MIN PRIOR 294-9523 FOR ACCESS</p> <p style="font-size: 2em; margin-top: 50px;">VOID</p> <p style="font-size: 2em; margin-top: 20px;">Dupli</p> |                                                                           |                                                                                                                                  |                                                         |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                               | <input type="checkbox"/> PARTIAL APPROVAL (P)                             | <b>PARTIAL DESCRIPTION</b>                                                                                                       |                                                         |                                          |
| <input type="checkbox"/> APPROVED (A)                                                                                                                     | <input type="checkbox"/> STOP WORK (S)                                    | <input type="checkbox"/> COMMENTS (C)                                                                                            | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                                                     | REINSPECTION REQUIRED CALL *229 2071                                      |                                                                                                                                  |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                                        | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET |                                                                                                                                  |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                                |                                                                           | <b>INSPECTION DATE</b>                                                                                                           |                                                         |                                          |
| <input type="checkbox"/> <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                                        |                                                                           |                                                                                                                                  |                                                         | 229-67 65                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                    |                  |                          |           |
|----------------------------------------------------------------------------------------------------|------------------|--------------------------|-----------|
|  <b>PERMIT NUMBER</b> | <b>92-158333</b> | <b>INSPECTION NUMBER</b> | <b>29</b> |
|----------------------------------------------------------------------------------------------------|------------------|--------------------------|-----------|

JOB ADDRESS

**2121 GREENHOUSE CT**

|                     |                      |                                         |
|---------------------|----------------------|-----------------------------------------|
| LOT NO<br><b>31</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>228-1358</b> | CALL IN DATE<br><b>09/01/92</b> | CALL IN TIME<br><b>14:32</b> | SCHEDULE DATE<br><b>09/02/92</b> |
|------------------------------------|------------------------------|---------------------------------|------------------------------|----------------------------------|

|                           |                                   |
|---------------------------|-----------------------------------|
| INSPECTOR NO<br><b>84</b> | INSPECTOR NAME<br><b>BOB WARD</b> |
|---------------------------|-----------------------------------|

|                             |                                             |
|-----------------------------|---------------------------------------------|
| <b>INSPECTION REQUESTED</b> | <b>FOOTING, LAYOUT, REBAR, ZONING (101)</b> |
|-----------------------------|---------------------------------------------|

**CALL 30 MIN PRIOR 294-9523 FOR ACCESS**

VOID

Dupli

|                                             |                                                                           |                                       |                                                         |                                          |
|---------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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 3RD FLOOR 400 E STEWART STREET |                                       |                                                         |                                          |

|                     |                 |
|---------------------|-----------------|
| INSPECTOR SIGNATURE | INSPECTION DATE |
|---------------------|-----------------|

|                                                  |                                                                                                                                  |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>PROJECT COMPLETE</b> | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

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

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

92-158333

**INSPECTION  
NUMBER**

29

**JOB ADDRESS**

2121 GREENHOUSE CT

**LOT NO**

31

**BLOCK NO**

5

**SUBDIVISION NAME**

CHERRY CREEK

**FIRE DEPT MAP NO**

2216-31

**JOB PHONE**

228-1358

**CALL IN DATE**

09/01/92

**CALL IN TIME**

14:32

**SCHEDULE DATE**

09/02/92

**INSPECTOR NO**

84

**INSPECTOR NAME**

BOB WARD

**INSPECTION  
REQUESTED**

FOOTING, LAYOUT, REBAR, ZONING (101)

CALL 30 MIN PRIOR 294-9523 FOR ACCESS

VOID

Dupli

☐ **PARTIAL  
INSPECTION**

☐ **PARTIAL  
APPROVAL (P)**

**PARTIAL DESCRIPTION**

☐ **APPROVED  
(A)**

☐ **STOP  
WORK (S)**

☐ **COMMENTS  
(C)**

☐ **TEMPORARY  
APPROVAL (T) — UNTIL**

☐ **HOLD  
(H)**

☐ **REJECTED (R)**

REINSPECTION REQUIRED CALL \*229 2071

☐ **REFEE (F)**

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

☐ **PERMIT  
REQUIRED**

**INSPECTOR  
SIGNATURE:**

**INSPECTION DATE**

☐ **PROJECT  
COMPLETE**

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

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CALL THE INSPECTOR FROM 7 00 AM 7 15 AM OR 2 45 PM 3 00 PM AT

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-158333**

**INSPECTION  
NUMBER**

**22**

JOB ADDRESS

**2121 GREENHOUSE CT**

LOT NO

**31**

BLOCK NO

**5**

SUBDIVISION NAME

**CHERRY CREEK**

FIRE DEPT MAP NO

**2216-31**

JOB PHONE

**228-1358**

CALL IN DATE

**08/31/92**

CALL IN TIME

**13:47**

SCHEDULE DATE

**09/01/92**

INSPECTOR NO

**84**

INSPECTOR NAME

**BOB WARD**

**73**

**INSPECTION  
REQUESTED**

**FOOTING, LAYOUT, REBAR, ZONING (101)**

**MUST HAVE PERMIS TO ENTER YARD  
NO ONE HOME**

☐ **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**

**9/1/92**

☐ **PROJECT  
COMPLETE**

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

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**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> 92-158333                                                     |                                                                                                                                  | <b>INSPECTION NUMBER</b> 23             |                                                         |
| JOB ADDRESS<br><b>2121 GREENHOUSE CT</b>                                                                               |                                                                                                                                  |                                         |                                                         |
| LOT NO<br><b>31</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>228-1358</b>                                                                                                     | CALL IN DATE<br><b>08/31/92</b>         | CALL IN TIME<br><b>13:47</b>                            |
| SCHEDULE DATE<br><b>09/01/92</b>                                                                                       |                                                                                                                                  |                                         |                                                         |
| INSPECTOR NO<br><b>8485</b>                                                                                            | INSPECTOR NAME<br><b>BOB WARD</b> <i>78</i>                                                                                      |                                         |                                                         |
| <b>INSPECTION REQUESTED</b>                                                                                            |                                                                                                                                  | <b>ROOF SHEATHING (107)</b>             |                                                         |
| <p><b>NO ACCESS</b></p>                                                                                                |                                                                                                                                  |                                         |                                                         |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                     |                                                         |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C)   | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
|                                                                                                                        |                                                                                                                                  |                                         | <input type="checkbox"/> 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<br><i>78</i>                                                                                       |                                                                                                                                  | INSPECTION DATE<br><b>9/1/92</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



PERMIT  
NUMBER

92-15 8333

INSPECTION  
NUMBER

24

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

228-1358

CALL IN DATE

08/31/92

CALL IN TIME

13:47

SCHEDULE DATE

09/01/92

INSPECTOR NO

8485

INSPECTOR NAME

BOB WARD

*[Signature]*

INSPECTION  
REQUESTED

FRAMING (120)

No ACCESS

☐ 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

9/1/92

☐ 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

92-158333

INSPECTION  
NUMBER

25

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

228-1358

CALL IN DATE

08/31/92

CALL IN TIME

13:47

SCHEDULE DATE

09/01/92

INSPECTOR NO

84

INSPECTOR NAME

BOB WARD

78

INSPECTION  
REQUESTED

ROUGH ELECTRICAL (220)

