

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

<input type="checkbox"/> PERMIT NUMBER		106,309		<input type="checkbox"/> INSPECTION NUMBER	
JOB ADDRESS 9441 Summer Rain					
LOT NO.		BLOCK NO.		SUBDIVISION NAME	
FIRE DEPT. MAP NO.		JOB PHONE		CALL-IN DATE 8-19-91	
				CALL-IN TIME 10:18	
				SCHEDULE DATE	
INSPECTOR NO. 70		INSPECTOR NAME DR MARSH			
<input type="checkbox"/> INSPECTION REQUESTED		129 & 125 LA 30/04			

Large empty area for notes or additional information.

<input type="checkbox"/> PARTIAL INSPECTION	<input type="checkbox"/> PARTIAL APPROVAL (P)	PARTIAL DESCRIPTION			
<input checked="" type="checkbox"/> APPROVED (A)	<input type="checkbox"/> STOP WORK (S)	<input type="checkbox"/> COMMENTS (C)	<input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL	<input type="checkbox"/> HOLD (H)	
<input type="checkbox"/> REJECTED (R)	REINSPECTION REQUIRED - CALL *799-2071			<input type="checkbox"/> PERMIT REQUIRED	
<input type="checkbox"/> REFEE (F)	REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.				
INSPECTOR SIGNATURE <i>Dr Marsh</i>			INSPECTION DATE 8-20-91		
<input type="checkbox"/> PROJECT COMPLETE	BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only)				

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

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

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JOB ADDRESS 9441 Summer Rain					
LOT NO.		BLOCK NO.		SUBDIVISION NAME	
FIRE DEPT. MAP NO.		JOB PHONE		CALL-IN DATE 8-19-91	
				CALL-IN TIME 1:18 P	
INSPECTOR NO. 710		INSPECTOR NAME DR MARSH			

**INSPECTION REQUESTED** 129 & 125 LA.../04

Empty grid area for inspection notes.

<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)	
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**INSPECTOR SIGNATURE** *Dr Marsh* **INSPECTION DATE** 8-20-91

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