

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

71

AIR CONDITIONING PERMIT  
GC# 92-140972-0000

PLAN CHECK NO.

L-86-C

DATE

April 14, 1992

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION

31-37 North Nellis Bl

OWNER

Charleston Commons Assoc.

PHONE

CONTRACTOR

Superior Air Conditioning, Inc.

STATE  
LICENSE NO.

0011591

CITY  
LICENSE NO.

c11250208625

LOT(s)

BLOCK

SUBDIVISION

ZONE

PROPOSED CONSTRUCTION

tenant improvement

USE

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                            |       |       |
| 1                        | For the issuance of each permit.                                                                                                                                                                                                                           | 16.05 | 16.05 |
|                          | For issuing each supplemental permit.                                                                                                                                                                                                                      | 4.85  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                            |       |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h.                                                                          | 9.65  |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance over 100,000 Btu/h.                                                                                          | 11.80 |       |
|                          | For the installation or relocation of each floor furnace, including vent.                                                                                                                                                                                  | 9.65  |       |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater.                                                                                                                                            | 9.65  |       |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit.                                                                                                                                  | 4.85  |       |
|                          | For the repair of, alteration of, or addition to each heating appliance, refrigeration unit, cooling unit, absorption unit, or each heating, cooling absorption, or evaporative cooling system, including installation of controls regulated by this code. | 9.65  |       |
|                          | For the installation or relocation of each boiler or compressor to and including three tons, or each absorption system to and including 100,000 Btu/h.                                                                                                     | 9.65  |       |
| 5                        | 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.                                                                        | 17.65 | 88.25 |
|                          | 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.                                                                      | 24.15 |       |
|                          | 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.                                                                | 35.85 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h.                                                                                                                | 59.95 |       |

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

| UNITS                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                                  | FEE            | TOTAL |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                    | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br><b>Note:</b> This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code. | 6.95           |       |
|                                    | For each air-handling unit over 10,000 cfm.                                                                                                                                                                                                                                                                                                  | 11.80          |       |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                        | 6.95           |       |
|                                    | For each ventilation fan. <span style="float:right">COMMERCIAL<br/>RESIDENTIAL</span>                                                                                                                                                                                                                                                        | 4.85<br>2.55   |       |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                         | 6.95           |       |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                                  | 6.95           |       |
|                                    | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                        | 4.85           |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                              |                |       |
|                                    | Inspections outside of normal business hours (minimum charge — three hours.)                                                                                                                                                                                                                                                                 | 25.00 per hour |       |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$15.00 EACH.                                                                                                                                                                                                                                         | 15.00 each     |       |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one-half hour).                                                                                                                                                                                                                                                     | 30.00 per hour |       |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours).                                                                                                                                                                                                                           | 30.00 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.                                                                                                                                                                        | 6.45           |       |

2310-2435

RECEIPT

\*\*0005\*\*

A/C 104.30

CHECK 104.30

3758A000 15:29

04/14/92

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.

PERMIT

FEE

\$104.30

BY

Spec. Contr. or Owner

BUILDING DEPT.

DATE

TOTAL

FEES

MUST BE MACHINE VALIDATED

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR



PERMIT NO.

92-140972

## DEVELOPMENT PERMIT

FOR: Commercial and Public Structures

LOG NO. &amp; AREA

286

DATE

3/6/92

CONST. VAL. \$

87,000

ADDRESS OF  
CONSTRUCTION

31 N. Nellis Blvd. OWNER SES Properties, Inc. PHONE 878-9761

CONTRACTOR

M J Lwan

STATE

LICENSE NO.

18155

CITY

LICENSE NO.

020308

LOT(S)

BLOCK

SUBDIVISION

ZONE

(201 C-1)

PROPOSED CONSTRUCTION:

Tenant Improvements

USE:

Family Rec. Facility

ADD'L. PERMITS REQ'D.:

Air Cond. ☒Elec. ☒Plumbing ☐Signs ☒Paving ☐Fence ☐Fire S.S. ☒Off-Site P. ☐

OCCUPANCY GROUP

A2.1

CONSTRUCTION TYPE

V-N SPRINKLERED

MATERIALS OF CONSTRUCTION:

Wood Frame ☒Concrete Block ☐Reinforced Concrete ☐Steel Frame ☐

SQUARE FEET OF FLOOR AREAS:

1st 8000

2nd

3rd

Other

TOTAL SQ. FT.

8000

ARCHITECT:

Moffitt Partnership

ENGINEER:

NO. of UNITS

NO. of STORIES

1

## OTHER INSPECTIONS AND FEES

1346A000 03/06CHEK

492.00

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 each.
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).

FOR INSPECTIONS, CALL 799-2071

## 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.

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.

## SPECIAL CONDITIONS:

TENANT  
IMPROVEMENT

SIGNED

CONTRACTOR

7114-3654 SEWER CONNECTION

BY

SES Properties

AGENT/OWNER

USE CODE

LICENSE DEPT.

DATE

FIXTURES

0 X EXISTING

PLANNING DEPT.

DATE

FEE

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.

2310-2431

PLAN REVIEW

2310-2401

BUILDING PERMIT

88100-1207

TRANSPORT

6122-3352

TORTOISE

88100-1211

WATER

TOTAL FEES

348.00

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

FIRE DEPARTMENT

BUILDING DEPT.