NO ACCESS

☐ 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

78

INSPECTION DATE

9/1/92

☐ PROJECT  
COMPLETE

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

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

229-6765

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

92-158333

**INSPECTION  
NUMBER**

25

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

294-9523

CALL IN DATE

09/01/92

CALL IN TIME

14:07

SCHEDULE DATE

09/02/92

INSPECTOR NO

8A 85

INSPECTOR NAME

BOB WARD

73

**INSPECTION  
REQUESTED**

FOOTING, LAYOUT, REBAR, ZONING (101)

CALL 30 MIN PRIOR 294-9523 FOR ACCESS

☐ 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

9292

☐ **PROJECT  
COMPLETE**

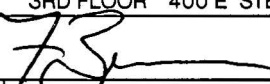
BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS  
SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only)

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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |                                                                                                                                  |                                       |                                                         |                                          |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
|                                          | <b>PERMIT NUMBER</b>                                                                                                             | 92-158333                             | <b>INSPECTION NUMBER</b>                                | 26                                       |
| <b>JOB ADDRESS</b> 2121 GREENHOUSE CT                                                                                  |                                                                                                                                  |                                       |                                                         |                                          |
| <b>LOT NO</b> 31                                                                                                       |                                                                                                                                  | <b>BLOCK NO</b> 5                     |                                                         | <b>SUBDIVISION NAME</b> CHERRY CREEK     |
| <b>FIRE DEPT MAP NO</b> 2216-31                                                                                        | <b>JOB PHONE</b> 294-9523                                                                                                        | <b>CALL IN DATE</b> 09/01/92          | <b>CALL IN TIME</b> 14:08                               | <b>SCHEDULE DATE</b> 09/02/92            |
| <b>INSPECTOR NO</b> 85                                                                                                 |                                                                                                                                  | <b>INSPECTOR NAME</b> GORDON FJ       |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                            |                                                                                                                                  | ROOF SHEATHING (107)                  |                                                         |                                          |
| <b>CALL 30 MIN PRIOR 294-9523 FOR ACCESS</b>                                                                           |                                                                                                                                  |                                       |                                                         |                                          |
|                                                                                                                        |                                                                                                                                  |                                       |                                                         |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                   |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                     | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>          |                                                                                                                                  |                                       | <b>INSPECTION DATE</b> 9-2-92                           |                                          |
| <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"/> <b>PERMIT NUMBER</b> | <b>92-158333</b> | <b>INSPECTION NUMBER</b> | <b>28</b> |
|----------------------------------------------------------|------------------|--------------------------|-----------|

|                    |                           |
|--------------------|---------------------------|
| <b>JOB ADDRESS</b> | <b>2121 GREENHOUSE CT</b> |
|--------------------|---------------------------|

|                            |                             |                                                |
|----------------------------|-----------------------------|------------------------------------------------|
| <b>LOT NO</b><br><b>31</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>294-9523</b> | <b>CALL IN DATE</b><br><b>09/01/92</b> | <b>CALL IN TIME</b><br><b>14:09</b> | <b>SCHEDULE DATE</b><br><b>09/02/92</b> |
|-------------------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|-----------------------------------------|

|                                  |                                            |
|----------------------------------|--------------------------------------------|
| <b>INSPECTOR NO</b><br><b>85</b> | <b>INSPECTOR NAME</b><br><b>FORWARD 73</b> |
|----------------------------------|--------------------------------------------|

|                             |                               |
|-----------------------------|-------------------------------|
| <b>INSPECTION REQUESTED</b> | <b>ROUGH ELECTRICAL (220)</b> |
|-----------------------------|-------------------------------|

**CALL 30 MIN PRIOR 294-9523 FOR ACCESS**

|                                                    |                                                      |                            |
|----------------------------------------------------|------------------------------------------------------|----------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b> | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b> | <b>PARTIAL DESCRIPTION</b> |
|----------------------------------------------------|------------------------------------------------------|----------------------------|

|                                                         |                                               |                                              |                                                                |                                          |
|---------------------------------------------------------|-----------------------------------------------|----------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b> | <input type="checkbox"/> <b>STOP WORK (S)</b> | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b> |
|---------------------------------------------------------|-----------------------------------------------|----------------------------------------------|----------------------------------------------------------------|------------------------------------------|

|                                              |                                                                                  |                                                 |
|----------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>REJECTED (R)</b> | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                      | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <input type="checkbox"/> <b>REFEE (F)</b>    | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET</b> |                                                 |

|                            |                        |
|----------------------------|------------------------|
| <b>INSPECTOR SIGNATURE</b> | <b>INSPECTION DATE</b> |
| <b>73</b>                  | <b>9-2-92</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 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 type="checkbox"/>                 | <b>PERMIT NUMBER</b>         | 02-158333                          | <b>INSPECTION NUMBER</b>                | 19                               |
| <b>JOB ADDRESS</b><br>2121 GREENHOUSE CT |                              |                                    |                                         |                                  |
| <b>LOT NO</b><br>31                      |                              | <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>294-9523 | <b>CALL IN DATE</b><br>09/02/92    | <b>CALL IN TIME</b><br>13:44            | <b>SCHEDULE DATE</b><br>09/03/92 |
| <b>INSPECTOR NO</b><br>85                |                              | <b>INSPECTOR NAME</b><br>EDWARD 73 |                                         |                                  |
| <b>INSPECTION REQUESTED</b>              |                              | PAINTING (120)                     |                                         |                                  |

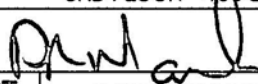
CORR. HAVE BEEN MADE  
EXCEPT CITY WILL REQ ATTIC  
VENTILATION CAN CK AT  
NEXT INSP

|                                                                                                                        |                                                                                                                                  |                                       |                                                         |                                   |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|
| <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>73                                                                                       |                                                                                                                                  | <b>INSPECTION DATE</b><br>9392        |                                                         |                                   |
| <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 type="checkbox"/> <b>PERMIT NUMBER</b>        |  | <b>91-127273</b>                           |  | <input type="checkbox"/> <b>INSPECTION NUMBER</b> |  | <b>4</b>                            |  |
| <b>JOB ADDRESS</b><br><b>2121 GREENHOUSE CT</b>      |  |                                            |  |                                                   |  |                                     |  |
| <b>LOT NO</b><br><b>31</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>01/08/92</b>            |  | <b>CALL IN TIME</b><br><b>09:18</b> |  |
| <b>SCHEDULE DATE</b><br><b>01/09/92</b>              |  |                                            |  |                                                   |  |                                     |  |
| <b>INSPECTOR NO</b><br><b>70</b>                     |  | <b>INSPECTOR NAME</b><br><b>DAVE MARSH</b> |  |                                                   |  |                                     |  |
| <input type="checkbox"/> <b>INSPECTION REQUESTED</b> |  | <b>UNDERSLAB PLUMBING (407)</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>             |  | <b>INSPECTION DATE</b><br><b>1-9-92</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>229-6769</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> 91-124649 |                                     | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> 25 |                              |
| <b>JOB ADDRESS</b><br>2121 GREENHOUSE CT                           |                                     |                                                                 |                              |
| <b>LOT NO</b><br>31                                                | <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>01/08/92                                 | <b>CALL IN TIME</b><br>16:02 |
| <b>SCHEDULE DATE</b><br>01/09/92                                   |                                     |                                                                 |                              |
| <b>INSPECTOR NO</b><br>70                                          | <b>INSPECTOR NAME</b><br>DAVE MARSH |                                                                 |                              |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b>    |                                     | PRE-SLAB (105)                                                  |                              |

