

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

93-174799

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

111879

## BUILDING PERMIT

FOR: Single Family Dwelling, Remodel  
Additions, Misc. Residential Construction

PLAN CHECK NO. T-216 DATE 11-9-92 CONST. VAL. \$ 44,200

ADDRESS OF CONSTRUCTION 7444 Stoney Shore Drive OWNER Lewis Homes-Tenaya Limited Part. PHONE 736-8960

LOT(s) 79 BLOCK B SUBDIVISION Tenaya West 1-A-4 ZONE Dwelling

PROPOSED CONSTRUCTION Single Family Residence USE Dwelling

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

FLOOR AREA BSMT N/A 1ST 757 2ND 734 GARAGE 407 PORCH 35 TOTAL 1933

CONTRACTOR Lewis Homes of Nevada STATE LICENSE NO. 14761 CITY LICENSE NO. 8707

ARCHITECT Lewis Homes of Nevada ENGINEER Pentacore

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

## OTHER INSPECTIONS AND FEES

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

## CONDITIONS OF THE PERMIT:

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

## SPECIAL CONDITIONS:

Plan #: 6-189-AR

SEE PLOT PLAN

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

BY: Sandy Norskog Sandy Norskog - Project Coordinator 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.

Kent Nash 1/20/93  
LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER DATE

Cori Hardy 1/19/93  
PLANNING DEPT. DATE

Cori Hardy 1/19/93  
BUILDING DEPT. 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 |     |

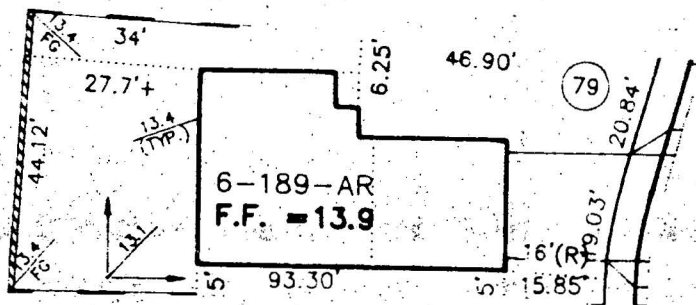
| ELECTRICAL                                        |       | FEE  |
|---------------------------------------------------|-------|------|
| RECEPTACLE _____ SWITCH _____                     |       | .45  |
| EACH LIGHT FIXTURE OR SOCKET _____                |       | .35  |
| SPECIAL OUTLET, APPLIANCE ETC.                    |       | .75  |
| SERVICE/PANEL - SUB/3.25 - 200A/6.45 - 400A/13.40 |       |      |
| A.C. UNIT OR MOTORS                               |       | 3.25 |
| 2310 - 2432                                       | TOTAL |      |
| MISC.                                             |       |      |

|                              |         |
|------------------------------|---------|
| 1113-2437 Zoning             | 17.00   |
| 2310 - 2431 PLAN REVIEW      | 10.00   |
| 2310 - 2401 BLDG. PERMIT     | 334.00  |
| 7143 - 2973 SEWER CONNECTION | 1100.00 |
| 6122 - 3352 TORTOISE         |         |
| _____ - 2897 P.I.F.          |         |
| 88100-1232 TRANSPORT         | 500.00  |
| TOTAL FEES                   | 1961.00 |

RECEIPT  
MUST BE MACHINE VALIDATED

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work



# PLOT PLAN

LEWIS HOMES OF NEVADA

SUBDIVISION Tenaya West PHASE: 1-A-4  
 Lot: 79 Address: 7444 Stony Shore Drive  
 Refer to plot plan for model number.

**PLOT PLAN APPROVED**  
 [Signature]  
 [Stamp: REALTY PLANNING & DESIGN, INC.]  
 [Stamp: CIVIL ENGINEER]

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

PERMIT NO.

93-180888

AIR CONDITIONING PERMIT

PLAN CHECK NO. P2110

DATE

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 7444 Stoney Shore DriveOWNER Lewis HomesPHONE 732-2545CONTRACTOR Quality Mechanical, Inc.STATE LICENSE NO. 10867ACITY LICENSE NO. C11766-200577LOT(s) 79 BLOCK B SUBDIVISION Tenaya West No. 1A Phase 4

ZONE:

PROPOSED CONSTRUCTION

USE:

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                            |       |       |
| 1                        | For the issuance of each permit.                                                                                                                                                                                                                           | 15.50 | 15.50 |
|                          | For issuing each supplemental permit.                                                                                                                                                                                                                      | 5.20  |       |
| <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.                                                                          | 10.00 |       |
|                          | 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.                                                                                          | 12.20 |       |
|                          | For the installation or relocation of each floor furnace, including vent.                                                                                                                                                                                  | 10.00 |       |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater.                                                                                                                                            | 10.00 |       |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit.                                                                                                                                  | 5.20  |       |
|                          | 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. | 10.00 |       |
|                          | For the installation or relocation of each boiler or compressor to and including three tons, or each absorption system to and including 100,000 Btu/h.                                                                                                     | 10.00 |       |
| 1                        | For the installation or relocation of each boiler or compressor over three tons to and including 15 tons, or each absorption system over 100,000 Btu/h and including 500,000 Btu/h.                                                                        | 18.20 | 18.20 |
|                          | For the installation or relocation of each boiler or compressor over 15 tons to and including 30 tons, or each absorption system over 500,000 Btu/h to and including 1,000,000 Btu/h.                                                                      | 24.95 |       |
|                          | 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.                                                                | 37.00 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h.                                                                                                                | 61.90 |       |

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. | 7.20           |       |
|                                    | For each air-handling unit over 10,000 cfm.                                                                                                                                                                                                                                                                                                  | 12.20          |       |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                        | 7.20           |       |
| 4                                  | For each ventilation fan. <span style="float: right;">COMMERCIAL<br/>RESIDENTIAL</span>                                                                                                                                                                                                                                                      | 5.20<br>2.65   | 10.00 |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                         | 7.20           |       |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                                  | 7.20           |       |
|                                    | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                        | 5.20           |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                              |                |       |
|                                    | Inspections outside of normal business hours (minimum charge — three hours.)                                                                                                                                                                                                                                                                 | 40.00 per hour |       |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code                                                                                                                                                                                                                                                         | 40.00 each     |       |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one hour).                                                                                                                                                                                                                                                          | 40.00 per hour |       |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours).                                                                                                                                                                                                                           | 40.00 per hour |       |
|                                    | Mechanical permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                                                                                                                                         |                |       |
|                                    | Gas piping which is directly related and necessary to the repair or replacement of heating, air conditioning, or refrigeration systems not exceeding 500,000 B.T.U.H.                                                                                                                                                                        | 7.20           |       |

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. \_\_\_\_\_

Quality Mechanical, Inc.

BY \_\_\_\_\_ Spec. Contr'r. or Owner \_\_\_\_\_

BUILDING DEPT. \_\_\_\_\_ DATE 3/24/93PERMIT FEE 4430

TOTAL FEES \_\_\_\_\_

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

93-182945

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTION ONLY 071

ELECTRICAL PERMIT

PLAN CHECK NO.

P216



119716

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION

7444 Storey One of Lewis Homes - Tenaya 1A-4

CONTRACTOR

Efficient Electric

STATE  
LICENSE NO.

28867

CITY  
LICENSE NO.

39879

(PRINT NAME OF MASTER ELECTRICIAN)

PROPOSED CONSTRUCTION:

ELECTRIC  
PERMIT NO.Approval for the work under this permit will be given only after refuse  
and debris have been removed from job site and public right of way.

| UNITS                                                                                                                         | DESCRIPTION                                                                                                                                                                                                                                                               | FEE   | TOTAL |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                        |                                                                                                                                                                                                                                                                           |       |       |
| 1                                                                                                                             | For Issuing Each Permit                                                                                                                                                                                                                                                   | 15.50 | 15.50 |
|                                                                                                                               | Supplemental Fee                                                                                                                                                                                                                                                          | 5.20  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                       |                                                                                                                                                                                                                                                                           |       |       |
| <b>Residential or General Commercial</b>                                                                                      |                                                                                                                                                                                                                                                                           |       |       |
| 50                                                                                                                            | Receptacle 25 Switch 25                                                                                                                                                                                                                                                   | .50   | 25.00 |
| 10                                                                                                                            | Each Light Fixture, Socket, or Exit Light,<br>Smoke Detector or Exhaust Fan                                                                                                                                                                                               | .40   | 4.00  |
| 5                                                                                                                             | EACH OUTLET FOR SPECIAL PURPOSE:<br>Dishwasher, Garbage Grinder, Trash Compactor,<br>G.F.I., Clothes Washer, Dryer, Electric Range,<br>Ovens, Water Heater, Space Heater, Blast Coil<br>Heater, (PER K.W.), Mercury Lamp, Quartz Lamp,<br>Sodium Lamp, 20AMP Sign Circuit | .80   | 4.00  |
|                                                                                                                               | X-Ray Unit                                                                                                                                                                                                                                                                | 11.05 |       |
|                                                                                                                               | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                                         | 8.60  |       |
|                                                                                                                               | Each Additional 1,000 Watts                                                                                                                                                                                                                                               | 3.40  |       |
| <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                                                                                                                                                                                                                                           | 3.40  |       |
|                                                                                                                               | First KVA For Each Unit                                                                                                                                                                                                                                                   | 3.40  |       |
|                                                                                                                               | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                                 | .60   |       |
|                                                                                                                               | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                                  | .45   |       |
|                                                                                                                               | Temporary power or Pole                                                                                                                                                                                                                                                   | 6.70  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                    |                                                                                                                                                                                                                                                                           |       |       |
| 1                                                                                                                             | Up to 200 AMP                                                                                                                                                                                                                                                             | 6.70  | 6.70  |
|                                                                                                                               | 400 AMP And 600 AMP                                                                                                                                                                                                                                                       | 13.85 |       |
|                                                                                                                               | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                                  | 27.65 |       |
|                                                                                                                               | Over 1200 AMP                                                                                                                                                                                                                                                             | 55.25 |       |
|                                                                                                                               | Each Additional Meter Socket                                                                                                                                                                                                                                              | .60   |       |
|                                                                                                                               | Sub Panel, Motor Control Center<br>Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                              | 3.40  |       |
|                                                                                                                               | Swimming Pool (Residential)                                                                                                                                                                                                                                               | 22.00 |       |
|                                                                                                                               | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                               | 33.00 |       |
|                                                                                                                               | Spas                                                                                                                                                                                                                                                                      | 8.90  |       |
|                                                                                                                               | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                                        | 3.40  |       |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                      | FEE               | TOTAL |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                         | 3.40              |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                     | 3.40              |       |
| 1                                                                             | Permanent A/C Unit (5 Tons or Less)                                                                                                                                              | 3.40              | 3.40  |
|                                                                               | Each Air Handler                                                                                                                                                                 | 1.15              |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                                  |                   |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                           | .40               |       |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                                   | .40               |       |
|                                                                               | Amplifiers                                                                                                                                                                       | 2.80              |       |
|                                                                               | Control Panel                                                                                                                                                                    | .60               |       |
|                                                                               | TV Master System                                                                                                                                                                 | .40               |       |
| 2                                                                             | Telephone or Computer Outlet                                                                                                                                                     | .40               | 1.80  |
|                                                                               | Wiring                                                                                                                                                                           | 10.00             |       |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                  |                   |       |
|                                                                               | Inspections outside of normal business hours<br>(minimum charge - three hours)                                                                                                   | 40.00<br>per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE<br>3-A of the Uniform Building Code = \$40.00 EACH.                                                                          | 40.00<br>each     |       |
|                                                                               | Inspections for which no fee is specifically<br>indicated (minimum charge - one hour).                                                                                           | 40.00<br>per hour |       |
|                                                                               | Additional plan review required by changes, additions<br>or revisions to approved plans (minimum charge -<br>one hour). After work hours - \$40.00 per hour -<br>minimum 1 hour. | 40.00<br>per hour |       |
|                                                                               | Starter Permit                                                                                                                                                                   | 52.00             |       |
| <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  
FEELESS  
STARTER PERMITTOTAL  
FEES

59.40

59.40

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

PERMIT NO.

93-180208

PLUMBING PERMIT



116338

PLAN CHECK NO. P-216

DATE

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION:7444 Stony Shore Dr

OWNER

Lewis Homes

PHONE

739-7909

CONTRACTOR

Executive Plumbing Inc

STATE

LICENSE NO.

