

PERMIT NUMBER	92-163032	INSPECTION NUMBER	10
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JOB ADDRESS: **1968 EVENING GLOW DR.**

LOT NO. 103	BLOCK NO. 3	SUBDIVISION NAME VISIONS
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FIRE DEPT. MAP NO. 2216-55	JOB PHONE 256-9201	CALL-IN DATE 12/03/92	CALL-IN TIME 13:54	SCHEDULE DATE 12/04/92
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INSPECTOR NO. 84	INSPECTOR NAME BOB WARD
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INSPECTION REQUESTED **SMEAR (109)**

① Add A-35s to blocks to plate at kit-neck
 ② " Blocks at Hall bath
 ③ Block under micros at pantay-ball
 ④ Nail boundary front bedroom
 ⑤ " " Ledger above master
 ⑥ (Bracing) Block trusses B & C per calc's
 ⑦ Install 2-2x6s at A at gable to roof per plan.

Complete Above & recall

<input checked="" type="checkbox"/> PARTIAL INSPECTION	<input checked="" type="checkbox"/> PARTIAL APPROVAL (P)	PARTIAL DESCRIPTION OK to LATH
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<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)
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<input type="checkbox"/> REJECTED (R)	REINSPECTION REQUIRED - CALL * 229-2071	<input type="checkbox"/> PERMIT REQUIRED
<input type="checkbox"/> REFEED (F)	REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.	

INSPECTOR SIGNATURE <i>Bob Ward</i>	INSPECTION DATE 12-4-92
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<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)
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IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT **229-6765**

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

M	PERMIT NUMBER	92-163032	INSPECTION NUMBER	9
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JOB ADDRESS 1968 EVENING GLOW DR

LOT NO.	BLOCK NO.	SUBDIVISION NAME		
103	3	VISIONS		

FIRE DEPT. MAP NO.	JOB PHONE	CALL-IN DATE	CALL-IN TIME	SCHEDULE DATE
2216-55	256-9201	12/03/92	13:53	12/04/92

INSPECTOR NO.	INSPECTOR NAME
84	BOB WARD

INSPECTION REQUESTED	ROOF SHEATHING. (107)
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<input type="checkbox"/> PARTIAL INSPECTION	<input type="checkbox"/> PARTIAL APPROVAL (P)	PARTIAL DESCRIPTION
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<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)
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<input type="checkbox"/> REJECTED (R)	REINSPECTION REQUIRED - CALL * 229-2071.	<input checked="" 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>Bob Ward</i>	INSPECTION DATE 12-4-92
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For Additional Assistance Call * 229-6251. See Reverse Side For Inspection Types