PM FOR ALL

*Aplan*

*Send to #70*

|                                                                                                                    |                                                                                                                                  |                                              |                                                                |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <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>E. Russell</i>                                                                    |                                                                                                                                  | <b>INSPECTION DATE</b><br>1992               |                                                                |
| <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 |                                                                                                                                  |                                              | <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>                                                                                                                                    |  | <b>92131616</b>                                                                                                                  |  | <b>INSPECTION NUMBER</b>                 |                              |
| JOB ADDRESS<br><b>2121 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>11:10</b> |
| INSPECTOR NO<br><b>70</b>                                                                                                                               |  | INSPECTOR NAME<br><b>MARSH, DAVE</b>                                                                                             |  |                                          |                              |
| <b>INSPECTION REQUESTED</b>                                                                                                                             |  | <b>407 UNDERSLAB PLUMBING</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"/> REJECTED (R)                                                                                                                   |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL                                                                          |  | <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 |                              |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                              |  | <i>Dr. N. ...</i>                                                                                                                |  | <b>INSPECTION DATE</b><br><b>1-6-92</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 AM 7 15 AM OR 2 45 PM 3 00 PM AT <span style="float: right;">▶</span> |  |                                                                                                                                  |  |                                          |                              |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

91-124549

**INSPECTION  
NUMBER**

27

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

39

BLOCK NO

5

SUBDIVISION NAME

SUMMERLIN

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

2216-39

737-1440

02/12/92

15:29

02/13/92

INSPECTOR NO

84

INSPECTOR NAME

BOB WARD

**INSPECTION  
REQUESTED**

ROOF SHEATHING (107)

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED CALL \*799 2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*[Signature]*

INSPECTION DATE

2-13-92

☐ 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 \*386-6251  
SEE REVERSE SIDE FOR INSPECTION TYPES

\* EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                         |                           |                                   |                           |
|---------------------------------------------------------|---------------------------|-----------------------------------|---------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 91-124649 |                           | <b>INSPECTION NUMBER</b> 30       |                           |
| <b>JOB ADDRESS</b> 2129 GREENHOUSE CT                   |                           |                                   |                           |
| <b>LOT NO</b> 39                                        | <b>BLOCK NO</b> 5         | <b>SUBDIVISION NAME</b> SUMMERLIN |                           |
| <b>FIRE DEPT MAP NO</b> 2216-31                         | <b>JOB PHONE</b> 737-1440 | <b>CALL IN DATE</b> 02/12/92      | <b>CALL IN TIME</b> 15:35 |
| <b>INSPECTOR NO</b> 84                                  |                           | <b>INSPECTOR NAME</b> BOB WARD    |                           |
| <b>SCHEDULE DATE</b> 02/13/92                           |                           |                                   |                           |

**INSPECTION REQUESTED** SHEAR (109)

- ① Add A-355 At gables where missing
- ② " blocking and boundary railing where req
- ③ " " At rear-sides of fireplace

|                                                         |                                                                                  |                                              |                                                                |                                                 |
|---------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>      | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                             | <b>PARTIAL DESCRIPTION</b>                   |                                                                |                                                 |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b> | <input type="checkbox"/> <b>STOP WORK (S)</b>                                    | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REJECTED (R)</b>            | <b>REINSPECTION REQUIRED CALL *799 2071</b>                                      |                                              |                                                                | <input type="checkbox"/> <b>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> <i>Bob Ward</i>                                                                             | <b>INSPECTION DATE</b> 2-13-92                                                                                                   |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                       | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |                                                                                                                                  |
| 229-6765                                                                                                               |                                                                                                                                  |

FOR ADDITIONAL ASSISTANCE CALL \*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> | 91-124649 | <b>INSPECTION NUMBER</b> | 14 |
|----------------------|-----------|--------------------------|----|

JOB ADDRESS

**2121 GREENHOUSE CT**

|                     |                      |                                      |
|---------------------|----------------------|--------------------------------------|
| LOT NO<br><b>31</b> | BLOCK NO<br><b>5</b> | SUBDIVISION NAME<br><b>SUNNERLIN</b> |
|---------------------|----------------------|--------------------------------------|

|                                    |                              |                                 |                              |                                  |
|------------------------------------|------------------------------|---------------------------------|------------------------------|----------------------------------|
| FIRE DEPT MAP NO<br><b>2216-31</b> | JOB PHONE<br><b>737-1440</b> | CALL IN DATE<br><b>02/24/92</b> | CALL IN TIME<br><b>15:51</b> | SCHEDULE DATE<br><b>02/25/92</b> |
|------------------------------------|------------------------------|---------------------------------|------------------------------|----------------------------------|

|                           |                                   |
|---------------------------|-----------------------------------|
| INSPECTOR NO<br><b>84</b> | INSPECTOR NAME<br><b>BOB WARD</b> |
|---------------------------|-----------------------------------|

|                             |                      |
|-----------------------------|----------------------|
| <b>INSPECTION REQUESTED</b> | <b>FRAMING (120)</b> |
|-----------------------------|----------------------|

- ① Complete fireplace - gas
- ② " Firestop - at fireplace
- ③ " " - marking on flk
- ④ ck nails at micro - hanger at garage
- ⑤ " Items on flk - rep / del

|                                                  |                                                                           |                                       |                                                         |                                          |
|--------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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>Bob Ward</i> | INSPECTION DATE<br><b>2-25-92</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 **229-6765**

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>91-127273</b>                                                                                                                                | <b>INSPECTION NUMBER</b>                                       | <b>15</b>                                       |
| <b>JOB ADDRESS</b><br><b>2121 GREENHOUSE CT</b>                                                                               |                                                                                  |                                                                                                                                                 |                                                                |                                                 |
| <b>LOT NO</b><br><b>31</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>02/24/92</b>                                                                                                          | <b>CALL IN TIME</b><br><b>15:52</b>                            | <b>SCHEDULE DATE</b><br><b>02/25/92</b>         |
| <b>INSPECTOR NO</b><br><b>84</b>                                                                                              |                                                                                  | <b>INSPECTOR NAME</b><br><b>BOB WARD</b>                                                                                                        |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b> <b>TOP OUT-WATER, GAS, WASTE (420)</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>R. Ward</i>                                                                                  |                                                                                  | <b>INSPECTION DATE</b><br><b>2-25-92</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

|                                                                                                                        |  |                                                                                                                                  |  |                                         |  |                                                         |                 |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                                   |  | <b>92-136207</b>                                                                                                                 |  | <b>INSPECTION NUMBER</b>                |  | <b>26</b>                                               |                 |
| JOB ADDRESS<br><b>2121 GREENHOUSE CT</b>                                                                               |  |                                                                                                                                  |  |                                         |  |                                                         |                 |
| LOT NO<br><b>31</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>                                                                                                |  |                                         |  |                                                         |                 |
| INSPECTION REQUESTED                                                                                                   |  | <b>ROUGH MECHANICAL (320)</b>                                                                                                    |  |                                         |  |                                                         |                 |
| <p style="font-size: 1.5em; margin-top: 20px;">Rough Elect - 220 - <del>92</del> - 135946</p>                          |  |                                                                                                                                  |  |                                         |  |                                                         |                 |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            |  | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    |  | PARTIAL DESCRIPTION                     |  |                                                         |                 |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       |  | <input type="checkbox"/> STOP WORK (S)                                                                                           |  | <input type="checkbox"/> COMMENTS (C)   |  | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL |                 |
| <input type="checkbox"/> REJECTED (R)                                                                                  |  | <input type="checkbox"/> REFEE (F)                                                                                               |  | <input type="checkbox"/> HOLD (H)       |  |                                                         |                 |
|                                                                                                                        |  | 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>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