25298

CITY

LICENSE NO.

011-04056-2047679

LOT(s)

79

BLOCK

B

SUBDIVISION

Tenaya

ZONE:

PROPOSED CONSTRUCTION:

Single Family

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                                             | 15.50    | 15.50 |
|                                  | For Issuing Each Supplemental Permit                                | 5.20     |       |
| <b>FIXTURE CHARGE</b>            |                                                                     |          |       |
| 9                                | Bathtub, Shower, Lavatory, Toilet, Urinal                           | EA. 2.25 | 20.25 |
| 1                                | Floor Drain, Floor Sink, Wash Tray, Sink                            | EA. 2.25 | 2.25  |
| 3                                | Garbage Disposal, Clothes Washer, Dishwasher (residential)          | EA. 2.25 | 6.75  |
|                                  | Garbage Disposal (commercial)                                       | EA. 8.90 |       |
|                                  | Clothes Washer, Dishwasher (commercial)                             | EA. 2.25 |       |
| 1                                | Clothes Dryer (gas) venting                                         | 2.25     | 2.25  |
|                                  | Dental Unit                                                         | 8.90     |       |
|                                  | Drinking Fountain                                                   | 2.25     |       |
| 1                                | Refrigerator - Ice Maker, Water Dispenser                           | 2.25     | 2.25  |
|                                  | Any other water using equipment, Attached Coffee Makers, Ice Makers | EA. 2.25 |       |
| 1                                | Hot Water Heater (Gas or Electric)                                  | 2.25     | 2.25  |
| <b>SEWER SYSTEM</b>              |                                                                     |          |       |
| 1                                | New, Replacement, Modification, or Any Drainage Work                | 11.05    | 11.05 |
|                                  | Grease or Sand Trap or Interceptor                                  | 2.25     |       |
|                                  | Trailer Trap (rental parks)                                         | 5.50     |       |
| <b>WATER SOFTENERS</b>           |                                                                     |          |       |
|                                  | Non Permanent Type (rental)                                         | 2.25     |       |
|                                  | Permanent Type (connected to drain)                                 | 2.25     |       |
| <b>WATER DISTRIBUTION SYSTEM</b> |                                                                     |          |       |
| 1                                | Single Family Dwelling                                              | 6.70     | 6.70  |
|                                  | Multi-Family Dwelling                                               | 6.70     |       |
|                                  | Plus Each Dwelling Unit                                             | 3.40     |       |
|                                  | Commercial Building per floor                                       | 3.40     |       |
|                                  | Plus Each Unit (leased space or office)                             | 2.25     |       |
|                                  | Hotel or Motel                                                      | 8.90     |       |
|                                  | Plus Each Unit                                                      | 3.40     |       |
|                                  | Trailer Park                                                        | 33.00    |       |
|                                  | Plus Each Space                                                     | 2.25     |       |
|                                  | Irrigation Single Family Dwelling                                   | 8.90     |       |
|                                  | Irrigation Commercial Fee Based on Building Code Valuation Chart    |          |       |
|                                  | Construction Valuation                                              |          |       |

| UNITS                             | DESCRIPTION                                                                                                                                                                                                           | FEE            | TOTAL |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| <b>FUEL PIPING SYSTEM</b>         |                                                                                                                                                                                                                       |                |       |
| 1                                 | Single Family Dwelling                                                                                                                                                                                                | 6.70           | 6.70  |
|                                   | Multi-Family Dwelling                                                                                                                                                                                                 | 11.05          |       |
|                                   | Plus Each Unit                                                                                                                                                                                                        | 2.25           |       |
|                                   | Commercial Building (per floor)                                                                                                                                                                                       | 6.70           |       |
|                                   | Plus Each Unit (leased space or office)                                                                                                                                                                               | 6.70           |       |
|                                   | Medium Pressure System (Plan Check)                                                                                                                                                                                   | 13.30          |       |
| 5                                 | Each Gas Appliance (Any Type)                                                                                                                                                                                         | 2.25           | 11.25 |
|                                   | Steam Boilers                                                                                                                                                                                                         | 5.80           |       |
| <b>SOLAR ENERGY SYSTEMS</b>       |                                                                                                                                                                                                                       |                |       |
|                                   | Collectors (including piping) (per collector)                                                                                                                                                                         | 5.80           |       |
|                                   | Storage Tanks (each)                                                                                                                                                                                                  | 5.80           |       |
| <b>PIPELINE CONTRACT</b>          |                                                                                                                                                                                                                       |                |       |
|                                   | For Onsite Sewer, Gas or Water Contract Value. Fee based on Building Code Permit Valuation Chart.                                                                                                                     |                |       |
| <b>OTHER INSPECTION AND FEES:</b> |                                                                                                                                                                                                                       |                |       |
|                                   | Inspections outside of normal business hours (minimum charge—three hours).                                                                                                                                            | 40.00 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 \$40.00 per each inspection during business hours. | 40.00 each     |       |
|                                   | Additional plan review required by changes. Additions to or revisions to approved plans (minimum charge two hours)                                                                                                    | 40.00 per hour |       |
|                                   | Plumbing permit fees may be computed the same as building permit fees by using the cost of installation for valuation amount when such work is not included in the above schedule.                                    |                |       |
|                                   | Construction Valuation                                                                                                                                                                                                |                |       |

FOR INSPECTIONS  
CALL 229-2071SEWER #7114-3654  
CONNECTION

RECEIPT

FIXTURES X

FEE

2310-2403  
PERMIT  
FEETOTAL  
FEES87.20

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

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 specified or not.

SIGNED

CONTRACTOR

MASTER CARD NO.

BY

Registered Master Plumber Spec. Cont'r. or Owner

BUILDING DEPT

DATE

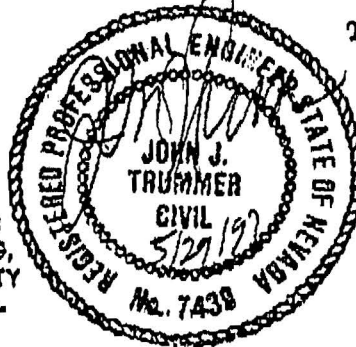
3/18/93

<<<<Version 3.2>>>> [ 004310 ] <<<<GLENDALE-TRUSS-1>>>>  
 Customer : 189  
 Project #: PEACHTRE Truss ID : --D--  
 Span : 18-0  
 Quantity : 4  
 Height : 1-4  
 Fri Mar 20 10:01:27 1993

| TOP CHORD | BOTTOM CHORD | WEBS       | REACTIONS - SIZE |
|-----------|--------------|------------|------------------|
| 1-2=131   | 11-12= 1588  | 3-1=1958   | 9-12= 1394       |
| 2-3= 0    | 12-13= 3462  | 3-15= 2312 | 1=976            |
| 3-4=2966  | 13-14= 2187  | 4-15=165   | 9-11=1795        |
| 4-5=2966  | 14-15= 3187  | 5-15=427   | 11=976           |
| 5-6=3541  | 15-1= 1779   | 5-14= 13   | 3.50             |
| 6-7=3529  |              | 5-13= 418  |                  |
| 7-8=2049  |              | 6-13=221   |                  |
| 8-9=2049  |              | 7-13= 75   |                  |
| 9-10= 0   |              | 7-12=677   |                  |
| 10-11=115 |              | 8-12=236   |                  |

GTI 20323.TDM  
 (REVISED 5-29-93)

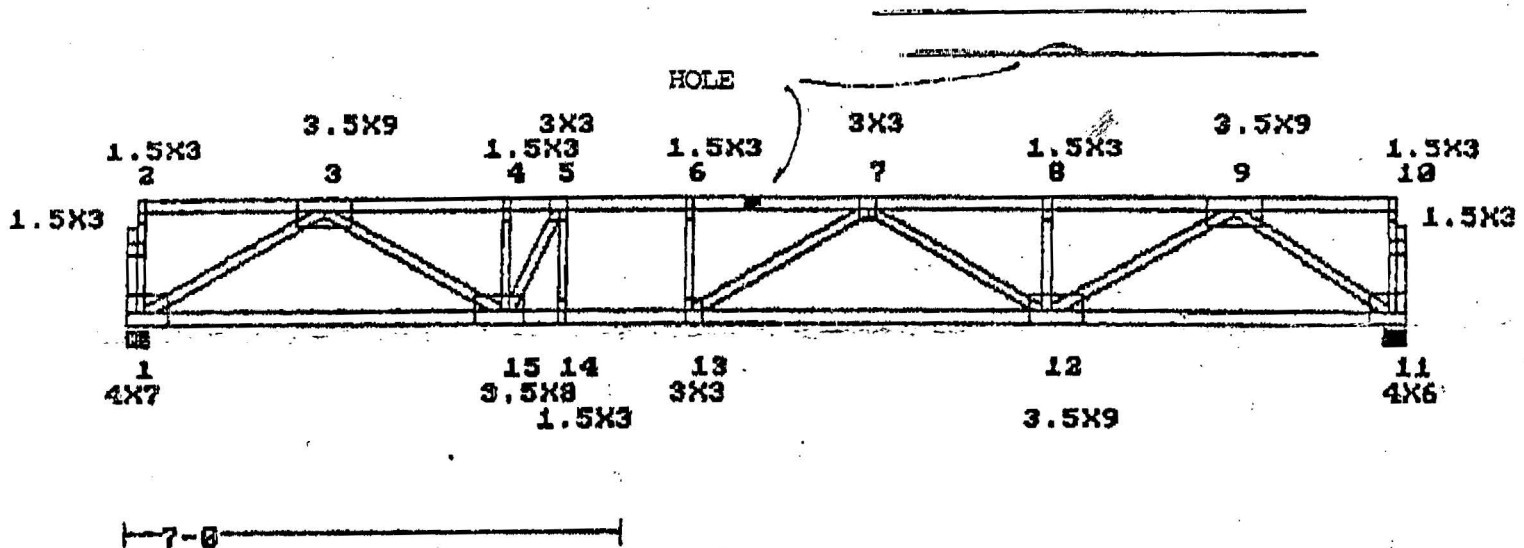
TENAYA



STANDARD PANEL 30 Inches  
 OPENING # 1 IS 20 Inches

ODD WEBS : 5 - 15 = 8 Inches  
 9 - 11 = 26 Inches

SHOP DRAWING: DIMENSIONS, LOADS, SPACING,  
 FRAMING AND OVERALL STRUCTURAL STABILITY  
 AND BRACING TO BE APPROVED BY DESIGN PRO-  
 FESSIONAL BEFORE FABRICATION.



LEFT BEARING:3.5

HEIGHT:16

SPAN:18-0

RIGHT BEARING:3.5

LOADING (PSF)

TOP 40 10  
 BOTT 0 5

MAX STRESSES

TOP 5-6=0.805  
 BOTT 3-14=0.689  
 DEFL. @ 13=0.30 < L/360

MINIMUM GRADE OF LUMBER

TOP CHORD:4X2 2400f2.0E MRL SPF  
 BOT CHORD:4X2 2400f2.0E MRL SPF  
 WEBS :4X2 No.3 SPF

STR.INC.: LUMB = 1.00 PLATE = 1.00  
 REPETITIVE STRESSES USED

SPACING : 24.0 in. o. c.  
 NO. OF MEMBERS = 1

PLATES ARE MITER-M20 HOLDING-199,146 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)  
 PLATES MUST BE INSTALLED ON BOTH FACES OF JOINTS, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS WITH MDS DESIGN SPECS AND UBC-PCT 80  
 BRACING:THIS DSGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT & TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER

PROVIDE CONTINUOUS HORIZONTAL BRIDGING AT SPACINGS NOT TO EXCEED 10' O.C. USING 2X6 STRONG BACKS ATTACHED TO EACH TRUSS W/ 3 10d NAILS  
 AND RESTRAINED AT EACH END.

A 1" DEEP ROUND HOLE HAS BEEN PLACED IN TOP CHORD SECTION 6-7 AS SHOWN. ANALYSIS  
 INDICATES THAT THE CORD SECTION IS ABLE TO CARRY THE REQUIRED LOADS WITH THE HOLE,  
 WITHOUT MODIFICATION.

7444 STONEY  
 SHORR

70

# OMEGA PRODUCTS CORP.

## DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

7444 Stoney Shore

ICBO Report #4004

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

PLASTERING CONTRACTOR:

Name: R.W. STUCCO INC.

Address: 719 RACETRACK RD., HENDERSON, NV 89015

Telephone No: (702) 565-7330

Contractor Number of Diamond Wall System 2015

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.