## RECEIPT

MUST BE PRESENT AT ALL TIMES

COMM 348.00

CHEK 348.00

2861A000 14:57

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work



LOG NO. &amp; AREA

L-86 92-C

DATE



84416

CONST. VAL.

1,225<sup>00</sup>

## DEPARTMENT OF FIRE SERVICES FIRE AND LIFE SAFETY SYSTEMS PERMIT

Elli's Job # 2563

TELEPHONE: 383-2888

92-142044

No. 3345

Carnaval Carnaval Arcade

ADDRESS OF CONSTRUCTION

31 North Nellis

OWNER

Elli's Ind. Ele.

CONTRACTOR

Div. of Cerberus

STATE LICENSE NO.

28580

CITY LICENSE NO.

14644

LOT(S)

BLOCK

SUBDIVISION

ZONE

PROPOSED CONSTRUCTION

Install Fire Alarm, Condu. &amp; by others

USE

FIRE PERMIT NO.

APPROVAL FOR THE WORK UNDER THIS PERMIT WILL BE GIVEN ONLY AFTER REFUSE AND DEBRIS HAVE BEEN REMOVED FROM JOB SITE AND PUBLIC RIGHT OF WAY.

| UNITS                             | DESCRIPTION                              | FEE | TOTAL |
|-----------------------------------|------------------------------------------|-----|-------|
| <b>PERMIT ISSUANCE</b>            |                                          |     |       |
| 1                                 | For Issuing Each Permit                  |     | 10.70 |
|                                   | For Issuing Each Supplemental Permit     |     |       |
| <b>LOW VOLTAGE INSTALLATIONS</b>  |                                          |     |       |
| 1                                 | Speaker Outlets (Each) Fire Alarm        |     | 30.00 |
|                                   | Signal or Alarm Outlets (Each)           |     |       |
|                                   | Amplifiers                               |     |       |
|                                   | Control Panel                            |     |       |
|                                   | Smoke Detectors                          |     |       |
|                                   | Telephone or Computer Outlet             |     |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                          |     |       |
|                                   | Halon Total Flooding Ext. System         |     |       |
|                                   | CO <sub>2</sub> Local Application System |     |       |
|                                   | Underground Water Distribution           |     |       |
|                                   | System Supplying Fire Systems            |     |       |
|                                   | Starter Permit                           |     |       |
|                                   | Contract Price of Cost of Installation   |     |       |
|                                   | Misc.                                    |     |       |
|                                   | Fire Pump(s)                             |     |       |
|                                   | On Site Water Supply                     |     |       |

| UNITS                                      | DESCRIPTION                                                                                                      | FEE | TOTAL |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----|-------|
|                                            | Gas System (plan check)                                                                                          |     |       |
|                                            | Each Gas Appliance (any type)                                                                                    |     |       |
|                                            | Standby Emergency (generating engines)                                                                           |     |       |
|                                            | Service Station Fuel Tank and Piping System                                                                      |     |       |
|                                            | Fuel Tanks (each)                                                                                                |     |       |
| <b>AUTOMATIC FIRE EXTINGUISHING SYSTEM</b> |                                                                                                                  |     |       |
|                                            | Underground Piping                                                                                               |     |       |
|                                            | Distribution Piping-per foot                                                                                     |     |       |
|                                            | Sprinkler Head                                                                                                   |     |       |
|                                            | In Range Hood and Vent                                                                                           |     |       |
|                                            | Dry Standpipe System                                                                                             |     |       |
|                                            | Piping                                                                                                           |     |       |
|                                            | Each Outlet                                                                                                      |     |       |
|                                            | Wet Standpipe System                                                                                             |     |       |
|                                            | Piping                                                                                                           |     |       |
|                                            | Fire Hose Cabinet                                                                                                |     |       |
| <b>SMOKE CONTROL SYSTEM</b>                |                                                                                                                  |     |       |
|                                            | Mechanical Ventilation                                                                                           |     |       |
|                                            | Natural Ventilation                                                                                              |     |       |
|                                            | For Onsite Water Contract Value. Fee Based on Building Code Permit Valuation Chart.                              |     |       |
| <b>OTHER INSPECTIONS AND FEES</b>          |                                                                                                                  |     |       |
|                                            | Inspections outside of normal business hours (minimum charge — three hours).                                     |     |       |
|                                            | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code.                            |     |       |
|                                            | Inspections for which no fee is specifically indicated (minimum charge — one half hour).                         |     |       |
|                                            | Additional plan review required by changes, additions or revisions to approved plans (minimum charge two hours). |     |       |

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 Ordinance of the City of Las Vegas, Nevada and the State Laws, whether herein specified or not.

*Franklin P. Ellis*  
Signed \_\_\_\_\_ Contractor

42

Master Card No.

4/10/92

By Fire Protection Engineer/Fire Marshal

DATE

FIXTURES

X

FEE \$ 30.00

PERMIT FEE \$ 10.70

TOTAL FEES \$ 40.70

Fire 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.