**PERMIT  
NUMBER**
**92-136207**
**INSPECTION  
NUMBER**
**11**
**JOB ADDRESS**
**2121 GREENHOUSE CT**
**LOT NO**
**31**
**BLOCK NO**
**5**
**SUBDIVISION NAME**
**CHERRY CREEK**
**FIRE DEPT MAP NO**
**2216-31**
**JOB PHONE**
**367-6064**
**CALL IN DATE**
**04/16/92**
**CALL IN TIME**
**15:10**
**SCHEDULE DATE**
**04/17/92**
**INSPECTOR NO**
**84**
**INSPECTOR NAME**
**BOB WARD**
**INSPECTION  
REQUESTED**
**FINAL MECHANICAL (340)**

① Condenser, NO 30" clearance

☐ **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

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



PERMIT  
NUMBER

92-135946

INSPECTION  
NUMBER

JOB ADDRESS

2121 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

15:12

04/17/92

INSPECTOR NO

INSPECTOR NAME

84

BOB WARD

INSPECTION  
REQUESTED

FINAL ELECTRICAL (240)

① Where is GFCI on Jacuzzi  
AND timer ect

☐ 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

229-6765

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

1

PERMIT  
NUMBER

91-427273

INSPECTION  
NUMBER

24

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

BLOCK NO

5

SUBDIVISION NAME

CHERRY CREEK

FIRE DEPT MAP NO

2216-31

JOB PHONE

386-9073

CALL IN DATE

04/14/92

CALL IN TIME

14:50

SCHEDULE DATE

04/15/92

INSPECTOR NO

84

INSPECTOR NAME

BOB HARD

INSPECTION  
REQUESTED

FINAL PLUMBING (440)

- kink in hose from  
disposal to Air gap

- hose bib missing at  
Rear of house

☐ 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

*M. H. H.*

INSPECTION DATE

4-15-92

☐ PROJECT  
COMPLETE

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

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229-6765

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

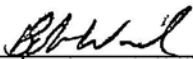
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |                                                                           |                                                                                                                                  |                                                         |                                          |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| M                                                                                                                      | <b>PERMIT NUMBER</b>                                                      | 92-1359467                                                                                                                       | <b>INSPECTION NUMBER</b>                                | 25                                       |
| <b>JOB ADDRESS</b><br>2121 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>                                     | <b>SCHEDULE DATE</b>                     |
| 2214-31                                                                                                                | 739-8554                                                                  | 04/02/92                                                                                                                         | 16:44                                                   | 04/03/92                                 |
| <b>INSPECTOR NO</b>                                                                                                    |                                                                           | <b>INSPECTOR NAME</b>                                                                                                            |                                                         |                                          |
| 84                                                                                                                     |                                                                           | BOB WARD                                                                                                                         |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                            |                                                                           | <b>ELEC METER TAG (133)</b>                                                                                                      |                                                         |                                          |
| <p style="font-size: 2em; margin: 0;">Temp! pwr</p> <p style="font-size: 2em; margin: 0;">Tag # 41616</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>                                                                                                           |                                                         |                                          |
| [Signature]                                                                                                            |                                                                           | 4-7-92                                                                                                                           |                                                         |                                          |
| <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><br>91-127273                                                                                  |                                               | <b>INSPECTION NUMBER</b><br>24                                                                                                   |                                                                |                                                                                                     |
| <b>JOB ADDRESS</b><br>2121 GREENHOUSE CT                                                                           |                                               |                                                                                                                                  |                                                                |                                                                                                     |
| <b>LOT NO</b><br>31                                                                                                | <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>386-9073                  | <b>CALL IN DATE</b><br>03/30/92                                                                                                  | <b>CALL IN TIME</b><br>15:55                                   | <b>SCHEDULE DATE</b><br>03/31/92                                                                    |
| <b>INSPECTOR NO</b><br>8455                                                                                        | <b>INSPECTOR NAME</b><br>BOB WARD             |                                                                                                                                  |                                                                |                                                                                                     |
| <b>INSPECTION REQUESTED</b><br>FINAL GAS TEST (423)                                                                |                                               |                                                                                                                                  |                                                                |                                                                                                     |
| <p># 22208</p>                                                                                                     |                                               |                                                                                                                                  |                                                                |                                                                                                     |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                 |                                               | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                             |                                                                |                                                                                                     |
| <b>PARTIAL DESCRIPTION</b>                                                                                         |                                               |                                                                                                                                  |                                                                |                                                                                                     |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                            | <input type="checkbox"/> <b>STOP WORK (S)</b> | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                     | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> | <input type="checkbox"/> <b>HOLD (H)</b>                                                            |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                       |                                               | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                                      |                                                                | <input type="checkbox"/> <b>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>  |                                               |                                                                                                                                  | <b>INSPECTION DATE</b><br>3-31-92                              |                                                                                                     |
| <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 |                                               |                                                                                                                                  |                                                                |  <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"/> X                                                                                 | <b>PERMIT<br/>NUMBER</b>                                                                                                            | 91-124649                                | <b>INSPECTION<br/>NUMBER</b>                                | 26                                   |
| JOB ADDRESS<br><b>2121 GREENHOUSE CT</b>                                                                              |                                                                                                                                     |                                          |                                                             |                                      |
| LOT NO<br><b>31</b>                                                                                                   |                                                                                                                                     | BLOCK NO<br><b>5</b>                     | SUBDIVISION NAME<br><b>SUMMERLYN</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>16:46</b>                                | SCHEDULE DATE<br><b>03/02/92</b>     |
| INSPECTOR NO<br><b>84</b>                                                                                             |                                                                                                                                     | INSPECTOR NAME<br><b>BOB WARD</b>        |                                                             |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                       |                                                                                                                                     | <b>INSULATION (123)</b>                  |                                                             |                                      |
| <p>P.M.</p> Empty space for inspection notes                                                                          |                                                                                                                                     |                                          |                                                             |                                      |
| <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: <i>Bob Ward</i>                                                                               |                                                                                                                                     | INSPECTION DATE<br><b>3-2-92</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 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>PERMIT NUMBER</b> |  | <b>91-124649</b>                         |  |  <b>INSPECTION NUMBER</b> |  | <b>3</b>                            |  |
| <b>JOB ADDRESS</b><br><b>2121 GREENHOUSE CT</b>                                                     |  |                                          |  |                                                                                                           |  |                                     |  |
| <b>LOT NO</b><br><b>31</b>                                                                          |  | <b>BLOCK NO</b><br><b>5</b>              |  | <b>SUBDIVISION NAME</b><br><b>SUMMERLYN</b>                                                               |  |                                     |  |
| <b>FIRE DEPT MAP NO</b><br><b>2214-31</b>                                                           |  | <b>JOB PHONE</b><br><b>737-1440</b>      |  | <b>CALL IN DATE</b><br><b>03/03/92</b>                                                                    |  | <b>CALL IN TIME</b><br><b>15:54</b> |  |
| <b>SCHEDULE DATE</b><br><b>03/04/92</b>                                                             |  |                                          |  |                                                                                                           |  |                                     |  |
| <b>INSPECTOR NO</b><br><b>84</b>                                                                    |  | <b>INSPECTOR NAME</b><br><b>BOB WARD</b> |  |                                                                                                           |  |                                     |  |