2/24/93  
Date

mit O J  
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

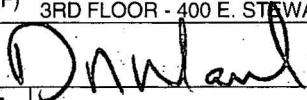
|                                                                                |                                            |                                     |                              |                                  |
|--------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|------------------------------|----------------------------------|
|  | <b>PERMIT NUMBER</b><br>93-180203          | <b>APPLICATION NUMBER</b><br>116338 |                              |                                  |
| <b>JOB ADDRESS</b><br>7444 STONEY SHORE DR                                     |                                            | <b>INSPECTION NUMBER</b><br>21      |                              |                                  |
| <b>LOT/BLOCK</b><br>79 B                                                       | <b>RECORDED SUBDIVISION NAME</b><br>TENAYA |                                     |                              |                                  |
| <b>FIRE DEPT. MAP NO.</b><br>2218-63                                           | <b>JOB PHONE</b><br>477-8158               | <b>CALL-IN DATE</b><br>05/25/93     | <b>CALL-IN TIME</b><br>09:41 | <b>SCHEDULE DATE</b><br>05/26/93 |
| <b>INSPECTOR/NAME</b><br>DAVE MARSH - 70                                       |                                            | <b>MARKETING/BUSINESS NAME</b>      |                              |                                  |

**INSPECTION REQUESTED**

TOP OUT-WATER, GAS, WASTE (420)

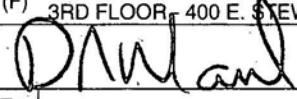
WATER TEST OK

CHECK YOU GAS PIPE  
VENTS BEFORE I  
\$40 REFEE THIS  
HOUSE

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | <b>PARTIAL DESCRIPTION</b>            |                                                         |                                                                                              |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)                                                            |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED                                                     |
| <input type="checkbox"/> REFEE * (F)                                                                                            | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                                                                              |
| <b>INSPECTOR SIGNATURE</b><br>               |                                                                                                                                     | <b>INSPECTION DATE</b><br>5-26-93     |                                                         |                                                                                              |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                                                                              |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |                                                         |  229-6769 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                        |                                                      |                                                                                                                                                    |                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <b>M</b>                                                                                                                               | <b>PERMIT NUMBER</b>                                 | <b>93-180888</b>                                                                                                                                   | <b>APPLICATION NUMBER</b>                                      | <b>116638</b>                                   |
| <b>JOB ADDRESS</b>                                                                                                                     |                                                      |                                                                                                                                                    | <b>INSPECTION NUMBER</b>                                       |                                                 |
| <b>7444 STONEY SHORE DR</b>                                                                                                            |                                                      |                                                                                                                                                    | <b>20</b>                                                      |                                                 |
| <b>LOT/BLOCK</b>                                                                                                                       |                                                      | <b>RECORDED SUBDIVISION NAME</b>                                                                                                                   |                                                                |                                                 |
| <b>79 B</b>                                                                                                                            |                                                      | <b>TENAYA WEST NO 1A PHASE 4</b>                                                                                                                   |                                                                |                                                 |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                              | <b>JOB PHONE</b>                                     | <b>CALL-IN-DATE</b>                                                                                                                                | <b>CALL-IN TIME</b>                                            | <b>SCHEDULE DATE</b>                            |
| <b>2218-63</b>                                                                                                                         | <b>477-8158</b>                                      | <b>05/25/93</b>                                                                                                                                    | <b>09:41</b>                                                   | <b>05/26/93</b>                                 |
| <b>INSPECTOR/NAME</b>                                                                                                                  |                                                      | <b>MARKETING/BUSINESS NAME</b>                                                                                                                     |                                                                |                                                 |
| <b>DAVE MARSH - 70</b>                                                                                                                 |                                                      |                                                                                                                                                    |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                            |                                                      |                                                                                                                                                    |                                                                |                                                 |
| <b>ROUGH MECHANICAL (320)</b>                                                                                                          |                                                      |                                                                                                                                                    |                                                                |                                                 |
| CHK CRIMPED DUCTS                                                                                                                      |                                                      |                                                                                                                                                    |                                                                |                                                 |
| <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>5-26-93</b>                                  |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       |                                                      | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                                |                                                 |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                      |                                                                                                                                                    |                                                                | <b>229-6769</b>                                 |

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

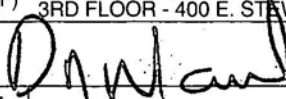


# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                            |                                                 |                                     |
|--------------------------------------------|-------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> M      | <b>PERMIT NUMBER</b><br>93-182945               | <b>APPLICATION NUMBER</b><br>119716 |
| <b>JOB ADDRESS</b><br>7444 STONEY SHORE DR |                                                 | <b>INSPECTION NUMBER</b><br>19      |
| <b>LOT/BLOCK</b><br>79 B                   | <b>RECORDED SUBDIVISION NAME</b><br>YENAYA 1A-4 |                                     |
| <b>FIRE DEPT. MAP NO.</b><br>221A-63       | <b>JOB PHONE</b><br>477-8158                    | <b>CALL-IN-DATE</b><br>05/25/93     |
|                                            | <b>CALL-IN TIME</b><br>09:40                    | <b>SCHEDULE DATE</b><br>05/26/93    |
| <b>INSPECTOR/NAME</b><br>DAVE MARSH - 70   |                                                 | <b>MARKETING/BUSINESS NAME</b>      |

**INSPECTION REQUESTED**

ROUGH ELECTRICAL (220)

|                                                                                                                   |                                                                                                                                     |                                       |                                                         |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                       | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | <b>PARTIAL DESCRIPTION</b>            |                                                         |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                  | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
|                                                                                                                   |                                                                                                                                     |                                       | <input type="checkbox"/> HOLD (H)                       |
| <input type="checkbox"/> REJECTED (R)                                                                             | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |
| <input type="checkbox"/> REFEE (F)                                                                                | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |
| <b>INSPECTOR SIGNATURE</b><br> | <b>INSPECTION DATE</b><br>5-26-93                                                                                                   |                                       |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE                                                                         | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |

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

229-6769

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>                   | 93-174799                                                                                                                           | <b>APPLICATION NUMBER</b>                               | 111879                                   |
| <b>JOB ADDRESS</b>                                                                                                                                                                                                                                                                                                        |                                        |                                                                                                                                     | <b>INSPECTION NUMBER</b>                                |                                          |
| 7444 STONEY SHORE DR                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                     | 18                                                      |                                          |
| <b>LOT/BLOCK</b>                                                                                                                                                                                                                                                                                                          |                                        | <b>RECORDED SUBDIVISION NAME</b>                                                                                                    |                                                         |                                          |
| 79 B                                                                                                                                                                                                                                                                                                                      |                                        | TENAYA WEST 1-A-4                                                                                                                   |                                                         |                                          |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                                                                                                                                                                                                                 | <b>JOB PHONE</b>                       | <b>CALL-IN-DATE</b>                                                                                                                 | <b>CALL-IN TIME</b>                                     | <b>SCHEDULE DATE</b>                     |
| 2218-63                                                                                                                                                                                                                                                                                                                   | 477-8158                               | 05/25/93                                                                                                                            | 09:40                                                   | 05/26/93                                 |
| <b>INSPECTOR/NAME</b>                                                                                                                                                                                                                                                                                                     |                                        | <b>MARKETING/BUSINESS NAME</b>                                                                                                      |                                                         |                                          |
| DAVE MARSH - 70                                                                                                                                                                                                                                                                                                           |                                        |                                                                                                                                     |                                                         |                                          |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                                                                                                                                               |                                        | <b>FRAMING (120)</b>                                                                                                                |                                                         |                                          |
| <p>SHEAR PRINTS SHOW <math>\Delta</math> ALL SIDES OF UP FRONT BED RM WINDOWS</p> <p>FULL BLKING TRUSS JOINT UPSTAIRS</p> <p>TRUSS CUT KIT / AREA OF DEN FLOOR TRUSS</p> <p>SHEAR TRANSFER GARAGE <math>\Delta</math> ELEC PANEL</p> <p>FIRE STOP POP-OUT UP EDGES</p> <p>" " THOUGH OUT</p> <p>CHIL CRIMPED AC DUCTS</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 checked="" type="checkbox"/> REJECTED (R)                                                                                                                                                                                                                                                                          |                                        | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                                                                                                                                                                                                        |                                        | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                                                                                                                                                                                                |                                        | <b>INSPECTION DATE</b>                                                                                                              |                                                         |                                          |
| Dr. Ward                                                                                                                                                                                                                                                                                                                  |                                        | 5-26-93                                                                                                                             |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                                                                                                                                 |                                        | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                                                                                                                                                           |                                        |                                                                                                                                     |                                                         | 229-6769                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                             |                      |                                  |                           |                      |
|-----------------------------|----------------------|----------------------------------|---------------------------|----------------------|
| <b>M</b>                    | <b>PERMIT NUMBER</b> | 93-174799                        | <b>APPLICATION NUMBER</b> | 111879               |
| <b>JOB ADDRESS</b>          |                      |                                  | <b>INSPECTION NUMBER</b>  |                      |
| 7444 STONEY SHORE DR        |                      |                                  | 18                        |                      |
| <b>LOT/BLOCK</b>            |                      | <b>RECORDED SUBDIVISION NAME</b> |                           |                      |
| 79 B                        |                      | TENAYA WEST 1-A-4                |                           |                      |
| <b>FIRE DEPT. MAP NO.</b>   | <b>JOB PHONE</b>     | <b>CALL-IN-DATE</b>              | <b>CALL-IN TIME</b>       | <b>SCHEDULE DATE</b> |
| 2218-63                     | 477-8158             | 05/28/93                         | 10:16                     | 06/01/93             |
| <b>INSPECTOR/NAME</b>       |                      | <b>MARKETING/BUSINESS NAME</b>   |                           |                      |
| DAVE MARSH - 70             |                      |                                  |                           |                      |
| <b>INSPECTION REQUESTED</b> |                      | FRAMING (120)                    |                           |                      |

Cancel

|                                                                                                                                 |                                                                                       |                                                                                                                                                    |                                                        |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------|
| <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)</b> | <input type="checkbox"/> <b>UNTIL</b>           |
| <input checked="" type="checkbox"/> <b>REJECTED (R)</b>                                                                         | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                        |                                                                                                                                                    |                                                        | <input type="checkbox"/> <b>HOLD (H)</b>        |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                       | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E STEWART STREET.</b> |                                                                                                                                                    |                                                        | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                       | <b>INSPECTION DATE</b>                                                                                                                             |                                                        |                                                 |
|                                              |                                                                                       | 6-1-93                                                                                                                                             |                                                        |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                |                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                        |                                                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                       |                                                                                                                                                    |                                                        | 229-6769                                        |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                  |                                |                     |
|----------------------------------------------------------|----------------------------------|--------------------------------|---------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>93-180203</b>                 | <b>APPLICATION NUMBER</b>      | <b>116338</b>       |
| <b>JOB ADDRESS</b>                                       |                                  | <b>INSPECTION NUMBER</b>       |                     |
| <b>7444 STONEY SHORE DR</b>                              |                                  | <b>17</b>                      |                     |
| <b>LOT/BLOCK</b>                                         | <b>RECORDED SUBDIVISION NAME</b> |                                |                     |
| <b>79 B</b>                                              | <b>TENAYA</b>                    |                                |                     |
| <b>FIRE DEPT. MAP NO.</b>                                | <b>JOB PHONE</b>                 | <b>CALL-IN DATE</b>            | <b>CALL-IN TIME</b> |
| <b>2218-63</b>                                           | <b>477-8158</b>                  | <b>05/28/93</b>                | <b>10:16</b>        |
| <b>SCHEDULE DATE</b>                                     |                                  | <b>06/01/93</b>                |                     |
| <b>INSPECTOR/NAME</b>                                    |                                  | <b>MARKETING/BUSINESS NAME</b> |                     |
| <b>DAVE MARSH - 70</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>REJECTED (R)</b>                                                                                           | <input type="checkbox"/> <b>REFEED (F)</b>                                                                                                         | <input type="checkbox"/> <b>HOLD (H)</b>        |                                                                |
| <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                                         |                                                                                                                                                    | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |                                                                |
| <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                 |                                                                                                                                                    |                                                 |                                                                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             | <i>[Signature]</i>                                                                                                                                 |                                                 | <b>INSPECTION DATE</b>                                         |
| <b>6-1-93</b>                                                                                                                          |                                                                                                                                                    |                                                 |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                 |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                                 | <b>229-6769</b>                                                |