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## RECEIPT

\*\*0002\*\*

FIRE 40.70

CASH 40.70

3566A000 14:02

04/10/92

Must Be Machine Validated

## CITY OF LAS VEGAS, NEVADA

PERMIT NO. 92-142045

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTION

ELECTRICAL PERMIT

PLAN CHECK NO. L-86'92-C

84415

CONST. VAL. \$

N/A

ADDRESS OF  
CONSTRUCTION

31 North Nellis

OWNER

Ellis Industrial Electronics

CONTRACTOR

Div. of Cerberus, Tech.

STATE  
LICENSE NO.

28580

CITY  
LICENSE NO.

14644

(PRINT NAME OF MASTER ELECTRICIAN)

PROPOSED CONSTRUCTION:

Franklin D. Ellis  
Install Five Alarm, Conduit by GBE ElectricELECTRIC  
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>                                                                                                        |                                                                                                                                                                                                                                                                           |       |       |
|                                                                                                                               | For Issuing Each Permit                                                                                                                                                                                                                                                   | 10.70 |       |
|                                                                                                                               | Supplemental Fee                                                                                                                                                                                                                                                          | 4.85  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                       |                                                                                                                                                                                                                                                                           |       |       |
| <b>Residential or General Commercial</b>                                                                                      |                                                                                                                                                                                                                                                                           |       |       |
|                                                                                                                               | Receptacle _____ Switch _____                                                                                                                                                                                                                                             | .45   |       |
|                                                                                                                               | Each Light Fixture, Socket, or Exit Light,<br>Smoke Detector or Exhaust Fan                                                                                                                                                                                               | .35   |       |
|                                                                                                                               | 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 | .75   |       |
|                                                                                                                               | X-Ray Unit                                                                                                                                                                                                                                                                | 10.70 |       |
|                                                                                                                               | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                                         | 8.60  |       |
|                                                                                                                               | Each Additional 1,000 Watts                                                                                                                                                                                                                                               | 3.25  |       |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS,<br/>GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                                           |       |       |
|                                                                                                                               | First H.P. or Ton For each Unit                                                                                                                                                                                                                                           | 3.25  |       |
|                                                                                                                               | First KVA For Each Unit                                                                                                                                                                                                                                                   | 3.25  |       |
|                                                                                                                               | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                                 | .55   |       |
|                                                                                                                               | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                                  | .40   |       |
|                                                                                                                               | Temporary power or Pole                                                                                                                                                                                                                                                   | 6.45  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                    |                                                                                                                                                                                                                                                                           |       |       |
|                                                                                                                               | Up to 200 AMP                                                                                                                                                                                                                                                             | 6.45  |       |
|                                                                                                                               | 400 AMP And 600 AMP                                                                                                                                                                                                                                                       | 13.40 |       |
|                                                                                                                               | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                                  | 26.75 |       |
|                                                                                                                               | Over 1200 AMP                                                                                                                                                                                                                                                             | 53.50 |       |
|                                                                                                                               | Each Additional Meter Socket                                                                                                                                                                                                                                              | .55   |       |
|                                                                                                                               | Sub Panel, Motor Control Center,<br>Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                             | 3.25  |       |
|                                                                                                                               | Swimming Pool (Residential)                                                                                                                                                                                                                                               | 21.40 |       |
|                                                                                                                               | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                               | 32.10 |       |
|                                                                                                                               | Spas                                                                                                                                                                                                                                                                      | 8.60  |       |
|                                                                                                                               | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                                        | 3.25  |       |

See Five Permit # 3345

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

PERMIT  
FEE

N/A

LESS  
STARTER PERMITTOTAL  
FEES

N/A

BUILDING DEPT.

DATE

4/10/92

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                           | FEE               | TOTAL |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                              | 3.25              |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                          | 3.25              |       |
|                                                                               | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                   | 3.25              |       |
|                                                                               | Each Air Handler                                                                                                                                                                      | 1.10              |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                                       |                   |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                                | .35               |       |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                                        | .35               |       |
|                                                                               | Amplifiers                                                                                                                                                                            | 2.15              |       |
|                                                                               | Control Panel                                                                                                                                                                         | .55               |       |
|                                                                               | TV Master System                                                                                                                                                                      | .35               |       |
|                                                                               | Telephone or Computer Outlet                                                                                                                                                          | .35               |       |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                       |                   |       |
|                                                                               | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                        | 30.00<br>per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE<br>3-A of the Uniform Building Code = \$30.00 EACH.                                                                               | 30.00<br>each     |       |
|                                                                               | Inspections for which no fee is specifically<br>indicated (minimum charge — one-half hour).                                                                                           | 30.00<br>per hour |       |
|                                                                               | Additional plan review required by changes, additions<br>or revisions to approved plans (minimum charge —<br>one-half hour). After work hours — \$30.00 per hour<br>— minimum 1 hour. | 30.00<br>per hour |       |
|                                                                               | Starter Permit                                                                                                                                                                        | 50.00             |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                                       |                   |       |
|                                                                               | Commercial — Burglar Alarms                                                                                                                                                           |                   |       |
|                                                                               | — Music Systems                                                                                                                                                                       |                   |       |
|                                                                               | — Data Processing                                                                                                                                                                     |                   |       |
|                                                                               | — Communication                                                                                                                                                                       |                   |       |
|                                                                               | Conduit Only—Contract Price                                                                                                                                                           |                   |       |
|                                                                               | All Misc. Electric                                                                                                                                                                    |                   |       |

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

# 2310-2432

GB Electric  
Permit # 92 141059

04/10/92

RECEIPT

NOSL 0.00  
3567A000 14:02

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-161059

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS, CALL 799-2071

ELECTRICAL PERMIT  
BLDG PERMIT 92146572

LOG NO. &amp; AREA

L-86-C

DATE

4-1-92

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION

31 N. HELLIS BLVD. LV. NV.

OWNER

CARNIVAL CARNIVAL RESTAURANT

CONTRACTOR

G.B. ELECTRIC, INC.