|                                                                                                             |                                   |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------|
|  <b>INSPECTION REQUESTED</b> | <b>EXTERIOR LATH/STUCCO (129)</b> |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                   |  |                                                                                                                 |  |                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|--|
|  <b>PARTIAL INSPECTION</b>       |  |  <b>PARTIAL APPROVAL (P)</b> |  | <b>PARTIAL DESCRIPTION</b>                                                                              |  |
|  <b>APPROVED (A)</b>             |  |  <b>STOP WORK (S)</b>        |  |  <b>COMMENTS (C)</b> |  |
|  <b>TEMPORARY APPROVAL (T)</b> |  | <b>UNTIL</b>                                                                                                    |  |  <b>HOLD (H)</b>     |  |
|  <b>REJECTED (R)</b>             |  | <b>REINSPECTION REQUIRED CALL *229 2071</b>                                                                     |  |                                                                                                         |  |
|  <b>REFEE (F)</b>                |  | <b>REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET</b>                              |  |                                                                                                         |  |
|  <b>PERMIT REQUIRED</b>        |  |                                                                                                                 |  |                                                                                                         |  |

|                                               |  |                                         |  |
|-----------------------------------------------|--|-----------------------------------------|--|
| <b>INSPECTOR SIGNATURE</b><br><i>Bob Ward</i> |  | <b>INSPECTION DATE</b><br><b>3-4-92</b> |  |
|-----------------------------------------------|--|-----------------------------------------|--|

|                                                                                                           |  |                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  <b>PROJECT COMPLETE</b> |  | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |  |
|-----------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                               |  |                 |
|-------------------------------------------------------------------------------------------------------------------------------|--|-----------------|
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT</b> |  | <b>229-6765</b> |
|-------------------------------------------------------------------------------------------------------------------------------|--|-----------------|

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                        |  |                                                                                                                                  |  |                                       |  |                                                         |          |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|----------|
| <b>PERMIT NUMBER</b>                                                                                                   |  | 91-124649                                                                                                                        |  | <b>INSPECTION NUMBER</b>              |  | 2                                                       |          |
| <b>JOB ADDRESS</b>                                                                                                     |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| 2121 GREENHOUSE CT                                                                                                     |  |                                                                                                                                  |  |                                       |  |                                                         |          |
| <b>LOT NO</b>                                                                                                          |  | <b>BLOCK NO</b>                                                                                                                  |  | <b>SUBDIVISION NAME</b>               |  |                                                         |          |
| 39                                                                                                                     |  | 5                                                                                                                                |  | SUMMERLIN                             |  |                                                         |          |
| <b>FIRE DEPT MAP NO</b>                                                                                                |  | <b>JOB PHONE</b>                                                                                                                 |  | <b>CALL IN DATE</b>                   |  | <b>CALL IN TIME</b>                                     |          |
| 2216-39                                                                                                                |  | 737-9440                                                                                                                         |  | 03/03/92                              |  | 15:54                                                   |          |
| <b>INSPECTOR NO</b>                                                                                                    |  | <b>INSPECTOR NAME</b>                                                                                                            |  |                                       |  |                                                         |          |
| 84                                                                                                                     |  | 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"/> 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>                                                                                             |  | <i>Bob Ward</i>                                                                                                                  |  |                                       |  | <b>INSPECTION DATE</b>                                  |          |
|                                                                                                                        |  |                                                                                                                                  |  |                                       |  | 3-4-92                                                  |          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                              |  | BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C of O ISSUANCE (Commercial Only) |  |                                       |  |                                                         |          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT |  |                                                                                                                                  |  |                                       |  |                                                         | 229-6765 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**92-135946**

**INSPECTION  
NUMBER**

**5**

**JOB ADDRESS**

**2121 GREENHOUSE CT**

**LOT NO**

**BLOCK NO**

**SUBDIVISION NAME**

**FIRE DEPT MAP NO**

**2216-31**

**JOB PHONE**

**739-8554**

**CALL IN DATE**

**04/21/92**

**CALL IN TIME**

**14:31**

**SCHEDULE DATE**

**04/22/92**

**INSPECTOR NO**

**84**

**INSPECTOR NAME**

**BOB WARD**

**INSPECTION  
REQUESTED**

**FINAL ELECTRICAL (240)**

*Bob Ward*

*4-22-92*

☐ **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**

*4-22-92*

☐ **PROJECT  
COMPLETE**

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

**IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY**

**CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT**

**229-6765**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                 |                  |                            |                                              |                      |
|-------------------------------------------------|------------------|----------------------------|----------------------------------------------|----------------------|
| <input checked="" type="checkbox"/>             | PERMIT<br>NUMBER | 91-124649                  | INSPECTION<br>NUMBER                         | 34                   |
| JOB ADDRESS<br>7171 GREENWOOD CT                |                  |                            |                                              |                      |
| LOT NO<br>31                                    |                  | BLOCK NO<br>5              | SUBDIVISION NAME<br>SUNMERLIN - CHERRY CREEK |                      |
| FIRE DEPT MAP NO<br>2216-31                     |                  | JOB PHONE<br>737-1440      | CALL IN DATE<br>06/19/92                     | CALL IN TIME<br>4:20 |
| SCHEDULE DATE<br>06/22/92                       |                  |                            |                                              |                      |
| INSPECTOR NO<br>84                              |                  | INSPECTOR NAME<br>BOB WARD |                                              |                      |
| INSPECTION<br>REQUESTED<br>BUILDING FINAL (140) |                  |                            |                                              |                      |

① Seal holes at garage - pipes -

|                                                                                                                           |                                                                              |                                                                                                                                     |                                                            |                                             |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <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>Bob Ward                                                                                        |                                                                              | INSPECTION DATE<br>6-22-92                                                                                                          |                                                            |                                             |
| <input checked="" 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 |                                                                              |                                                                                                                                     |                                                            | 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"/> | PERMIT<br>NUMBER | 91-124649 | INSPECTION<br>NUMBER | 24 |
|-------------------------------------|------------------|-----------|----------------------|----|

JOB ADDRESS

**2121 GREENHOUSE CT**

|                                    |                              |                                                     |                              |                                  |
|------------------------------------|------------------------------|-----------------------------------------------------|------------------------------|----------------------------------|
| LOT NO<br><b>31</b>                | BLOCK NO<br><b>5</b>         | SUBDIVISION NAME<br><b>SUMMERLIN - CHERRY CREEK</b> |                              |                                  |
| FIRE DEPT MAP NO<br><b>2216-31</b> | JOB PHONE<br><b>737-1440</b> | CALL IN DATE<br><b>06/19/92</b>                     | CALL IN TIME<br><b>15:20</b> | SCHEDULE DATE<br><b>06/22/92</b> |

|                           |                                   |
|---------------------------|-----------------------------------|
| INSPECTOR NO<br><b>84</b> | INSPECTOR NAME<br><b>BOB WARD</b> |
|---------------------------|-----------------------------------|

|                         |                             |
|-------------------------|-----------------------------|
| INSPECTION<br>REQUESTED | <b>BUILDING FINAL (140)</b> |
|-------------------------|-----------------------------|