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

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

|                                                                                                                                     |                       |                                                                                                                                        |                          |                          |                 |                          |                           |         |                          |             |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------|--------------------------|---------------------------|---------|--------------------------|-------------|--------------------|
| <input checked="" type="checkbox"/>                                                                                                 | PERMIT<br>NUMBER      | 93-174799                                                                                                                              | APPLICATION<br>NUMBER    | 111879                   |                 |                          |                           |         |                          |             |                    |
| JOB ADDRESS<br>7444 STONEY SHORE DR                                                                                                 |                       |                                                                                                                                        | INSPECTION NUMBER<br>22  |                          |                 |                          |                           |         |                          |             |                    |
| LOT/BLOCK<br>79 B                                                                                                                   |                       | RECORDED SUBDIVISION NAME<br>TENAYA WEST 1-A-4                                                                                         |                          |                          |                 |                          |                           |         |                          |             |                    |
| FIRE DEPT. MAP NO.<br>2218-63                                                                                                       |                       | JOB PHONE<br>477-8158                                                                                                                  | CALL-IN-DATE<br>06/08/93 | CALL-IN TIME<br>14:10    |                 |                          |                           |         |                          |             |                    |
| SCHEDULE DATE<br>06/09/93                                                                                                           |                       |                                                                                                                                        |                          |                          |                 |                          |                           |         |                          |             |                    |
| INSPECTOR/NAME<br>DAVE HARN - 70                                                                                                    |                       |                                                                                                                                        | MARKETING/BUSINESS NAME  |                          |                 |                          |                           |         |                          |             |                    |
| INSPECTION<br>REQUESTED                                                                                                             |                       | EXTERIOR LATH/STUCCO (129)                                                                                                             |                          |                          |                 |                          |                           |         |                          |             |                    |
| NO CARD                                                                                                                             |                       |                                                                                                                                        |                          |                          |                 |                          |                           |         |                          |             |                    |
| <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 checked="" 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                                                                                                              |                       | 6-9-93                                                                                                                                 |                          |                          | INSPECTION DATE |                          |                           |         |                          |             |                    |
| <input type="checkbox"/>                                                                                                            | PROJECT<br>COMPLETE   | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                          |                          |                 |                          |                           |         |                          |             |                    |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY.<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                       |                                                                                                                                        |                          |                          |                 |                          |                           |         | 229-6769                 |             |                    |

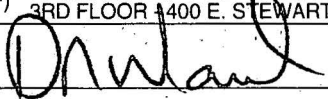
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                  |                                |                     |
|----------------------------------------------------------|----------------------------------|--------------------------------|---------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>93-174799</b>                 | <b>APPLICATION NUMBER</b>      | <b>111879</b>       |
| <b>JOB ADDRESS</b>                                       |                                  | <b>INSPECTION NUMBER</b>       |                     |
| <b>7444 STONEY SHORE DR</b>                              |                                  | <b>23</b>                      |                     |
| <b>LOT/BLOCK</b>                                         | <b>RECORDED SUBDIVISION NAME</b> |                                |                     |
| <b>79 B</b>                                              | <b>TENAYA WEST 1-A-4</b>         |                                |                     |
| <b>FIRE DEPT. MAP NO.</b>                                | <b>JOB PHONE</b>                 | <b>CALL-IN DATE</b>            | <b>CALL-IN TIME</b> |
| <b>2218-63</b>                                           | <b>477-8158</b>                  | <b>06/08/93</b>                | <b>14:11</b>        |
| <b>SCHEDULE DATE</b>                                     |                                  | <b>06/09/93</b>                |                     |
| <b>INSPECTOR/NAME</b>                                    |                                  | <b>MARKETING/BUSINESS NAME</b> |                     |
| <b>DAVE HARSH - 70</b>                                   |                                  |                                |                     |

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

- SHEAR TRANSFER GARAGE  
 NOT ACCEPTABLE  
 - CRIMPED AC DUCT KIT AREA  
 " " " DEN  
 " " " UP ATTIC  
 FLOOR TO DOWN STAIRS  
 - GAS HW VENT COLLAR  
 IN GARAGE FIREWALL

|                                                                                                                                        |                                                                                                                                                    |                                                                                       |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <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 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 1400 E. STEWART STREET.</b> |                                                                |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                        |                                                                                                                                                    |                                                                                       |                                                                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                             |                                                                 |                                                                                       | <b>INSPECTION DATE</b>                                         |
|                                                                                                                                        |                                                                                                                                                    |                                                                                       | <b>6-9-93</b>                                                  |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                                                       |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                                                                       | <b>229-6769</b>                                                |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                       |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> 93-174799                                                              |                                                                                                                                     | <b>INSPECTION NUMBER</b> 11           |                                                          |
| JOB ADDRESS 7444 STONEY SHORE DR 111879                                                                                         |                                                                                                                                     |                                       |                                                          |
| LOT NO. 79                                                                                                                      | BLOCK NO. B                                                                                                                         | SUBDIVISION NAME TENAYA WEST 1-A-4    |                                                          |
| FIRE DEPT. MAP NO. 2218-63                                                                                                      | JOB PHONE 477-8158                                                                                                                  | CALL-IN DATE 05/03/93                 | CALL-IN TIME 13:36                                       |
| SCHEDULE DATE 05/04/93                                                                                                          |                                                                                                                                     |                                       |                                                          |
| INSPECTOR NO. 70                                                                                                                | INSPECTOR NAME DAVE MARSH                                                                                                           |                                       |                                                          |
| <b>INSPECTION REQUESTED</b> ROOF SHEATHING (107)                                                                                |                                                                                                                                     |                                       |                                                          |
| <p>Put CARD IN HOUSE</p>                                                                                                        |                                                                                                                                     |                                       |                                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                          |
| <input type="checkbox"/> APPROVED (A)                                                                                           | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) -- UNTIL |
| <input type="checkbox"/> HOLD (H)                                                                                               |                                                                                                                                     |                                       |                                                          |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                       | <input type="checkbox"/> PERMIT REQUIRED                 |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                          |
| INSPECTOR SIGNATURE <i>D. Marsh</i>                                                                                             | INSPECTION DATE 5-4-93                                                                                                              |                                       |                                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 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

|                             |                      |                                  |                           |                      |
|-----------------------------|----------------------|----------------------------------|---------------------------|----------------------|
| <b>X</b>                    | <b>PERMIT NUMBER</b> | 93-174799                        | <b>APPLICATION NUMBER</b> | 111879               |
| <b>JOB ADDRESS</b>          |                      |                                  | <b>INSPECTION NUMBER</b>  |                      |
| 7444 STONEY SHORE DR        |                      |                                  | 38                        |                      |
| <b>LOT/BLOCK</b>            |                      | <b>RECORDED SUBDIVISION NAME</b> |                           |                      |
| 79 B                        |                      | TENAYA WEST 1-A-4                |                           |                      |
| <b>FIRE DEPT. MAP NO.</b>   | <b>JOB PHONE</b>     | <b>CALL-IN DATE</b>              | <b>CALL-IN TIME</b>       | <b>SCHEDULE DATE</b> |
| 2218-63                     | 477-8158             | 05/19/93                         | 09:10                     | 05/20/93             |
| <b>INSPECTOR/NAME</b>       |                      | <b>MARKETING/BUSINESS NAME</b>   |                           |                      |
| DAVE HARSH - 70             |                      |                                  |                           |                      |
| <b>INSPECTION REQUESTED</b> |                      | <b>SHEAR (109)</b>               |                           |                      |

- FRONT BED RMS BOTH SIDES WINDOWS / H 6 EACH END OF SHEAR (4 TOTAL)  
 - BLK & NATL SHEAR REAR UP

LIST

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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>                                                                                                              |                                                         |                                          |
|                                                                                                                                 |                                                                                 | 5.20.93                                                                                                                             |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |                                                                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                 |                                                                                                                                     |                                                         | 229-6769                                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

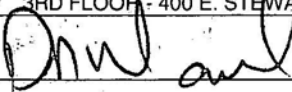
|                                                          |                                  |                                |                      |
|----------------------------------------------------------|----------------------------------|--------------------------------|----------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>93-174799</b>                 | <b>APPLICATION NUMBER</b>      | <b>111879</b>        |
| <b>JOB ADDRESS</b>                                       |                                  | <b>INSPECTION NUMBER</b>       |                      |
| <b>7444 STONEY SHORE DR</b>                              |                                  | <b>37</b>                      |                      |
| <b>LOT/BLOCK</b>                                         | <b>RECORDED SUBDIVISION NAME</b> |                                |                      |
| <b>79 B</b>                                              | <b>TENAYA WEST 1-A-4</b>         |                                |                      |
| <b>FIRE DEPT. MAP NO.</b>                                | <b>JOB PHONE</b>                 | <b>CALL-IN DATE</b>            | <b>SCHEDULE DATE</b> |
| <b>2218-63</b>                                           | <b>677-8158</b>                  | <b>05/19/93</b>                | <b>05/20/93</b>      |
| <b>INSPECTOR/NAME</b>                                    |                                  | <b>MARKETING/BUSINESS NAME</b> |                      |
| <b>DAVE HARSH - 70</b>                                   |                                  |                                |                      |
| <b>INSPECTION REQUESTED</b>                              | <b>ROOF SHEATHING (107)</b>      |                                |                      |

|                                                                                                                                        |                                                                                                                                                    |                                              |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                     | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               | <b>PARTIAL DESCRIPTION</b>                   |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      | <input type="checkbox"/> <b>COMMENTS (C)</b> | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <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>                                                                                                             |                                                                                                                                                    | <b>INSPECTION DATE</b>                       |                                                                |
| <i>[Signature]</i>                                                                                                                     |                                                                                                                                                    | <b>5.20.93</b>                               |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. OF O. ISSUANCE (Commercial Only)</b> |                                              |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                              | <b>229-6769</b>                                                |

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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                  |                                |                      |
|----------------------------------------------------------|----------------------------------|--------------------------------|----------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>93-174799</b>                 | <b>APPLICATION NUMBER</b>      | <b>111879-0</b>      |
| <b>JOB ADDRESS</b>                                       |                                  | <b>INSPECTION NUMBER</b>       |                      |
| <b>7446 STONEY SHORE DR</b>                              |                                  | <b>44</b>                      |                      |
| <b>LOT/BLOCK</b>                                         | <b>RECORDED SUBDIVISION NAME</b> |                                |                      |
| <b>79 B</b>                                              | <b>TENAYA WEST 1-A-4</b>         |                                |                      |
| <b>FIRE DEPT. MAP NO.</b>                                | <b>JOB PHONE</b>                 | <b>CALL-IN DATE</b>            | <b>SCHEDULE DATE</b> |
| <b>2218-63</b>                                           | <b>477-8158</b>                  | <b>06/16/93</b>                | <b>06/17/93</b>      |
| <b>INSPECTOR/NAME</b>                                    |                                  | <b>MARKETING/BUSINESS NAME</b> |                      |
| <b>DAVE HARSH - 70</b>                                   |                                  |                                |                      |
| <b>INSPECTION REQUESTED</b>                              |                                  | <b>INSULATION (123)</b>        |                      |

|                                                                                                                                                    |                                                                                                                 |                                                 |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                                 | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                            | <b>PARTIAL DESCRIPTION</b>                      |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                            | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                   | <input type="checkbox"/> <b>COMMENTS (C)</b>    | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                                       | <input type="checkbox"/> <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                         | <input type="checkbox"/> <b>HOLD (H)</b>        |                                                                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                                          | <input type="checkbox"/> <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> | <input type="checkbox"/> <b>PERMIT REQUIRED</b> |                                                                |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                         |                              | <b>INSPECTION DATE</b>                          |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                                   | <b>6-17-93</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>                                                |

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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                            |                                                    |                                                             |                             |
|----------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> <b>PERMIT NUMBER</b> 93-174799                    |                                                    | <input type="checkbox"/> <b>APPLICATION NUMBER</b> 111879-0 |                             |
| <b>JOB ADDRESS</b> 7444 STONEY SHORE DR                                    |                                                    |                                                             | <b>INSPECTION NUMBER</b> 21 |
| <b>LOT/BLOCK</b> 79 B                                                      | <b>RECORDED SUBDIVISION NAME</b> TENAYA WEST 1-A-4 |                                                             |                             |
| <b>FIRE DEPT. MAP NO.</b> 2218-63                                          | <b>JOB PHONE</b> 477-8158                          | <b>CALL-IN DATE</b> 06/18/93                                | <b>CALL-IN TIME</b> 14:30   |
|                                                                            |                                                    | <b>SCHEDULE DATE</b> 06/21/93                               |                             |
| <b>INSPECTOR/NAME</b> DAVE MARSH - 70                                      |                                                    | <b>MARKETING/BUSINESS NAME</b>                              |                             |
| <input type="checkbox"/> <b>INSPECTION REQUESTED</b> DRYWALL NAILING (125) |                                                    |                                                             |                             |