STATE

LICENSE NO.

0023010 C-2

CITY

LICENSE NO.

029173

GLEN BROWER

(PRINT NAME OF MASTER ELECTRICIAN)

M1-0232

MASTER CARD NO.

PHONE 813-0172

PROPOSED CONSTRUCTION:

TENANT IMPROVEMENT

USE:

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

| UNITS                                                                                                                         | DESCRIPTION                                                                                                                                                                                                                                                               | FEE   | TOTAL |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                        |                                                                                                                                                                                                                                                                           |       |       |
| 1                                                                                                                             | For Issuing Each Permit                                                                                                                                                                                                                                                   | 10.70 | 10.70 |
|                                                                                                                               | Supplemental Fee                                                                                                                                                                                                                                                          | 4.85  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                       |                                                                                                                                                                                                                                                                           |       |       |
| <b>Residential or General Commercial</b>                                                                                      |                                                                                                                                                                                                                                                                           |       |       |
| 179                                                                                                                           | Receptacle 120 Switch 9                                                                                                                                                                                                                                                   | .45   | 58.05 |
| 94                                                                                                                            | Each Light Fixture, Socket, or Exit Light,<br>Smoke Detector or Exhaust Fan                                                                                                                                                                                               | .35   | 32.90 |
| 2                                                                                                                             | 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 | .75   | 150   |
|                                                                                                                               | X-Ray Unit                                                                                                                                                                                                                                                                | 10.70 |       |
|                                                                                                                               | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                                         | 8.60  |       |
|                                                                                                                               | Each Additional 1,000 Watts                                                                                                                                                                                                                                               | 3.25  |       |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS,<br/>GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                                           |       |       |
| 4                                                                                                                             | First H.P. or Ton For each Unit                                                                                                                                                                                                                                           | 3.25  | 13.00 |
|                                                                                                                               | First KVA For Each Unit                                                                                                                                                                                                                                                   | 3.25  |       |
|                                                                                                                               | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                                 | .55   |       |
|                                                                                                                               | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                                  | .40   |       |
|                                                                                                                               | Temporary power or Pole                                                                                                                                                                                                                                                   | 6.45  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                    |                                                                                                                                                                                                                                                                           |       |       |
| 1                                                                                                                             | Up to 200 AMP                                                                                                                                                                                                                                                             | 6.45  | 6.45  |
|                                                                                                                               | 400 AMP And 600 AMP                                                                                                                                                                                                                                                       | 13.40 |       |
|                                                                                                                               | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                                  | 26.75 |       |
|                                                                                                                               | Over 1200 AMP                                                                                                                                                                                                                                                             | 53.50 |       |
|                                                                                                                               | Each Additional Meter Socket                                                                                                                                                                                                                                              | .55   |       |
| 431                                                                                                                           | Sub Panel, Motor Control Center<br>Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                              | 3.25  | 3.25  |
|                                                                                                                               | Swimming Pool (Residential)                                                                                                                                                                                                                                               | 21.40 |       |
|                                                                                                                               | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                               | 32.10 |       |
|                                                                                                                               | Spas                                                                                                                                                                                                                                                                      | 8.60  |       |
|                                                                                                                               | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                                        | 3.25  |       |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                           | FEE               | TOTAL |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                              | 3.25              |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                          | 3.25              |       |
|                                                                               | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                   | 3.25              |       |
|                                                                               | Each Air Handler                                                                                                                                                                      | 1.10              |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                                       |                   |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                                | .35               |       |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                                        | .35               |       |
|                                                                               | Amplifiers                                                                                                                                                                            | 2.15              |       |
|                                                                               | Control Panel                                                                                                                                                                         | .55               |       |
|                                                                               | TV Master System                                                                                                                                                                      | .35               |       |
|                                                                               | Telephone or Computer Outlet                                                                                                                                                          | .35               |       |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                       |                   |       |
|                                                                               | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                        | 30.00<br>per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE<br>3-A of the Uniform Building Code = \$30.00 EACH.                                                                               | 30.00<br>each     |       |
|                                                                               | Inspections for which no fee is specifically<br>indicated (minimum charge — one-half hour).                                                                                           | 30.00<br>per hour |       |
|                                                                               | Additional plan review required by changes, additions<br>or revisions to approved plans (minimum charge —<br>one-half hour). After work hours — \$30.00 per hour<br>— minimum 1 hour. | 30.00<br>per hour |       |
|                                                                               | Starter Permit                                                                                                                                                                        | 50.00             |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                                       |                   |       |
|                                                                               | Commercial —Burglar Alarms                                                                                                                                                            |                   |       |
|                                                                               | —Music Systems                                                                                                                                                                        |                   |       |
|                                                                               | —Data Processing                                                                                                                                                                      |                   |       |
|                                                                               | —Communication                                                                                                                                                                        |                   |       |
|                                                                               | Conduit Only—Contract Price                                                                                                                                                           | 200               | 1300  |
|                                                                               | 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 04/01/92

## RECEIPT

\*\*0005\*\*

ELEC 138.85

CHEK 138.85

2915A000 13:31

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

138.85

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

MIT NO.