PM

① Seal holes at garage - pipes -

|                                                     |                                                                              |                                          |                                                            |                                             |
|-----------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <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 | <i>Bob Ward</i> | INSPECTION DATE | <i>6-22-92</i> |
|------------------------|-----------------|-----------------|----------------|

|                                                         |                                                                                                                                     |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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  
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>92-135946</b>                                                                                                                 |  | <b>INSPECTION NUMBER</b>                        |  | <b>25</b>                                                       |                 |
| <b>JOB ADDRESS</b><br><div style="text-align: center; font-weight: bold;">2121 GREENHOUSE CT</div>                                           |  |                                                                                                                                  |  |                                                 |  |                                                                 |                 |
| <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>04/02/92                 |  | <b>CALL IN TIME</b><br>16:44                                    |                 |
| <b>SCHEDULE DATE</b><br>04/03/92                                                                                                             |  |                                                                                                                                  |  |                                                 |  |                                                                 |                 |
| <b>INSPECTOR NO</b><br>84                                                                                                                    |  | <b>INSPECTOR NAME</b><br>BOB WARD                                                                                                |  |                                                 |  |                                                                 |                 |
| <b>INSPECTION REQUESTED</b>                                                                                                                  |  | ELFC METER TAG (133)                                                                                                             |  |                                                 |  |                                                                 |                 |
| <div style="font-size: 2em; font-family: cursive;">                     Temp pwr<br/>                     Tag # 41616                 </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>REFEE (F)</b>                                                                                        |  | <input type="checkbox"/> <b>HOLD (H)</b>        |  |                                                                 |                 |
| <input type="checkbox"/> <b>REINSPECTION REQUIRED</b>                                                                                        |  | <input type="checkbox"/> <b>REINSPECTION FEE REQUIRED</b>                                                                        |  | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |  |                                                                 |                 |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                   |  | BMW                                                                                                                              |  | <b>INSPECTION DATE</b><br>4-3-92                |  |                                                                 |                 |
| <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

|                                                            |                                          |                                                              |                                     |
|------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b>   | <b>91-127273</b>                         | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> | <b>24</b>                           |
| <b>JOB ADDRESS</b><br><b>2121 GREENHOUSE CT</b>            |                                          |                                                              |                                     |
| <b>LOT NO</b><br><b>31</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>04/14/92</b>                       | <b>CALL IN TIME</b><br><b>14:50</b> |
| <b>SCHEDULE DATE</b><br><b>04/15/92</b>                    |                                          |                                                              |                                     |
| <b>INSPECTOR NO</b><br><b>84</b>                           | <b>INSPECTOR NAME</b><br><b>BOB WARD</b> |                                                              |                                     |
| <b>INSPECTION REQUESTED</b><br><b>FINAL PLUMBING (440)</b> |                                          |                                                              |                                     |

- kink in hose from disposal to Air gap

- hose bib missing at Rear of house

|                                                                                                                               |                                                                                                                                                 |                                              |                                                                |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <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>M. H. H.</i>                                                                                 |                                                                                                                                                 | <b>INSPECTION DATE</b><br><b>4-15-92</b>     |                                                                |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                              | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |                                              |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT</b> |                                                                                                                                                 |                                              |                                                                | <b>229-6765</b>                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                    |                                   |                                 |                              |
|--------------------------------------------------------------------|-----------------------------------|---------------------------------|------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 92-135945 |                                   | <b>INSPECTION NUMBER</b> 5      |                              |
| JOB ADDRESS<br><b>2121 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>04/21/92</b> | CALL IN TIME<br><b>14:31</b> |
| SCHEDULE DATE<br><b>04/22/92</b>                                   |                                   |                                 |                              |
| INSPECTOR NO<br><b>84</b>                                          | INSPECTOR NAME<br><b>BOB WARD</b> |                                 |                              |
| <b>INSPECTION REQUESTED</b>                                        |                                   | <b>FINAL ELECTRICAL (240)</b>   |                              |

|                                                                                                                        |                                                                                                                                  |                                       |                                                          |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                   |                                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) -- UNTIL |
| <input type="checkbox"/> HOLD (H)                                                                                      |                                                                                                                                  |                                       |                                                          |
| <input type="checkbox"/> REJECTED (R)                                                                                  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                 |
| <input type="checkbox"/> REFEE (F)                                                                                     | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                          |
| <b>INSPECTOR SIGNATURE</b> <i>B. Ward</i>                                                                              |                                                                                                                                  | <b>INSPECTION DATE</b> <i>4-22-92</i> |                                                          |
| <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>PERMIT NUMBER</b>         |  | <b>92-13627</b>                          |  |  <b>INSPECTION NUMBER</b> |  | <b>6</b>                            |  |
| <b>JOB ADDRESS</b><br><b>2121 GREENHOUSE CT</b>                                                              |  |                                          |  |                                                                                                           |  |                                     |  |
| <b>LOT NO</b><br><b>31</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>367-6064</b>      |  | <b>CALL IN DATE</b><br><b>04/21/92</b>                                                                    |  | <b>CALL IN TIME</b><br><b>14:32</b> |  |
| <b>SCHEDULE DATE</b><br><b>04/22/92</b>                                                                      |  |                                          |  |                                                                                                           |  |                                     |  |
| <b>INSPECTOR NO</b><br><b>84</b>                                                                             |  | <b>INSPECTOR NAME</b><br><b>BOB WARD</b> |  |                                                                                                           |  |                                     |  |
|  <b>INSPECTION REQUESTED</b> |  | <b>FINAL MECHANICAL (340)</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> <i>Bob Ward</i>                                                                                    |  |                                                                                                                                                 |  |                                              |  | <b>INSPECTION DATE</b><br><b>4-22-92</b>                        |                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                              |  | <b>BRING HARD CARD WITH FIRE QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C of O ISSUANCE (Commercial Only)</b> |  |                                              |  |                                                                 |                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION YOU MAY CALL THE INSPECTOR FROM 7 00 A M 7 15 A M OR 2 45 P M 3 00 P M AT</b> |  |                                                                                                                                                 |  |                                              |  |                                                                 | <b>229-6765</b> |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                         |                                   |                                         |                              |
|---------------------------------------------------------|-----------------------------------|-----------------------------------------|------------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 22-156207 |                                   | <b>INSPECTION NUMBER</b> 11             |                              |
| JOB ADDRESS <b>2121 GREENHOUSE CT</b>                   |                                   |                                         |                              |
| LOT NO<br><b>31</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>4/16/92</b>          | CALL IN TIME<br><b>15:10</b> |
| SCHEDULE DATE<br><b>04/17/92</b>                        |                                   |                                         |                              |
| INSPECTOR NO<br><b>84</b>                               | INSPECTOR NAME<br><b>BOB WARD</b> |                                         |                              |
| <b>INSPECTION REQUESTED</b>                             |                                   | <b>FINAL MECHANICAL (340)</b>           |                              |