NAIL TOP PLANK  
GARAGE SHEAR  
TRANSFER

OK TO TAPE HOUSE  
GARAGE FALLOUT

|                                                                                                                                 |                                                                                                                                     |                                                                                        |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                              | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                | <b>PARTIAL DESCRIPTION</b>                                                             |                                                                |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                         | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                       | <input type="checkbox"/> <b>COMMENTS (C)</b>                                           | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T) - UNTIL</b> |
|                                                                                                                                 |                                                                                                                                     | <input type="checkbox"/> <b>HOLD (H)</b>                                               |                                                                |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                    |                                                                                                                                     | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                         |                                                                |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                       |                                                                                                                                     | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                 |                                                                                                                                     |                                                                                        |                                                                |
| <b>INSPECTOR SIGNATURE</b> <i>D. Marsh</i>                                                                                      |                                                                                                                                     | <b>INSPECTION DATE</b> 6-21-93                                                         |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                                                        |                                                                |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                                                                        | 229-6769                                                       |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

☐ **PERMIT NUMBER** **93-174799**
☐ **APPLICATION NUMBER** **111879-0**

**JOB ADDRESS** **7444 STONEY SHORE DR**
**INSPECTION NUMBER** **51**

**LOT/BLOCK** **79 B**
**RECORDED SUBDIVISION NAME** **TENAYA WEST 1-A-4**

**FIRE DEPT. MAP NO.** **2218-63**
**JOB PHONE** **477-8158**
**CALL-IN DATE** **06/21/93**
**CALL-IN TIME** **14:51**
**SCHEDULE DATE** **06/22/93**

**INSPECTOR/NAME** **DAVE MARSH - 70**
**MARKETING/BUSINESS NAME**

**INSPECTION REQUESTED** **DRYWALL NAILING (125)**

☐ **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**
☐ **PERMIT REQUIRED**

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

**INSPECTOR SIGNATURE** *[Signature]*
**INSPECTION DATE** **6-22-93**

☐ **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**

93-18 0203

**APPLICATION  
NUMBER**

116338-8

JOB ADDRESS

7444 STONEY SHORE DR

INSPECTION NUMBER

15

LOT/BLOCK

79 8

RECORDED SUBDIVISION NAME

TENAYA

FIRE DEPT. MAP NO.

2218-63

JOB PHONE

592-9845

CALL-IN-DATE

08/03/93

CALL-IN TIME

14:41

SCHEDULE DATE

08/04/93

INSPECTOR/NAME

DAVE MARSH - 70

MARKETING/BUSINESS NAME

**INSPECTION  
REQUESTED**

FINAL GAS TEST (423)

# 29571

☐ 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**

*D. Marsh*

INSPECTION DATE

8-4-93

☐ **PROJECT  
COMPLETE**

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

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

229-6769

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                       |                                          |                         |                           |
|-------------------------------------|-----------------------|------------------------------------------|-------------------------|---------------------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER      | 93-182945                                | APPLICATION<br>NUMBER   | 119716-3                  |
| JOB ADDRESS<br>7444 STONEY SHORE DR |                       |                                          | INSPECTION NUMBER<br>25 |                           |
| LOT/BLOCK<br>79 B                   |                       | RECORDED SUBDIVISION NAME<br>TENAYA 1A-6 |                         |                           |
| FIRE DEPT. MAP NO.<br>2218-63       | JOB PHONE<br>592-9845 | CALL-IN DATE<br>08/05/93                 | CALL-IN TIME<br>12:21   | SCHEDULE DATE<br>08/06/93 |
| INSPECTOR/NAME<br>DAVE MARSH - 70   |                       | MARKETING/BUSINESS NAME                  |                         |                           |
| INSPECTION<br>REQUESTED             |                       | ELEC METER TAG (133)                     |                         |                           |

# 55712

|                                                                                                                                    |                                                                                    |                                                                                                                                        |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <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><i>D. Marshall</i>                                                                                       |                                                                                    | INSPECTION DATE<br>8-6-93                                                                                                              |                                                            |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       |                                                                                    | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                    |                                                                                                                                        |                                                            | 229-6769                                    |

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

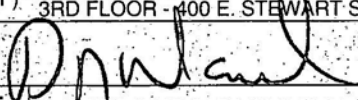
# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                      |                           |                           |               |
|-------------------------------------|----------------------|---------------------------|---------------------------|---------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | 93-174799                 | <b>APPLICATION NUMBER</b> | 111879        |
| JOB ADDRESS                         |                      |                           | INSPECTION NUMBER         |               |
| 7444 STONEY SHORE DR                |                      |                           | 27                        |               |
| LOT/BLOCK                           |                      | RECORDED SUBDIVISION NAME |                           |               |
| 79 B                                |                      | TENAYA WEST 1-A-4         |                           |               |
| FIRE DEPT. MAP NO.                  | JOB PHONE            | CALL-IN DATE              | CALL-IN TIME              | SCHEDULE DATE |
| 2218-63                             | 477-8158             | 06/09/93                  | 14:33                     | 06/10/93      |
| INSPECTOR/NAME                      |                      | MARKETING/BUSINESS NAME   |                           |               |
| DAVE MARSH - 70                     |                      |                           |                           |               |

**INSPECTION REQUESTED**

FRAPING (120)

WHERE IS LIST OF 6-9-93

|                                                                                                                                 |                                                                                 |                                                                                                                                     |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <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"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET. |                                                                                                                                     | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| INSPECTOR SIGNATURE                                                                                                             |                                                                                 | INSPECTION DATE                                                                                                                     |                                                         |                                   |
|                                              |                                                                                 | 6-10-93                                                                                                                             |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |                                                                                 | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION; YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                 |                                                                                                                                     |                                                         | 229-6769                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                          |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| <b>PERMIT NUMBER</b> 93-174799                                                                                                                                                                                                                                                                                                   |                                                                                                                                     | <b>APPLICATION NUMBER</b> 111879-0       |                                                         |
| <b>JOB ADDRESS</b> 7444 STONEY SHORE DR                                                                                                                                                                                                                                                                                          |                                                                                                                                     |                                          | <b>INSPECTION NUMBER</b> 8                              |
| <b>LOT/BLOCK</b> 79 B                                                                                                                                                                                                                                                                                                            | <b>RECORDED SUBDIVISION NAME</b> TENAYA WEST 1-A-4                                                                                  |                                          |                                                         |
| <b>FIRE DEPT. MAP NO.</b> 2218-63                                                                                                                                                                                                                                                                                                | <b>JOB PHONE</b> 477-8158                                                                                                           | <b>CALL-IN DATE</b> 06/14/93             | <b>CALL-IN TIME</b> 14:10                               |
| <b>SCHEDULE DATE</b> 06/15/93                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |                                          |                                                         |
| <b>INSPECTOR/NAME</b> DAVE MARSH - 70                                                                                                                                                                                                                                                                                            |                                                                                                                                     | <b>MARKETING/BUSINESS NAME</b>           |                                                         |
| <b>INSPECTION REQUESTED</b> INSULATION (123)                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                          |                                                         |
| <p>- SHEAR TRANSFER IN GARAGE, AGAIN, MUST GO FROM BOTTLER PLATE TO ROOF (COULD BLOCK WITH 4X8 OR NAIL SHEAR [PLY OR PLV]) FROM EXISTING BLOCKS TO TOP PLT</p> <p>- CRIMPED AC JOISTS AT RAINBOW VISTA WERE PASSED BY HS WITH AIR BACKER TEST, THIS IS NOT THE SAME TRACT, SAME LATE, RAINBOW JUST GOT TWO EXCEPTIONS PER HS</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"/> REJECTED (R)                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> REFEED (F)                                                                                                 | <input type="checkbox"/> HOLD (H)        |                                                         |
| <input checked="" type="checkbox"/> REINSPECTION REQUIRED - CALL *229-2071                                                                                                                                                                                                                                                       |                                                                                                                                     | <input type="checkbox"/> PERMIT REQUIRED |                                                         |
| <input type="checkbox"/> REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                                                                                                                                                                                         |                                                                                                                                     |                                          |                                                         |
| <b>INSPECTOR SIGNATURE</b> <i>D. Marsh</i>                                                                                                                                                                                                                                                                                       | <b>INSPECTION DATE</b> 6-15-93                                                                                                      |                                          |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                                                                                                                                        | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                                                                                                                                                                  |                                                                                                                                     |                                          | <b>229-6769</b>                                         |

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

|                                                          |                                     |                                                     |                                     |
|----------------------------------------------------------|-------------------------------------|-----------------------------------------------------|-------------------------------------|
| <b>PERMIT NUMBER</b>                                     | <b>93-174799</b>                    | <b>INSPECTION NUMBER</b>                            | <b>15</b>                           |
| <b>JOB ADDRESS</b><br><b>7444 STONEY SHORE DR 111879</b> |                                     |                                                     |                                     |
| <b>LOT NO.</b><br><b>79</b>                              | <b>BLOCK NO.</b><br><b>B</b>        | <b>SUBDIVISION NAME</b><br><b>TENAYA WEST 1-A-4</b> |                                     |
| <b>FIRE DEPT. MAP NO.</b><br><b>2218-63</b>              | <b>JOB PHONE</b><br><b>477-8158</b> | <b>CALL-IN DATE</b><br><b>04/05/93</b>              | <b>CALL-IN TIME</b><br><b>13:25</b> |
| <b>INSPECTOR NO.</b><br><b>67</b>                        |                                     | <b>INSPECTOR NAME</b><br><b>JESSE SCHELL</b>        |                                     |
| <b>INSPECTION REQUESTED</b><br><b>PRE-SLAB (105)</b>     |                                     |                                                     |                                     |

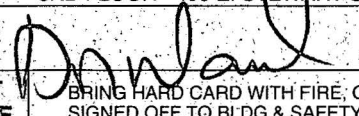
PROPERTY LINE &amp; SETBACKS VERIFIED BY:

