

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                                                                                                                     |        |                                                                              |                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| JOB ADDRESS<br><span style="font-size: 1.5em; font-family: cursive;">2208 So Rainbow</span>                                                                                                                                                                         |        |                                                                              | PERMIT NO.                                                                              |
| LOT NO                                                                                                                                                                                                                                                              | MAP NO | INSPECTOR<br><span style="font-size: 1.5em; font-family: cursive;">53</span> | DATE                                                                                    |
| SUBDIVISION NAME                                                                                                                                                                                                                                                    |        |                                                                              | PHONE                                                                                   |
| INSPECTOR SIGNATURE<br><div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">INSPECTOR SIGNATURE</div> <div style="font-size: 2em; font-family: cursive; margin-left: 10px;">Allie</div> </div> |        |                                                                              | INSPECTION DATE<br><span style="font-size: 1.5em; font-family: cursive;">7-20-00</span> |

Optical

Permit Required

☐ PARTIAL INSPECTION - DESCRIPTION:

☐ APPROVED

☒ **PERMIT REQUIRED**

☐ STOP WORK

☐ REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071

| INSPECT                       | DESCRIPTION                                                                          | INSPECT                      | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
|-------------------------------|--------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|------------------------|
| <input type="checkbox"/> B-1  | FOOTING, LAYOUT, REBAR, ZONING                                                       | <input type="checkbox"/> P-1 | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2  | STEM WALL - FORMS & REBAR                                                            | <input type="checkbox"/> P-2 | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B-3  | PRE-SLAB                                                                             | <input type="checkbox"/> P-3 | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4  | ROOF SHEATHING                                                                       | <input type="checkbox"/> P-4 | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input type="checkbox"/> B-5  | FRAMING                                                                              | <input type="checkbox"/> P-5 | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER                  |
| <input type="checkbox"/> B-6  | INSULATION                                                                           | <input type="checkbox"/> P-6 | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7  | DRYWALL NAILING                                                                      | <input type="checkbox"/> P-7 | FINAL PLUMBING              |                              |                        |
| <input type="checkbox"/> B-8  | EXTERIOR LATH/STUCCO                                                                 |                              |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELETRICAL  |
| <input type="checkbox"/> B-9  | WALL GROUT & STEEL                                                                   | <input type="checkbox"/> M-1 | ROUGH VENT                  | <input type="checkbox"/> E-2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10 | <span style="border: 1px solid black; padding: 1px;">POOL</span> PRE-GUNITE          | <input type="checkbox"/> M-2 | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11 | <span style="border: 1px solid black; padding: 1px;">POOL</span> PRE-PLASTER / FINAL | <input type="checkbox"/> M-3 | FINAL MECHANICAL            | <input type="checkbox"/> E-4 | SIGN INSPECTION        |
| <input type="checkbox"/> B-12 | BUILDING FINAL                                                                       |                              |                             | <input type="checkbox"/> E-5 | FINAL ELECTRICAL       |
| <input type="checkbox"/> B-13 | CERT OF OCC                                                                          | <input type="checkbox"/> X-1 | KICKER / FLUSH              | <input type="checkbox"/> E-6 | TEMP POWER             |

☐ **FINAL INSPECTION**

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

**FOR ASSISTANCE -CALL: 393-6251**