① Condenser no 30" clearance

|                                                                                                                        |                                                                                                                                  |                                       |                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <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                                                        |                                       |                                                         |
| <b>INSPECTOR SIGNATURE</b> <i>Bob Ward</i>                                                                             |                                                                                                                                  | <b>INSPECTION DATE</b> <b>4-17-92</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 type="checkbox"/> <b>PERMIT NUMBER</b> 91-124540         |                                   | <input type="checkbox"/> <b>INSPECTION NUMBER</b> 10 |                              |
| JOB ADDRESS<br><b>2121 GREENHOUSE CT</b>                        |                                   |                                                      |                              |
| LOT NO<br><b>31</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>04/16/92</b>                      | CALL IN TIME<br><b>15.12</b> |
| SCHEDULE DATE<br><b>04/17/92</b>                                |                                   |                                                      |                              |
| INSPECTOR NO<br><b>84</b>                                       | INSPECTOR NAME<br><b>BOB WARD</b> |                                                      |                              |
| <input checked="" type="checkbox"/> <b>INSPECTION REQUESTED</b> |                                   | <b>BUILDING FINAL (140)</b>                          |                              |

*Not ready*

|                                                                                                                    |                                                                                                                                  |                                       |                                                         |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                        | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                   |                                                         |
| <input type="checkbox"/> APPROVED (A)                                                                              | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                   | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                       | <input type="checkbox"/> HOLD (H)                       |
| <input type="checkbox"/> REFEE (F)                                                                                 | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                       | <input type="checkbox"/> PERMIT REQUIRED                |
| <b>INSPECTOR SIGNATURE</b> <i>Bob Ward</i>                                                                         |                                                                                                                                  | <b>INSPECTION DATE</b> <b>4-17-92</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 AM 7 15 AM OR 2 45 PM 3 00 PM AT |                                                                                                                                  |                                       | <input checked="" type="checkbox"/> <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> | 92-135946             | <b>INSPECTION NUMBER</b> | 18                  |
| <b>JOB ADDRESS</b><br>2121 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> |
| 2216-31                                                  | 739-8554              | 04/16/92                 | 15:12               |
| <b>SCHEDULE DATE</b>                                     | 04/17/92              |                          |                     |
| <b>INSPECTOR NO</b>                                      | <b>INSPECTOR NAME</b> |                          |                     |
| 84                                                       | BOB WARD              |                          |                     |

**INSPECTION REQUESTED**

FINAL ELLCTRICAL (240)

① Where is GFCI on Jacuzzi<sup>®</sup>  
AND timer ect

|                                                                                                                    |                                                                                                                                  |                                              |                                                                |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <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>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>Bob Ward                                                                             |                                                                                                                                  | <b>INSPECTION DATE</b><br>4-17-92            |                                                                |
| <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 |                                                                                                                                  |                                              | <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 type="checkbox"/> <b>PERMIT NUMBER</b> 92-176207 |                                   | <input type="checkbox"/> <b>INSPECTION NUMBER</b> 22 |                              |
| <b>JOB ADDRESS</b> 2121 GREENHOUSE CT                   |                                   |                                                      |                              |
| <b>LOT NO</b><br>31                                     | <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> FINAL MECHANICAL (340)      |                                   |                                                      |                              |

Need to install 1st floor  
R/A

|                                                                                                                    |                                                                                                                                  |                                       |                                                         |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                        | <input checked="" 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 3RD FLOOR 400 E STEWART STREET                                                        |                                       |                                                         |
| <b>INSPECTOR SIGNATURE</b> <i>TJ Paul</i>                                                                          |                                                                                                                                  | <b>INSPECTION DATE</b> 4/16/92        |                                                         |
| <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 |                                                                                                                                  |                                       | <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**

**91-127273**

**INSPECTION  
NUMBER**

**24**

**JOB ADDRESS**

**2121 GREENHOUSE CT**

**LOT NO**

**31**

**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)**

*#* 22208

☐ **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 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**

22131616

**INSPECTION  
NUMBER**

JOB ADDRESS

2121 GREENHOUSE WY

LOT NO

BLOCK NO

SUBDIVISION NAME

FIRE DEPT MAP NO

JOB PHONE

CALL IN DATE

CALL IN TIME

SCHEDULE DATE

01/02/92

11 30

01/03/92

INSPECTOR NO

10

INSPECTOR NAME

MARSH, DAVI

**INSPECTION  
REQUESTED**

40/ UNDERSLAB PLUMBING

☐ 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**

*Dr. Marsh*

INSPECTION DATE

1-6-92

☐ **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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91-124649

**INSPECTION  
NUMBER**

25

JOB ADDRESS

2121 GREENHOUSE CT

LOT NO

31

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

16:02

SCHEDULE DATE

01/09/92

INSPECTOR NO

70

INSPECTOR NAME

DAVE MARSH

**INSPECTION  
REQUESTED**

PRE-SLAB (105)

PM FOR ALL

*Aplan*

☐ 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**

*E. Russell*

INSPECTION DATE

1992

☐ **PROJECT  
COMPLETE**

BRING HARD CARD WITH FIRE QUALITY CONTROL & PLANNING APPROVALS  
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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

229-5769

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**91-127273**

**INSPECTION  
NUMBER**

**4**

**JOB ADDRESS**

**2121 GREENHOUSE CT**

**LOT NO**

**31**

**BLOCK NO**

**5**

**SUBDIVISION NAME**

**CHERRY CREEK**

**FIRE DEPT MAP NO**

**221 b-31**

**JOB PHONE**

**386-9073**

**CALL IN DATE**

**01/08/92**

**CALL IN TIME**

**09:18**

**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  
REQUIRED**

**INSPECTOR  
SIGNATURE**

*[Handwritten Signature]*

**INSPECTION DATE**

**1-9-92**

☐ **PROJECT  
COMPLETE**

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

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

**229-6769**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**91-124649**

**INSPECTION  
NUMBER**

**30**

**JOB ADDRESS**

**2121 GREENHOUSE CT**

**LOT NO**

**31**

**BLOCK NO**

**5**

**SUBDIVISION NAME**

**SUMMERLIN**

**FIRE DEPT MAP NO**

**2216-31**

**JOB PHONE**

**737-1440**

**CALL IN DATE**

**02/12/92**

**CALL IN TIME**

**15:35**

**SCHEDULE DATE**

**02/13/92**

**INSPECTOR NO**

**84**

**INSPECTOR NAME**

**BOB WARD**

**INSPECTION  
REQUESTED**

**SHCAR (109)**

- ① Add A-355 at gables where missing
- ② " blocking and boundary railing where req
- ③ " " at rear-sides of fire place

☐ **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**

*Bob Ward*

**INSPECTION DATE**

**2-13-92**

☐ **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**

**229-5765**

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

**\*EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

**91-124649**

**INSPECTION  
NUMBER**

**27**

**JOB ADDRESS**

**2121 GREENHOUSE CT**

**LOT NO**

**31**

**BLOCK NO**

**5**

**SUBDIVISION NAME**

**SUMMERLIN**

**FIRE DEPT MAP NO**

**2216-31**

**JOB PHONE**

**737-1440**

**CALL IN DATE**

**02/12/92**

**CALL IN TIME**

**15:29**

**SCHEDULE DATE**

**02/13/92**

**INSPECTOR NO**

**84**

**INSPECTOR NAME**

**BOB WARD**

**INSPECTION  
REQUESTED**

**ROOF SHEATHING (107)**

☐ **PARTIAL  
INSPECTION**

☐ **PARTIAL  
APPROVAL (P)**

**PARTIAL DESCRIPTION**

☒ **APPROVED  
(A)**

☐ **STOP  
WORK (S)**

☐ **COMMENTS  
(C)**

☐ **TEMPORARY  
APPROVAL (T) -- UNTIL**

☐ **HOLD  
(H)**

☐ **REJECTED (R)**

**REINSPECTION REQUIRED CALL \*799 2071**

☐ **REFEE (F)**

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

☐ **PERMIT  
REQUIRED**

**INSPECTOR  
SIGNATURE**

*Bob Ward*

**INSPECTION DATE**

**2-13-92**

☐ **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  
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**229-5765**