*MHW 4/6/93*

|                                                                                                                                 |                                                                                                                                     |                                         |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                     |                                                         |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C)   | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                         | <input type="checkbox"/> HOLD (H)                       |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                         | <input type="checkbox"/> PERMIT REQUIRED                |
| <b>INSPECTOR SIGNATURE</b><br><i>Jesse Schell</i>                                                                               |                                                                                                                                     | <b>INSPECTION DATE</b><br><b>4-6-93</b> |                                                         |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                         |                                                         |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                         | <b>229-6769</b>                                         |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                      |                                   |                           |                                                                                                                                     |                          |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <input checked="" type="checkbox"/>                                                                                             | <b>PERMIT NUMBER</b> | 93-174799                         | <b>APPLICATION NUMBER</b> |                                                                                                                                     | 111879                   |
| JOB ADDRESS                                                                                                                     |                      |                                   |                           | INSPECTION NUMBER                                                                                                                   |                          |
| -7444 STONEY SHORE DR                                                                                                           |                      |                                   |                           | 18                                                                                                                                  |                          |
| LOT/BLOCK                                                                                                                       |                      | RECORDED SUBDIVISION NAME         |                           |                                                                                                                                     |                          |
| 79 B                                                                                                                            |                      | TENAYA WEST 1-A-4                 |                           |                                                                                                                                     |                          |
| FIRE DEPT. MAP NO.                                                                                                              |                      | JOB PHONE                         | CALL-IN DATE              | CALL-IN TIME                                                                                                                        | SCHEDULE DATE            |
| 2218-63                                                                                                                         |                      | 477-8158                          | 06/09/93                  | 14:16                                                                                                                               | 06/10/93                 |
| INSPECTOR/NAME                                                                                                                  |                      |                                   | MARKETING/BUSINESS NAME   |                                                                                                                                     |                          |
| DAVE MARSH - 70                                                                                                                 |                      |                                   |                           |                                                                                                                                     |                          |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                      | <b>EXTERIOR LATH/STUCCO (129)</b> |                           |                                                                                                                                     |                          |
|                                                                                                                                 |                      |                                   |                           |                                                                                                                                     |                          |
| <input type="checkbox"/>                                                                                                        | PARTIAL INSPECTION   | <input type="checkbox"/>          | PARTIAL APPROVAL (P)      |                                                                                                                                     |                          |
| <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"/> |
| <input type="checkbox"/>                                                                                                        | REFEE (F)            | <input type="checkbox"/>          | PERMIT REQUIRED           |                                                                                                                                     |                          |
| INSPECTOR SIGNATURE                                                                                                             |                      | INSPECTION DATE                   |                           |                                                                                                                                     |                          |
|                                              |                      | 6-10-93                           |                           | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                          |
|                                                                                                                                 |                      |                                   |                           |                                                                                                                                     |                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |                      |                                   |                           |                                                                                                                                     |                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                      |                                   |                           |                                                                                                                                     | 229-6769                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                       |                                                                                                                                        |                            |                          |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|
| <input checked="" type="checkbox"/>                                                                                                | PERMIT<br>NUMBER      | 93-180203                                                                                                                              | INSPECTION<br>NUMBER       | 10                       |
| JOB ADDRESS: 7444 STONEY SHORE DR 116338                                                                                           |                       |                                                                                                                                        |                            |                          |
| LOT NO.<br>79                                                                                                                      |                       | BLOCK NO.<br>8                                                                                                                         | SUBDIVISION NAME<br>TENAYA |                          |
| FIRE DEPT. MAP NO.<br>2218-63                                                                                                      |                       | JOB PHONE<br>477-8158                                                                                                                  | CALL-IN DATE<br>03/31/93   | CALL-IN TIME<br>09:04    |
| SCHEDULE DATE<br>04/01/93                                                                                                          |                       |                                                                                                                                        |                            |                          |
| INSPECTOR NO.<br>6785                                                                                                              |                       | INSPECTOR NAME<br>JESSE SCHELL 72                                                                                                      |                            |                          |
| INSPECTION<br>REQUESTED                                                                                                            |                       | UNDERSLAB PLUMBING (407)                                                                                                               |                            |                          |
|                                                                                                                                    |                       |                                                                                                                                        |                            |                          |
| <input type="checkbox"/>                                                                                                           | PARTIAL<br>INSPECTION | <input type="checkbox"/>                                                                                                               | PARTIAL APPROVAL (P)       |                          |
| PARTIAL DESCRIPTION                                                                                                                |                       |                                                                                                                                        |                            |                          |
| <input checked="" type="checkbox"/>                                                                                                | APPROVED<br>(A)       | <input type="checkbox"/>                                                                                                               | STOP<br>WORK (S)           | <input type="checkbox"/> |
|                                                                                                                                    |                       | COMMENTS<br>(C)                                                                                                                        | TEMPORARY<br>APPROVAL (T)  | - UNTIL                  |
| <input type="checkbox"/>                                                                                                           | REJECTED (R)          | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                            |                          |
| <input type="checkbox"/>                                                                                                           | REFEE (F)             | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                            |                          |
|                                                                                                                                    |                       |                                                                                                                                        | <input type="checkbox"/>   | PERMIT<br>REQUIRED       |
| INSPECTOR<br>SIGNATURE                                                                                                             |                       |                                                                                                                                        | INSPECTION DATE            |                          |
| 72                                                                                                                                 |                       |                                                                                                                                        | 4193                       |                          |
| <input type="checkbox"/>                                                                                                           | PROJECT<br>COMPLETE   | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                            |                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                       |                                                                                                                                        |                            | 229-6769                 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                                                                                                                       |                                                                                                                |                                                         |                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------|--|
| <b>A</b>                                                                                                                        | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">93-180203</div>                                                                                                                    | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |                                                         |                                                                                           |  |
| <b>JOB ADDRESS</b> 7444 STONEY SHORE DR 116338                                                                                  |                                                                                                                                                                                                                                       |                                                                                                                |                                                         |                                                                                           |  |
| <b>LOT NO.</b><br>79                                                                                                            | <b>BLOCK NO.</b><br>B                                                                                                                                                                                                                 | <b>SUBDIVISION NAME</b><br>TENAYA                                                                              |                                                         |                                                                                           |  |
| <b>FIRE DEPT. MAP NO.</b><br>2218-63                                                                                            | <b>JOB PHONE</b><br>477-8158                                                                                                                                                                                                          | <b>CALL-IN DATE</b><br>03/31/93                                                                                | <b>CALL-IN TIME</b><br>09:03                            | <b>SCHEDULE DATE</b><br>04/01/93                                                          |  |
| <b>INSPECTOR NO.</b><br>0085                                                                                                    | <b>INSPECTOR NAME</b><br><div style="display: flex; align-items: center;"> <div style="text-decoration: line-through; text-decoration-color: red;">JESSE SCHELL</div> <div style="margin-left: 10px; font-size: 2em;">73</div> </div> |                                                                                                                |                                                         |                                                                                           |  |
| <b>INSPECTION REQUESTED</b>                                                                                                     | <b>BUILDING SEWER (YARD LINES) (405)</b>                                                                                                                                                                                              |                                                                                                                |                                                         |                                                                                           |  |
| <div style="text-align: center; margin-top: 100px;"> </div>                                                                     |                                                                                                                                                                                                                                       |                                                                                                                |                                                         |                                                                                           |  |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                                                                                                                         | <b>PARTIAL DESCRIPTION</b>                                                                                     |                                                         |                                                                                           |  |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                                                                                                                                | <input type="checkbox"/> COMMENTS (C)                                                                          | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)                                                         |  |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                                                                                                               |                                                                                                                |                                                         | <input type="checkbox"/> 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><br>4/1/93                        |                                                                                           |  |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only)                                                                                                   |                                                                                                                |                                                         |                                                                                           |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                                                                                                                       |                                                                                                                |                                                         | <div style="border: 1px solid black; padding: 5px; display: inline-block;">229-6769</div> |  |

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>93-174799</b>                                             | <b>APPLICATION<br/>NUMBER</b>         | <b>111879-0</b>                         |
| <b>JOB ADDRESS</b><br><b>7444 STONEY SHORE DR</b> |                                     |                                                              | <b>INSPECTION NUMBER</b><br><b>32</b> |                                         |
| <b>LOT/BLOCK</b><br><b>79 B</b>                   |                                     | <b>RECORDED SUBDIVISION NAME</b><br><b>TENAYA WEST 1-A-4</b> |                                       |                                         |
| <b>FIRE DEPT. MAP NO.</b><br><b>2218-63</b>       | <b>JOB PHONE</b><br><b>592-9845</b> | <b>CALL-IN DATE</b><br><b>08/12/93</b>                       | <b>CALL-IN TIME</b><br><b>11:01</b>   | <b>SCHEDULE DATE</b><br><b>08/13/93</b> |
| <b>INSPECTOR/NAME</b><br><b>DAVE MARSH - 70</b>   |                                     | <b>MARKETING/BUSINESS NAME</b>                               |                                       |                                         |
| <b>INSPECTION<br/>REQUESTED</b>                   | <b>BUILDING FINAL (140)</b>         |                                                              |                                       |                                         |

BAY WINDOW SGT-BLOCKS

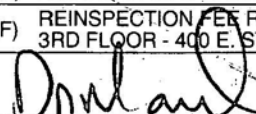
60 DAY TEMP

|                                                                                                                                    |                                                                                                                                        |                                                                                   |                                                    |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------|
| <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) | <input type="checkbox"/> HOLD<br>(H)        |
| <input checked="" type="checkbox"/> REJECTED (R)                                                                                   |                                                                                                                                        | REINSPECTION REQUIRED - CALL * 229-2071                                           |                                                    |                                             |
| <input type="checkbox"/> REFEE (F)                                                                                                 |                                                                                                                                        | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E STEWART STREET. |                                                    | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <b>INSPECTOR<br/>SIGNATURE</b><br><i>D. Marshall</i>                                                                               |                                                                                                                                        | <b>INSPECTION DATE</b><br><b>8-13-93</b>                                          |                                                    |                                             |
| <input type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                               | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                                                   |                                                    |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                                                                   |                                                    | <b>229-6769</b>                             |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                            |                       |                                                        |                           |                           |
|------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|---------------------------|---------------------------|
| <input type="checkbox"/>                                                                                   | <b>PERMIT NUMBER</b>  | 93-180888                                              | <b>APPLICATION NUMBER</b> | 116638-1                  |
| JOB ADDRESS<br>17444 STONEY SHORE DR                                                                       |                       |                                                        | INSPECTION NUMBER<br>34   |                           |
| LOT/BLOCK<br>79 B                                                                                          |                       | RECORDED SUBDIVISION NAME<br>TENAYA WEST NO 1A PHASE 4 |                           |                           |
| FIRE DEPT. MAP NO.<br>2218-63                                                                              | JOB PHONE<br>592-9845 | CALL-IN DATE<br>08/12/93                               | CALL-IN TIME<br>11:02     | SCHEDULE DATE<br>08/13/93 |
| INSPECTOR/NAME<br>DAVE MARSH - 70                                                                          |                       | MARKETING/BUSINESS NAME                                |                           |                           |
| <b>INSPECTION REQUESTED</b> <span style="float: right; font-weight: normal;">FINAL MECHANICAL (340)</span> |                       |                                                        |                           |                           |

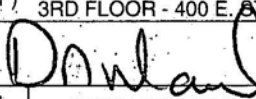
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <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>                      |                                                                                                                                     | INSPECTION DATE<br>8-13-93            |                                                         |                                                                                              |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                                                                              |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |                                                         |  229-6769 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                               |                          |                                  |                               |                      |
|-------------------------------------------------------------------------------|--------------------------|----------------------------------|-------------------------------|----------------------|
|  | <b>PERMIT<br/>NUMBER</b> | <b>93-130203</b>                 | <b>APPLICATION<br/>NUMBER</b> | <b>116338-8</b>      |
| <b>JOB ADDRESS</b>                                                            |                          |                                  | <b>INSPECTION NUMBER</b>      |                      |
| <b>74-44 STONEY SHORE DR</b>                                                  |                          |                                  | <b>35</b>                     |                      |
| <b>LOT/BLOCK</b>                                                              |                          | <b>RECORDED SUBDIVISION NAME</b> |                               |                      |
| <b>79 8</b>                                                                   |                          | <b>TENAYA</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>2218-63</b>                                                                | <b>592-9845</b>          | <b>08/12/93</b>                  | <b>11:03</b>                  | <b>08/13/93</b>      |
| <b>INSPECTOR/NAME</b>                                                         |                          | <b>MARKETING/BUSINESS NAME</b>   |                               |                      |
| <b>DAVE MARSH - 70</b>                                                        |                          |                                  |                               |                      |
| <b>INSPECTION<br/>REQUESTED</b>                                               |                          | <b>FINAL PLUMBING (440)</b>      |                               |                      |

|                                  |  |  |  |  |
|----------------------------------|--|--|--|--|
| Empty space for inspection notes |  |  |  |  |
|----------------------------------|--|--|--|--|

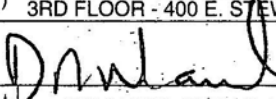
|                                                                                     |                                                                                                                                                          |                                                                                            |                                                                    |                                                     |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> <b>PARTIAL<br/>INSPECTION</b>                              | <input type="checkbox"/> <b>PARTIAL<br/>APPROVAL (P)</b>                                                                                                 | <b>PARTIAL DESCRIPTION</b>                                                                 |                                                                    |                                                     |
| <input checked="" 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>REFEE (F)</b>                                           |                                                                                                                                                          | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br/>3RD FLOOR - 400 E. STEWART STREET.</b> |                                                                    | <input type="checkbox"/> <b>PERMIT<br/>REQUIRED</b> |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                      |                                                                                                                                                          | <b>INSPECTION DATE</b>                                                                     |                                                                    |                                                     |
|  |                                                                                                                                                          | <b>8-13-93</b>                                                                             |                                                                    |                                                     |
| <input 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> |                                                                                            |                                                                    |                                                     |