071

92-141059

ELECTRICAL PERMIT  
BLDG PERMIT 92140972LOG NO. & AREA L-86-C DATE 4-1-92

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 31 N. NELMS BLVD. LV. NV. OWNER CARNIVAL CARNIVAL RESTAURANT.CONTRACTOR G.B. ELECTRIC, INC.STATE LICENSE NO. 0023010 C-2CITY LICENSE NO. 029173

(PRINT NAME OF MASTER ELECTRICIAN)

MASTER CARD NO. 41-0232PHONE 813-0172PROPOSED CONSTRUCTION: TENANT IMPROVEMENT

USE:

ELECTRIC PERMIT NO.

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

| UNITS                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                    |                                                                                                                                                                                                                                                            |       |       |
| 1                                                                                                                         | For Issuing Each Permit                                                                                                                                                                                                                                    | 10.70 | 10.70 |
|                                                                                                                           | Supplemental Fee                                                                                                                                                                                                                                           | 4.85  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                            |       |       |
| <b>Residential or General Commercial</b>                                                                                  |                                                                                                                                                                                                                                                            |       |       |
| 12A                                                                                                                       | Receptacle <u>120</u> Switch <u>9</u>                                                                                                                                                                                                                      | .45   | 58.95 |
| 94                                                                                                                        | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                   | .35   | 32.90 |
| 2                                                                                                                         | EACH OUTLET FOR SPECIAL PURPOSE: Dishwasher, Garbage Grinder, Trash Compactor, G.F.I., Clothes Washer, Dryer, Electric Range, Ovens, Water Heater, Space Heater, Blast Coil Heater, (PER K.W.), Mercury Lamp, Quartz Lamp, Sodium Lamp, 20AMP Sign Circuit | .75   | 150   |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                                 | 10.70 |       |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                          | 8.60  |       |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                                | 3.25  |       |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                            |       |       |
| 4                                                                                                                         | First H.P. or Ton For each Unit                                                                                                                                                                                                                            | 3.25  | 13.00 |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                                    | 3.25  |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                  | .55   |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                   | .40   |       |
|                                                                                                                           | Temporary power or Pole                                                                                                                                                                                                                                    | 6.45  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                            |       |       |
| 1                                                                                                                         | Up to 200 AMP                                                                                                                                                                                                                                              | 6.45  | 6.45  |
|                                                                                                                           | 400 AMP And 600 AMP                                                                                                                                                                                                                                        | 13.40 |       |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                   | 26.75 |       |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                              | 53.50 |       |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                               | .55   |       |
| 1                                                                                                                         | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                  | 3.25  | 3.25  |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                                | 21.40 |       |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                | 32.10 |       |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                       | 8.60  |       |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                         | 3.25  |       |

| UNITS                                                                     | DESCRIPTION                                                                                                                                                                  | FEE            | TOTAL |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                           | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                     | 3.25           |       |
|                                                                           | Gas Pumps, Dispensers (Each)                                                                                                                                                 | 3.25           |       |
|                                                                           | Permanent A/C Unit (5 Tons or Less)                                                                                                                                          | 3.25           |       |
|                                                                           | Each Air Handler                                                                                                                                                             | 1.10           |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                              |                                                                                                                                                                              |                |       |
|                                                                           | Speaker Outlets (Each)                                                                                                                                                       | .35            |       |
|                                                                           | Signal or Alarm Outlets (Each)                                                                                                                                               | .35            |       |
|                                                                           | Amplifiers                                                                                                                                                                   | 2.15           |       |
|                                                                           | Control Panel                                                                                                                                                                | .55            |       |
|                                                                           | TV Master System                                                                                                                                                             | .35            |       |
|                                                                           | Telephone or Computer Outlet                                                                                                                                                 | .35            |       |
| <b>OTHER INSPECTIONS AND FEES: INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                              |                |       |
|                                                                           | Inspections outside of normal business hours (minimum charge - three hours)                                                                                                  | 30.00 per hour |       |
|                                                                           | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$30.00 EACH!                                                                         | 30.00 each     |       |
|                                                                           | Inspections for which no fee is specifically indicated (minimum charge - one-half hour).                                                                                     | 30.00 per hour |       |
|                                                                           | Additional plan review required by changes, additions or revisions to approved plans (minimum charge - one-half hour). After work hours - \$30.00 per hour - minimum 1 hour. | 30.00 per hour |       |
|                                                                           | Starter Permit                                                                                                                                                               | 50.00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                             |                                                                                                                                                                              |                |       |
|                                                                           | Commercial - Burglar Alarms                                                                                                                                                  |                |       |
|                                                                           | - Music Systems                                                                                                                                                              |                |       |
|                                                                           | - Data Processing                                                                                                                                                            |                |       |
|                                                                           | - Communication                                                                                                                                                              |                |       |
|                                                                           | Conduit Only-Contract Price                                                                                                                                                  | 200            | 1300  |
|                                                                           | 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 04/01/92