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

**\* EFFECTIVE JULY 1 1991  
PHONE PREFIX WILL BE 229**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                     |                                                |                                     |
|----------------------------------------------------------|-------------------------------------|------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>92-136207</b>                    | <b>INSPECTION NUMBER</b>                       | <b>76</b>                           |
| <b>JOB ADDRESS</b><br><b>2121 GREENHOUSE CT</b>          |                                     |                                                |                                     |
| <b>LOT NO</b><br><b>31</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>367-6064</b> | <b>CALL IN DATE</b><br><b>02/14/92</b>         | <b>CALL IN TIME</b><br><b>16:01</b> |
| <b>INSPECTOR NO</b><br><b>84</b>                         |                                     | <b>INSPECTOR NAME</b><br><b>BOB WARD</b>       |                                     |
| <b>INSPECTION REQUESTED</b>                              |                                     | <b>ROUGH MECHANICAL (320)</b>                  |                                     |

*Rough Elect- 220 - #92-135946*

|                                                                                                                        |                                                      |                                                                                                                                  |                                                                 |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <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>REFEE (F)</b>            | <input type="checkbox"/> <b>HOLD (H)</b>                                                                                         | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                 |
| <b>INSPECTOR SIGNATURE</b><br><i>RW</i>                                                                                |                                                      | <b>INSPECTION DATE</b><br><i>2-18-92</i>                                                                                         |                                                                 |
| <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> | 91-124649                         | <b>INSPECTION NUMBER</b>             | 14                           |
| JOB ADDRESS<br><b>2121 GREENHOUSE CT</b>                 |                                   |                                      |                              |
| LOT NO<br><b>31</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>02/24/92</b>      | CALL IN TIME<br><b>15:51</b> |
| SCHEDULE DATE<br><b>02/25/92</b>                         |                                   |                                      |                              |
| INSPECTOR NO<br><b>84</b>                                | INSPECTOR NAME<br><b>BOB WARD</b> |                                      |                              |
| <b>INSPECTION REQUESTED</b> <b>FRAMING (120)</b>         |                                   |                                      |                              |

- ① Complete fireplace - gas
- ② " Firestop - at fireplace
- ③ " " - MARKED ON F/K
- ④ OK nails at micro-hanger at garage
- ⑤ " Items on F/K - RED DEEL

|                                                                                                                        |                                                                                                                                  |                                          |                                                         |                                          |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                            | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                    | PARTIAL DESCRIPTION                      |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                       | <input type="checkbox"/> STOP WORK (S)                                                                                           | <input type="checkbox"/> COMMENTS (C)    | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                  | REINSPECTION REQUIRED CALL *229 2071                                                                                             |                                          |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                     | REINSPECTION FEE REQUIRED PAY AT CITY HALL 3RD FLOOR 400 E STEWART STREET                                                        |                                          |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b> <i>R. Ward</i>                                                                              |                                                                                                                                  | <b>INSPECTION DATE</b><br><b>2-25-92</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>229-6755</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> 91-127273                                                     |                                                                                                                                  | <b>INSPECTION NUMBER</b> 15              |                                                         |
| JOB ADDRESS<br><b>2121 GREENHOUSE CT</b>                                                                               |                                                                                                                                  |                                          |                                                         |
| LOT NO<br><b>31</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>02/24/92</b>          | CALL IN TIME<br><b>15:52</b>                            |
| SCHEDULE DATE<br><b>02/25/92</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"/> 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>RW</i>                                                                                       |                                                                                                                                  | INSPECTION DATE<br><b>2-25-92</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> 91-174649 |                                   | <b>INSPECTION NUMBER</b> 17          |                              |
| JOB ADDRESS<br><b>2121 GREENHOUSE CT</b>                           |                                   |                                      |                              |
| LOT NO<br><b>31</b>                                                | BLOCK NO<br><b>5</b>              | SUBDIVISION NAME<br><b>SUMMEPLIN</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>15:06</b> |
| SCHEDULE DATE<br><b>02/28/92</b>                                   |                                   |                                      |                              |
| INSPECTOR NO.<br><b>84/69</b>                                      | INSPECTOR NAME<br><b>BOB WARD</b> |                                      |                              |
| <b>INSPECTION REQUESTED</b>                                        |                                   | <b>INSULATION (123)</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"/> 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><br><i>[Signature]</i>                                                                       |                                                                                                                                  | <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



**PERMIT  
NUMBER**

91124649

**INSPECTION  
NUMBER**

**JOB ADDRESS** 2121 GREENHOUSE CT

**LOT NO** **BLOCK NO** **SUBDIVISION NAME**

**FIRE DEPT MAP NO** **JOB PHONE** **CALL IN DATE** 10/30/91 **CALL IN TIME** 14 35 **SCHEDULE DATE** 11/01/91

**INSPECTOR NO** 70 **INSPECTOR NAME** MARSH, DAVI

**INSPECTION REQUESTED** JOI LOOTING, LAYOUT, RI BAR, ZONING

*Cancel*

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

**INSPECTOR SIGNATURE** *[Signature]* **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 AM 7 15 AM OR 2 45 PM 3 00 PM AT

**FOR ADDITIONAL ASSISTANCE CALL \*386-6251 SEE REVERSE SIDE FOR INSPECTION TYPES** **\*EFFECTIVE JULY 1 1991 PHONE PREFIX WILL BE 229**

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                    |  |                                                                                                                                  |  |                                       |  |                                                         |  |
|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|--|
| <b>PERMIT NUMBER</b>                                                                                               |  | 92-11620                                                                                                                         |  | <b>INSPECTION NUMBER</b>              |  | 22                                                      |  |
| JOB ADDRESS<br>2121 GREENHOUSE CT                                                                                  |  |                                                                                                                                  |  |                                       |  |                                                         |  |
| LOT NO<br>31                                                                                                       |  | BLOCK NO<br>5                                                                                                                    |  | SUBDIVISION NAME<br>CHERRY CREEK      |  |                                                         |  |
| FIRE DEPT MAP NO<br>2216-31                                                                                        |  | JOB PHONE<br>307-6066                                                                                                            |  | CALL IN DATE<br>04/15/92              |  | CALL IN TIME<br>14:52                                   |  |
| SCHEDULE DATE<br>04/16/92                                                                                          |  |                                                                                                                                  |  |                                       |  |                                                         |  |
| INSPECTOR NO<br>86/181                                                                                             |  | INSPECTOR NAME<br>BOB HARD                                                                                                       |  |                                       |  |                                                         |  |
| <b>INSPECTION REQUESTED</b>                                                                                        |  | FINAL MECHANICAL (340)                                                                                                           |  |                                       |  |                                                         |  |
| <p><i>Need to install 1st floor</i></p>                                                                            |  |                                                                                                                                  |  |                                       |  |                                                         |  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                        |  | <input checked="" 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                                                        |  |                                       |  |                                                         |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                         |  | <i>T. Paul</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 |  |                                                                                                                                  |  |                                       |  | 229-6765                                                |  |

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