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**

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                                |                                                                |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| 1                                                                                                                               | <b>PERMIT NUMBER</b>                                                                                                                | 93-132945                                      | <b>APPLICATION NUMBER</b>                                      | 119716-3                                        |
| <b>JOB ADDRESS</b>                                                                                                              |                                                                                                                                     |                                                | <b>INSPECTION NUMBER</b>                                       |                                                 |
| 7644 STONEY SHORE DR                                                                                                            |                                                                                                                                     |                                                | 33                                                             |                                                 |
| <b>LOT/BLOCK</b>                                                                                                                |                                                                                                                                     | <b>RECORDED SUBDIVISION NAME</b>               |                                                                |                                                 |
| 79 B                                                                                                                            |                                                                                                                                     | TENAYA 1A-4                                    |                                                                |                                                 |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                       | <b>JOB PHONE</b>                                                                                                                    | <b>CALL-IN DATE</b>                            | <b>CALL-IN TIME</b>                                            | <b>SCHEDULE DATE</b>                            |
| 2218-63                                                                                                                         | 592-9845                                                                                                                            | 08/12/93                                       | 11:02                                                          | 08/13/93                                        |
| <b>INSPECTOR/NAME</b>                                                                                                           |                                                                                                                                     | <b>MARKETING/BUSINESS NAME</b>                 |                                                                |                                                 |
| DAVE MARSH - 70                                                                                                                 |                                                                                                                                     |                                                |                                                                |                                                 |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                                                                     |                                                |                                                                |                                                 |
| FINAL ELECTRICAL (240)                                                                                                          |                                                                                                                                     |                                                |                                                                |                                                 |
|                                                                                                                                 |                                                                                                                                     |                                                |                                                                |                                                 |
| <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>                         |                                                                |                                                 |
|                                              |                                                                                                                                     | 8-13-93                                        |                                                                |                                                 |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                                                |                                                                |                                                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                                |                                                                | 229-6769                                        |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                          |                           |                               |                 |
|-------------------------------------|--------------------------|---------------------------|-------------------------------|-----------------|
| <input checked="" type="checkbox"/> | <b>PERMIT<br/>NUMBER</b> | <b>93-174799</b>          | <b>APPLICATION<br/>NUMBER</b> | <b>111879</b>   |
| JOB ADDRESS                         |                          |                           | INSPECTION NUMBER             |                 |
| <b>7444 STONEY SHORE DR</b>         |                          |                           | <b>18</b>                     |                 |
| LOT/BLOCK                           |                          | RECORDED SUBDIVISION NAME |                               |                 |
| <b>79 B</b>                         |                          | <b>TENAYA WEST 1-A-4</b>  |                               |                 |
| FIRE DEPT. MAP NO.                  | JOB PHONE                | CALL-IN DATE              | CALL-IN TIME                  | SCHEDULE DATE   |
| <b>2218-63</b>                      | <b>477-8158</b>          | <b>05/28/93</b>           | <b>10:16</b>                  | <b>06/01/93</b> |
| INSPECTOR/NAME                      |                          | MARKETING/BUSINESS NAME   |                               |                 |
| <b>DAVE MARSH - 70</b>              |                          |                           |                               |                 |
| <b>INSPECTION<br/>REQUESTED</b>     |                          | <b>FRAMING (120)</b>      |                               |                 |

*Cancel*

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <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 checked="" type="checkbox"/> REJECTED (R)                                                                                   |                                                                                                                                        | REINSPECTION REQUIRED - CALL * 229-2071  |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE<br>(F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E STEWART STREET.                                                      |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                        | INSPECTION DATE                          |                                                            |                                             |
| <i>D. Marsh</i>                                                                                                                    |                                                                                                                                        | <b>6-1-93</b>                            |                                                            |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                          |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                          |                                                            | <b>229-6769</b>                             |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                      |                                        |                           |                 |
|-------------------------------------|----------------------|----------------------------------------|---------------------------|-----------------|
| <input checked="" type="checkbox"/> | <b>PERMIT NUMBER</b> | <b>93-180203</b>                       | <b>APPLICATION NUMBER</b> | <b>116338</b>   |
| JOB ADDRESS                         |                      |                                        | INSPECTION NUMBER         |                 |
| <b>7444 STONEY SHORE DR</b>         |                      |                                        | <b>21</b>                 |                 |
| LOT/BLOCK                           |                      | RECORDED SUBDIVISION NAME              |                           |                 |
| <b>79 B</b>                         |                      | <b>TENAYA</b>                          |                           |                 |
| FIRE DEPT. MAP NO.                  | JOB PHONE            | CALL-IN-DATE                           | CALL-IN TIME              | SCHEDULE DATE   |
| <b>2218-63</b>                      | <b>477-8158</b>      | <b>05/25/93</b>                        | <b>09:41</b>              | <b>05/26/93</b> |
| INSPECTOR/NAME                      |                      | MARKETING/BUSINESS NAME                |                           |                 |
| <b>DAVE MARSH - 70</b>              |                      |                                        |                           |                 |
| <b>INSPECTION REQUESTED</b>         |                      | <b>TOP OUT-WATER, GAS, WASTE (420)</b> |                           |                 |

WATER TEST OK

CHECK YOU GAS PIPE

VENTS BEFORE I

\$40 REFEE THIS HOUSE

|                                                                                                                                 |                                               |                                                                                                                                     |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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.                                                     |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                               | <b>5-26-93</b>                                                                                                                      |                                                         | <b>INSPECTION DATE</b>                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |                                               | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                               |                                                                                                                                     |                                                         | <b>229-6769</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>                   | 93-174799                                                                                                                           | <b>APPLICATION NUMBER</b>                               | 111879                            |
| JOB ADDRESS                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                     | INSPECTION NUMBER                                       |                                   |
| 7444 STONEY SHORE DR                                                                                                                                                                                                                                                                                                                                                        |                                        |                                                                                                                                     | 18                                                      |                                   |
| LOT/BLOCK                                                                                                                                                                                                                                                                                                                                                                   |                                        | RECORDED SUBDIVISION NAME                                                                                                           |                                                         |                                   |
| 79 B                                                                                                                                                                                                                                                                                                                                                                        |                                        | TENAYA WEST 1-A-4                                                                                                                   |                                                         |                                   |
| FIRE DEPT. MAP NO.                                                                                                                                                                                                                                                                                                                                                          | JOB PHONE                              | CALL-IN-DATE                                                                                                                        | CALL-IN TIME                                            | SCHEDULE DATE                     |
| 2218-63                                                                                                                                                                                                                                                                                                                                                                     | 477-8158                               | 05/25/93                                                                                                                            | 09:40                                                   | 05/26/93                          |
| INSPECTOR/NAME                                                                                                                                                                                                                                                                                                                                                              |                                        | MARKETING/BUSINESS NAME                                                                                                             |                                                         |                                   |
| DAVE MARSH - 70                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                     |                                                         |                                   |
| <b>INSPECTION REQUESTED</b> <b>FRAMING (120)</b>                                                                                                                                                                                                                                                                                                                            |                                        |                                                                                                                                     |                                                         |                                   |
| <p><i>SHEAR PRINTS SHOW <math>\Delta</math> ALL SIDES OF UP FRONT BED RM WINDOWS</i></p> <p><i>FULL BLKING TRUSS JOINT UPSTAIRS</i></p> <p><i>TRUSS CUT KIT / AREA OF DEN FLOOR TRUSS</i></p> <p><i>SHEAR TRANSFER GARAGE <math>\Delta</math> ELEC PANEL</i></p> <p><i>FIRE STOP POP-OUT UP EDGES</i></p> <p><i>11 11 THOUGH OUT</i></p> <p><i>CHK CRIMPED AC DUCTS</i></p> |                                        |                                                                                                                                     |                                                         |                                   |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                                                                                                                                                                 |                                        | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                                                         | PARTIAL DESCRIPTION               |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> STOP WORK (S) | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H) |
| <input checked="" type="checkbox"/> REJECTED (R) REINSPECTION REQUIRED - CALL * 229-2071                                                                                                                                                                                                                                                                                    |                                        |                                                                                                                                     | <input type="checkbox"/> PERMIT REQUIRED                |                                   |
| <input type="checkbox"/> REFEE (F) REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                                                                                                                                                                                                                          |                                        |                                                                                                                                     |                                                         |                                   |
| INSPECTOR SIGNATURE                                                                                                                                                                                                                                                                                                                                                         |                                        | INSPECTION DATE                                                                                                                     |                                                         |                                   |
| <i>Dr. [Signature]</i>                                                                                                                                                                                                                                                                                                                                                      |                                        | 5-26-93                                                                                                                             |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                                                                                                                                                                                   |                                        | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                                                                                                                                                                                                             |                                        |                                                                                                                                     |                                                         | ➤ 229-6769                        |

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>93-174799</b>                                             | <b>APPLICATION NUMBER</b>               | <b>111879</b>                       |
| <b>JOB ADDRESS</b><br><b>7444 STONEY SHORE DR</b>        |                                                              | <b>INSPECTION NUMBER</b> <b>23</b>      |                                     |
| <b>LOT/BLOCK</b><br><b>79 B</b>                          | <b>RECORDED SUBDIVISION NAME</b><br><b>TENAYA WEST 1-A-4</b> |                                         |                                     |
| <b>FIRE DEPT. MAP NO.</b><br><b>2218-63</b>              | <b>JOB PHONE</b><br><b>477-8158</b>                          | <b>CALL-IN DATE</b><br><b>06/08/93</b>  | <b>CALL-IN TIME</b><br><b>14:11</b> |
| <b>INSPECTOR/NAME</b><br><b>DAVE MARSH - 70</b>          |                                                              | <b>SCHEDULE DATE</b><br><b>06/09/93</b> |                                     |
| <b>MARKETING/BUSINESS NAME</b>                           |                                                              |                                         |                                     |
| <b>INSPECTION REQUESTED</b>                              |                                                              | <b>FRAMING (120)</b>                    |                                     |

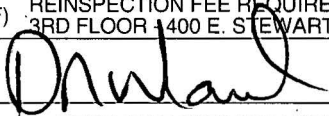
- SHAR TRANSFER GARAGE  
NOT ACCEPTABLE

- CRIMPED AC DUCT KIT AREA

- " " " DEN

- " " " UP ATTIC  
FLOOR TO DOWN STAIRS

- GAS HW VENT COLLAR  
IN GARAGE FIREWALL

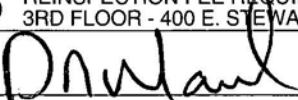
|                                                                                                                                        |                                                                                                                                                    |                                                                                       |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <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 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 1400 E. STEWART STREET.</b> |                                                                |
| <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                                        |                                                                                                                                                    |                                                                                       |                                                                |
| <b>INSPECTOR SIGNATURE</b><br>                      |                                                                                                                                                    | <b>INSPECTION DATE</b><br><b>6-9-93</b>                                               |                                                                |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |                                                                                       |                                                                |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |                                                                                       | <b>229-6769</b>                                                |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                              |                                             |                                  |                      |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------|----------------------|
|  <b>PERMIT NUMBER</b> 93-174799 |                                             | <b>APPLICATION NUMBER</b> 111879 |                      |
| JOB ADDRESS: 7444 STONEY SHORE DR                                                                            |                                             |                                  | INSPECTION NUMBER 22 |
| LOT/BLOCK 79 B                                                                                               | RECORDED SUBDIVISION NAME TENAYA WEST 1-A-4 |                                  |                      |
| FIRE DEPT. MAP NO. 2218-63                                                                                   | JOB PHONE 477-8158                          | CALL-IN DATE 06/08/93            | CALL-IN TIME 14:10   |
| SCHEDULE DATE 06/09/93                                                                                       |                                             |                                  |                      |
| INSPECTOR/NAME DAVE MARSH - 70                                                                               |                                             | MARKETING/BUSINESS NAME          |                      |
|  <b>INSPECTION REQUESTED</b> |                                             | EXTERIOR LATH/STUCCO (129)       |                      |

NO CARD

|                                                                                                                                 |                                                                                                                                     |                                       |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------|
| <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.                                                     |                                       |                                                                                              |
|                                              |                                                                                                                                     | INSPECTION DATE 6-9-93                |                                                                                              |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                                                              |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |  229-6769 |