## RECEIPT

\*\*0005\*\*

ELEC 138.85

CHEK 138.85

2915A000 13:31

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

SIGNED HOMEOWNER, CONTRACTOR

BUILDING DEPT

DATE

PERMIT FEE

LESS STARTER PERMIT

TOTAL FEES 138.85

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

CITY OF LAS VEGAS  
DIVISION OF FIRE SERVICES

|                                                                                                                                    |                                                   |                                                          |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|
| PERMIT NUMBER                                                                                                                      |                                                   | INSPECTION NUMBER                                        |                                                              |
| JOB ADDRESS <b>31-33-35-37 N. Nellis Bl</b>                                                                                        |                                                   |                                                          |                                                              |
| PROJECT/SUBDIVISION NAME                                                                                                           |                                                   |                                                          |                                                              |
| FIRE DEPT. MAP NO.                                                                                                                 | JOB PHONE                                         | CALL-IN DATE                                             | CALL-IN TIME                                                 |
| INSPECTION REQUESTED:                                                                                                              |                                                   | SCHEDULE DATE                                            |                                                              |
| INSPECTOR NO. <b>603</b>                                                                                                           | INSPECTOR NAME <b>HINKLE</b>                      |                                                          |                                                              |
| <p>①. T.I. IN Progress--</p> <p>②. Sprinkler System Coverage</p> <p>Will have to be considered.</p> <p>③. UNKNOWN Occupancy. ?</p> |                                                   |                                                          |                                                              |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                        | <input type="checkbox"/> PARTIAL APPROVAL         | PARTIAL DESCRIPTION                                      |                                                              |
| <input type="checkbox"/> TEMPORARY APPROVAL                                                                                        | <input type="checkbox"/> FINAL APPROVAL           | <input type="checkbox"/> REJECTED RE-INSPECTION REQUIRED | <input type="checkbox"/> STOP WORK                           |
| INSPECTOR SIGNATURE <i>Jim Hinkle</i>                                                                                              |                                                   | INSPECTION DATE <b>04-13-92</b>                          | <input type="checkbox"/> PERMIT REQUIRED                     |
| <input type="checkbox"/> 501 UNDER/ABOVE GROUND TANK                                                                               | <input type="checkbox"/> 503 HOOD SYSTEM          | <input type="checkbox"/> 505 UNDERGROUND FINAL/FLOW      | <input type="checkbox"/> 507 SPRINKLER SYSTEM/OVERHEAD HYDRO |
| <input type="checkbox"/> 509 FIRE ALARM SYSTEM                                                                                     | <input type="checkbox"/> 513 EXTINGUISHING SYSTEM | <input type="checkbox"/> 515 MEDICAL GAS                 | <input type="checkbox"/> 517 LIQUID PETROLEUM GAS            |
| <input type="checkbox"/> 519 SUPERVISION MONITORING                                                                                | <input type="checkbox"/> 540 FINAL FIRE           | <input type="checkbox"/> 550 OTHER                       |                                                              |



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

DATE



80032

71

ELECTRICAL PERMIT

PLAN CHECK NO.

M-3007 - C

DATE

7-30-92

CONST. VAL. \$

550<sup>00</sup>ADDRESS OF  
CONSTRUCTION

31 N. Nellis

OWNER

CARNIVAL - CARNIVAL

CONTRACTOR

EAGLE SEWING, INC.

STATE  
LICENSE NO.

26894

CITY  
LICENSE NO.

35215

(PRINT NAME OF MASTER ELECTRICIAN)

RANDY D. SCHUHRE

MASTER CARD NO.

M2-0112

CONTRACTOR PHONE

736-8890

PROPOSED CONSTRUCTION:

BURGLAR Alarm SYSTEM

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 |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| PERMIT ISSUANCE                                                                                                        |                                                                                                                                                                                                                                                                           |       |       |
|                                                                                                                        | For Issuing Each Permit                                                                                                                                                                                                                                                   | 10.70 | 1070  |
|                                                                                                                        | Supplemental Fee                                                                                                                                                                                                                                                          | 4.85  |       |
| APPLIANCE CHARGE                                                                                                       |                                                                                                                                                                                                                                                                           |       |       |
|                                                                                                                        | Residential or General Commercial                                                                                                                                                                                                                                         |       |       |
|                                                                                                                        | Receptacle _____ Switch _____                                                                                                                                                                                                                                             | .45   |       |
|                                                                                                                        | Each Light Fixture, Socket, or Exit Light,<br>Smoke Detector or Exhaust Fan                                                                                                                                                                                               | .35   |       |
|                                                                                                                        | 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 | .75   |       |
|                                                                                                                        | X-Ray Unit                                                                                                                                                                                                                                                                | 10.70 |       |
|                                                                                                                        | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                                         | 8.60  |       |
|                                                                                                                        | Each Additional 1,000 Watts                                                                                                                                                                                                                                               | 3.25  |       |
| MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS,<br>GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS). |                                                                                                                                                                                                                                                                           |       |       |
|                                                                                                                        | First H.P. or Ton For each Unit                                                                                                                                                                                                                                           | 3.25  |       |
|                                                                                                                        | First KVA For Each Unit                                                                                                                                                                                                                                                   | 3.25  |       |
|                                                                                                                        | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                                 | .55   |       |
|                                                                                                                        | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                                  | .40   |       |
|                                                                                                                        | Temporary power or Pole                                                                                                                                                                                                                                                   | 6.45  |       |
| ELECTRIC SERVICE OR MAIN DISCONNECT                                                                                    |                                                                                                                                                                                                                                                                           |       |       |
|                                                                                                                        | Up to 200 AMP                                                                                                                                                                                                                                                             | 6.45  |       |
|                                                                                                                        | 400 AMP And 600 AMP                                                                                                                                                                                                                                                       | 13.40 |       |
|                                                                                                                        | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                                  | 26.75 |       |
|                                                                                                                        | Over 1200 AMP                                                                                                                                                                                                                                                             | 53.50 |       |
|                                                                                                                        | Each Additional Meter Socket                                                                                                                                                                                                                                              | .55   |       |
|                                                                                                                        | Sub Panel, Motor Control Center<br>Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                              | 3.25  |       |
|                                                                                                                        | Swimming Pool (Residential)                                                                                                                                                                                                                                               | 21.40 |       |
|                                                                                                                        | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                               | 32.10 |       |
|                                                                                                                        | Spas                                                                                                                                                                                                                                                                      | 8.60  |       |
|                                                                                                                        | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                                        | 3.25  |       |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                           | FEE               | TOTAL |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                              | 3.25              |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                          | 3.25              |       |
|                                                                               | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                   | 3.25              |       |
|                                                                               | Each Air Handler                                                                                                                                                                      | 1.10              |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                                       |                   |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                                | .35               |       |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                                        | .35               |       |
|                                                                               | Amplifiers                                                                                                                                                                            | 2.15              |       |
|                                                                               | Control Panel                                                                                                                                                                         | .55               |       |
|                                                                               | TV Master System                                                                                                                                                                      | .35               |       |
|                                                                               | Telephone or Computer Outlet                                                                                                                                                          | .35               |       |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                       |                   |       |
|                                                                               | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                        | 30.00<br>per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE<br>3-A of the Uniform Building Code = \$30.00 EACH                                                                                | 30.00<br>each     |       |
|                                                                               | Inspections for which no fee is specifically<br>indicated (minimum charge — one-half hour).                                                                                           | 30.00<br>per hour |       |
|                                                                               | Additional plan review required by changes, additions<br>or revisions to approved plans (minimum charge —<br>one-half hour): After work hours — \$30.00 per hour<br>— minimum 1 hour. | 30.00<br>per hour |       |
|                                                                               | Starter Permit                                                                                                                                                                        | 50.00             |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                                       |                   |       |
|                                                                               | Commercial — Burglar Alarms #550 <sup>00</sup>                                                                                                                                        |                   | 15    |
|                                                                               | — 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 04/30/92

## RECEIPT

\*\*0002\*\*

ELEC 25.70

CHEK 25.70

4854A000 15:01

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

PERMIT  
FEELESS  
STARTER PERMITTOTAL  
FEES

2570

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

LOG NO. &amp; AREA

M-3382-C



79368

CONST. VAL.

2800

92-145618

## DEPARTMENT OF FIRE SERVICES FIRE AND LIFE SAFETY SYSTEMS PERMIT

TELEPHONE: 383-2888

92-145618

No

3615

ADDRESS OF CONSTRUCTION

31 N. NELLIS

SITE 35

OWNER CARNAVAL CARNAVAL

CONTRACTOR

BRAVO FIRE

STATE LICENSE NO.

26261

CITY LICENSE NO.

C11-02338-2-033429

LOT(S)

BLOCK

SUBDIVISION

ZONE

PROPOSED CONSTRUCTION

RAISE SSP TO NEW CEILING ELEVATION USE

FIRE 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>            |                                          |      |       |
|                                   | For Issuing Each Permit                  | 10.7 | 10.7  |
|                                   | For Issuing Each Supplemental Permit     |      |       |
| <b>LOW VOLTAGE INSTALLATIONS</b>  |                                          |      |       |
|                                   | Speaker Outlets (Each)                   |      |       |
|                                   | Signal or Alarm Outlets (Each)           |      |       |
|                                   | Amplifiers                               |      |       |
|                                   | Control Panel                            |      |       |
|                                   | Smoke Detectors                          |      |       |
|                                   | Telephone or Computer Outlet             |      |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                          |      |       |
|                                   | Halon Total Flooding Ext. System         |      |       |
|                                   | CO <sub>2</sub> Local Application System |      |       |
|                                   | Underground Water Distribution           |      |       |
|                                   | System Supplying Fire Systems            |      |       |
|                                   | Starter Permit                           |      |       |
|                                   | Contract Price of Cost of Installation   |      |       |
|                                   | Misc.                                    |      |       |
|                                   | Fire Pump(s)                             |      |       |
|                                   | On Site Water Supply                     |      |       |