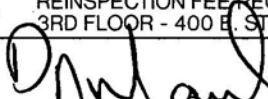
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                       |                                                                                                                                     |                                       |                                                         |                                          |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|-----------------|
| <input checked="" type="checkbox"/>                                                                                                                                   | <b>PERMIT NUMBER:</b>                                                                                                               | <b>93-174799</b>                      | <b>INSPECTION NUMBER</b>                                |                                          | <b>15</b>       |
| JOB ADDRESS                                                                                                                                                           |                                                                                                                                     | <b>7444 STONEY SHORE DR</b>           |                                                         |                                          | <b>111879</b>   |
| LOT NO.                                                                                                                                                               | <b>79</b>                                                                                                                           | BLOCK NO.                             | <b>B</b>                                                |                                          |                 |
|                                                                                                                                                                       |                                                                                                                                     | SUBDIVISION NAME                      |                                                         |                                          |                 |
|                                                                                                                                                                       |                                                                                                                                     | <b>TENAYA WEST 1-A-4</b>              |                                                         |                                          |                 |
| FIRE DEPT. MAP NO.                                                                                                                                                    | JOB PHONE                                                                                                                           |                                       | CALL-IN DATE                                            | CALL-IN TIME                             | SCHEDULE DATE   |
| <b>2218-63</b>                                                                                                                                                        | <b>477-8158</b>                                                                                                                     |                                       | <b>04/05/93</b>                                         | <b>13:25</b>                             | <b>04/06/93</b> |
| INSPECTOR NO.                                                                                                                                                         |                                                                                                                                     | INSPECTOR NAME                        |                                                         |                                          |                 |
| <b>67</b>                                                                                                                                                             |                                                                                                                                     | <b>JESSE SCHELL</b>                   |                                                         |                                          |                 |
| <b>INSPECTION REQUESTED</b>                                                                                                                                           |                                                                                                                                     | <b>PRE-SLAB (105)</b>                 |                                                         |                                          |                 |
| <p><b>PROPERTY LINE &amp; SETBACKS VERIFIED BY:</b></p> <p style="font-size: 1.5em; font-family: cursive;">Mhu 4/6/93</p> <hr style="border-top: 1px dashed black;"/> |                                                                                                                                     |                                       |                                                         |                                          |                 |
| <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                                                                                                                                                   |                                                                                                                                     | Jesse Schell                          |                                                         | INSPECTION DATE                          |                 |
|                                                                                                                                                                       |                                                                                                                                     |                                       |                                                         | 4-6-93                                   |                 |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                             | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                          |                 |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                       |                                                                                                                                     |                                       |                                                         |                                          | <b>229-6769</b> |

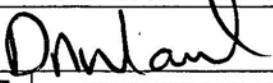
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                                                                                                                                     |                                          |                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                | <b>PERMIT<br/>NUMBER</b>                                                                                                            | 93-174799                                | <b>INSPECTION<br/>NUMBER</b>                               | 11                                   |
| JOB ADDRESS                                                                                                                        |                                                                                                                                     |                                          |                                                            |                                      |
| 7444 STONEY SHORE DR                                                                                                               |                                                                                                                                     |                                          | 111879                                                     |                                      |
| LOT NO.                                                                                                                            |                                                                                                                                     | BLOCK NO.                                | SUBDIVISION NAME                                           |                                      |
| 79                                                                                                                                 |                                                                                                                                     | B                                        | TENAYA WEST 1-A-4                                          |                                      |
| FIRE DEPT. MAP NO.                                                                                                                 | JOB PHONE                                                                                                                           | CALL-IN DATE                             | CALL-IN TIME                                               | SCHEDULE DATE                        |
| 2218-63                                                                                                                            | 477-8158                                                                                                                            | 05/03/93                                 | 13:36                                                      | 05/04/93                             |
| INSPECTOR NO.                                                                                                                      |                                                                                                                                     | INSPECTOR NAME                           |                                                            |                                      |
| 70                                                                                                                                 |                                                                                                                                     | DAVE MARSH                               |                                                            |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                                                                     | ROOF SHEATHING (107)                     |                                                            |                                      |
| <div style="font-size: 2em; margin-top: 10px;">- PUT CARD IN HOUSE</div>                                                           |                                                                                                                                     |                                          |                                                            |                                      |
| <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 checked="" 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                          |                                                            |                                      |
|                                                 |                                                                                                                                     | 5-4-93                                   |                                                            |                                      |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. OF 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 |                                                                                                                                     |                                          |                                                            | 229-6769                             |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                                                                                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|---------------------------------------------|-----------------------------------------------|----------------------------|--|--|--------------------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------|--------------------------------------------------|--|-----------------------------------------|--|------------------------------------------|------------------------------------|--|---------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>PERMIT NUMBER</b>                          | 93-174799                                                                                                                           | <b>INSPECTION NUMBER</b>                                | 1                                        |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| <b>JOB ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                                                                                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| 7444 STONEY SHORE DR 111879                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                                                                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| <b>LOT NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | <b>BLOCK NO.</b>                                                                                                                    |                                                         | <b>SUBDIVISION NAME</b>                  |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| 79                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               | B                                                                                                                                   |                                                         | TENAYA WEST 11-A-4                       |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | <b>JOB PHONE</b>                                                                                                                    |                                                         | <b>CALL-IN DATE</b>                      |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| 2218-63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | 477-8158                                                                                                                            |                                                         | 05/04/93                                 |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | <b>CALL-IN TIME</b>                                                                                                                 |                                                         | <b>SCHEDULE DATE</b>                     |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | 15:17                                                                                                                               |                                                         | 05/06/93                                 |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| <b>INSPECTOR NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | <b>INSPECTOR NAME</b>                                                                                                               |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               | DAVE MARSH                                                                                                                          |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                                                                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| SHEAR (109)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                                                                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| <p>- 36" AB GARAGE </p> <p>- 48" AB GARAGE </p> <p>- 2 AB LIV RM NE CORNER</p> <p>- 16" OC STUDS FRONT UP SHEAR </p> <p>- 16" OC STUDS MASTER BDRM </p> <p>CALL IN ROOF &amp; GET AB'S INSTALLED</p>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               |                                                                                                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/> PARTIAL INSPECTION</td> <td style="width:15%;"><input type="checkbox"/> PARTIAL APPROVAL (P)</td> <td colspan="3"><b>PARTIAL DESCRIPTION</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> APPROVED (A)</td> <td><input type="checkbox"/> STOP WORK (S)</td> <td><input type="checkbox"/> COMMENTS (C)</td> <td><input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL</td> <td><input type="checkbox"/> HOLD (H)</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> REJECTED (R)</td> <td colspan="2">REINSPECTION REQUIRED - CALL * 229-2071</td> <td rowspan="2"><input type="checkbox"/> PERMIT REQUIRED</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> REFEE (F)</td> <td colspan="2">REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</td> </tr> </table> |                                               |                                                                                                                                     |                                                         |                                          | <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 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. |  |
| <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 checked="" type="checkbox"/> REJECTED (R)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                                         | <input type="checkbox"/> PERMIT REQUIRED |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| <input type="checkbox"/> REFEE (F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                                                                                     | <b>INSPECTION DATE</b>                                  |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                                                                                                                     | 5-6-93                                                  |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT <span style="float: right;">229-6769</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                                                                                                     |                                                         |                                          |                                             |                                               |                            |  |  |                                                  |                                        |                                       |                                                         |                                   |                                                  |  |                                         |  |                                          |                                    |  |                                                                                 |  |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

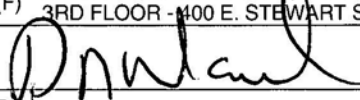
|                                                                                                                                                                                                   |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <b>X</b>                                                                                                                                                                                          | <b>PERMIT<br/>NUMBER</b>                                                                                                            | 93-174799                             | <b>APPLICATION<br/>NUMBER</b>                           | 111879                                   |
| JOB ADDRESS                                                                                                                                                                                       |                                                                                                                                     |                                       | INSPECTION NUMBER                                       |                                          |
| 7444 STONEY SHORE DR                                                                                                                                                                              |                                                                                                                                     |                                       | 38                                                      |                                          |
| LOT/BLOCK                                                                                                                                                                                         |                                                                                                                                     | RECORDED SUBDIVISION NAME             |                                                         |                                          |
| 79 B                                                                                                                                                                                              |                                                                                                                                     | TENAYA WEST 1-A-4                     |                                                         |                                          |
| FIRE DEPT. MAP NO.                                                                                                                                                                                | JOB PHONE                                                                                                                           | CALL-IN-DATE                          | CALL-IN TIME                                            | SCHEDULE DATE                            |
| 2218-63                                                                                                                                                                                           | 477-8158                                                                                                                            | 05/19/93                              | 09:10                                                   | 05/20/93                                 |
| INSPECTOR/NAME                                                                                                                                                                                    |                                                                                                                                     | MARKETING/BUSINESS NAME               |                                                         |                                          |
| DAVE MARSH - 70                                                                                                                                                                                   |                                                                                                                                     |                                       |                                                         |                                          |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                                                                                   |                                                                                                                                     | SHEAR (109)                           |                                                         |                                          |
| <p><b>- FRONT BED RMS  BOTH SIDES WINDOWS / H 6 EACH END OF SHEAR (4 TOTAL)</b></p> <p><b>- BLK &amp; NAIL SHEAR REAR UP</b></p> <p style="text-align: center; margin-top: 50px;"><b>LIST</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 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                       |                                                         |                                          |
|                                                                                                                                                                                                   |                                                                                                                                     | 5.20.93                               |                                                         |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                         | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                                   |                                                                                                                                     |                                       |                                                         | <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"/> PERMIT NUMBER | 93-174799                 | APPLICATION NUMBER      | 111879       |
| JOB ADDRESS                                       |                           | INSPECTION NUMBER       |              |
| 7444 STONEY SHORE DR                              |                           | 27                      |              |
| LOT/BLOCK                                         | RECORDED SUBDIVISION NAME |                         |              |
| 79 B                                              | TENAYA WEST 1-A-4         |                         |              |
| FIRE DEPT. MAP NO.                                | JOB PHONE                 | CALL-IN DATE            | CALL-IN TIME |
| 2218-63                                           | 477-8158                  | 06/09/93                | 14:33        |
| SCHEDULE DATE                                     |                           |                         |              |
| 06/10/93                                          |                           |                         |              |
| INSPECTOR/NAME                                    |                           | MARKETING/BUSINESS NAME |              |
| DAVE MARSH - 70                                   |                           |                         |              |
| INSPECTION REQUESTED                              |                           | FRAMING (120)           |              |

WHERE IS LIST OF 6-9-93

|                                                                                                                                 |                                                                                                                                     |                                       |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------|
| <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                                                                                                             | INSPECTION DATE                                                                                                                     |                                       |                                                                                              |
|                                              | 6-10-93                                                                                                                             |                                       |                                                                                              |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                                                              |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |  229-6769 |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                     |                                                                                    |                                                                                                                                        |                                                            |                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                                 | <b>PERMIT<br/>NUMBER</b>                                                           | 93-174799                                                                                                                              | <b>APPLICATION<br/>NUMBER</b>                              | 111879                                      |
| JOB ADDRESS<br><b>7444 STONEY SHORE DR</b>                                                                                                                                                                          |                                                                                    |                                                                                                                                        | INSPECTION NUMBER<br><b>18</b>                             |                                             |
| LOT/BLOCK<br><b>79 B</b>                                                                                                                                                                                            |                                                                                    | RECORDED SUBDIVISION NAME<br><b>TENAYA WEST 1-A-4</b>                                                                                  |                                                            |                                             |
| FIRE DEPT. MAP NO.<br><b>2218-63</b>                                                                                                                                                                                | JOB PHONE<br><b>477-8158</b>                                                       | CALL-IN-DATE<br><b>06/09/93</b>                                                                                                        | CALL-IN TIME<br><b>14:16</b>                               | SCHEDULE DATE<br><b>06/10/93</b>            |
| INSPECTOR/NAME<br><b>DAVE MARSH - 70</b>                                                                                                                                                                            |                                                                                    | MARKETING/BUSINESS NAME                                                                                                                |                                                            |                                             |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;"><b>INSPECTION<br/>REQUESTED</b></div> <div><b>EXTERIOR LATH/STUCCO (129)</b></div> </div> |                                                                                    |                                                                                                                                        |                                                            |                                             |
|                                                                                                                                                                                                                     |                                                                                    |                                                                                                                                        |                                                            |                                             |
| <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                                                                                                                                                                                              |                                                                                    | INSPECTION DATE                                                                                                                        |                                                            |                                             |
|                                                                                                                                                                                                                     |                                                                                    | <b>6-10-93</b>                                                                                                                         |                                                            |                                             |
|                                                                                                                                                                                                                     |                                                                                    |                                                                                                                                        |                                                            |                                             |
| <input type="checkbox"/> <b>PROJECT<br/>COMPLETE</b>                                                                                                                                                                |                                                                                    | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                            |                                             |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                                                  |                                                                                    |                                                                                                                                        |                                                            | <b>229-6769</b>                             |

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