| UNITS                                      | DESCRIPTION                                                                                                      | FEE | TOTAL |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----|-------|
|                                            | Gas System (plan check)                                                                                          |     | 15.00 |
|                                            | Each Gas Appliance (any type)                                                                                    |     | 15.00 |
|                                            | Standby Emergency (generating engines)                                                                           |     | 15.00 |
|                                            | Service Station Fuel Tank and Piping System                                                                      |     | 15.00 |
|                                            | Fuel Tanks (each)                                                                                                |     | 15.00 |
| <b>AUTOMATIC FIRE EXTINGUISHING SYSTEM</b> |                                                                                                                  |     |       |
|                                            | Underground Piping                                                                                               |     |       |
|                                            | Distribution Piping-per foot                                                                                     |     |       |
|                                            | Sprinkler Head                                                                                                   | 52  | 52    |
|                                            | In Range Hood and Vent                                                                                           |     |       |
|                                            | Dry Standpipe System                                                                                             |     |       |
|                                            | Piping                                                                                                           |     |       |
|                                            | Each Outlet                                                                                                      |     |       |
|                                            | Wet Standpipe System                                                                                             |     |       |
|                                            | Piping                                                                                                           |     |       |
|                                            | Fire Hose Cabinet                                                                                                |     |       |
| <b>SMOKE CONTROL SYSTEM</b>                |                                                                                                                  |     |       |
|                                            | Mechanical Ventilation                                                                                           |     |       |
|                                            | Natural Ventilation                                                                                              |     |       |
|                                            | For Onsite Water Contract Value. Fee Based on Building Code Permit Valuation Chart.                              |     |       |
| <b>OTHER INSPECTIONS AND FEES</b>          |                                                                                                                  |     |       |
|                                            | Inspections outside of normal business hours (minimum charge — three hours).                                     |     |       |
|                                            | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code.                            |     |       |
|                                            | Inspections for which no fee is specifically indicated (minimum charge — one half hour).                         |     |       |
|                                            | Additional plan review required by changes, additions or revisions to approved plans (minimum charge two hours). |     |       |

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 Ordinance of the City of Las Vegas, Nevada and the State Laws, whether herein specified or not.

Signed

Contractor

Master Card No.

By Fire Protection Engineer/Fire Marshal

DATE

FIXTURES

X

FEE

\$

52

PERMIT FEE

\$

10.7

TOTAL FEES

\$

62.70

Fire 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.

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

## RECEIPT

\*\*0005\*\*

FIRE 62.70

CHEK 62.70

5760A000 14:24

05/14/92

Must Be Machine Validated

## CITY OF LAS VEGAS, NEVADA



MIT NO.

92-141059

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

071

ELECTRICAL PERMIT  
BLDG PERMIT 92140972

LOG NO. &amp; AREA

L-86-C

DATE

4-1-92

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION

31 N. NEWS BLVD. LV. NV.

OWNER

CARNIVAL CARNIVAL RESTAURANT

CONTRACTOR

G.B. ELECTRIC, INC.

STATE

LICENSE NO.

0023010 C-2

CITY

LICENSE NO.

029173

GLEN BROWER

(PRINT NAME OF MASTER ELECTRICIAN)

M1-0232

MASTER CARD NO.

PHONE 873-0172

PROPOSED CONSTRUCTION:

TENANT IMPROVEMENT

USE:

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

| UNITS                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                                   | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                    |                                                                                                                                                                                                                                                               |       |       |
| 1                                                                                                                         | For Issuing Each Permit                                                                                                                                                                                                                                       | 10.70 | 10.70 |
|                                                                                                                           | Supplemental Fee                                                                                                                                                                                                                                              | 4.85  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                               |       |       |
| <b>Residential or General Commercial</b>                                                                                  |                                                                                                                                                                                                                                                               |       |       |
| 12A                                                                                                                       | Receptacle 120 Switch 9                                                                                                                                                                                                                                       | .45   | 58.55 |
| 94                                                                                                                        | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                      | .35   | 32.40 |
| 2                                                                                                                         | EACH OUTLET FOR SPECIAL PURPOSE:<br>Dishwasher, Garbage Grinder, Trash Compactor, G.F.I., Clothes Washer, Dryer, Electric Range, Ovens, Water Heater, Space Heater, Blast Coil Heater, (PER K.W.), Mercury Lamp, Quartz Lamp, Sodium Lamp, 20AMP Sign Circuit | .75   | 150   |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                                    | 10.70 |       |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                             | 8.60  |       |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                                   | 3.25  |       |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                               |       |       |
| 4                                                                                                                         | First H.P. or Ton For each Unit                                                                                                                                                                                                                               | 3.25  | 13.00 |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                                       | 3.25  |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                     | .55   |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                      | .40   |       |
|                                                                                                                           | Temporary power or Pole                                                                                                                                                                                                                                       | 6.45  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                               |       |       |
| 1                                                                                                                         | Up to 200 AMP                                                                                                                                                                                                                                                 | 6.45  | 6.45  |
|                                                                                                                           | 400 AMP And 600 AMP                                                                                                                                                                                                                                           | 13.40 |       |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                      | 26.75 |       |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                                 | 53.50 |       |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                                  | .55   |       |
| 1                                                                                                                         | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                     | 3.25  | 3.25  |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                                   | 21.40 |       |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                   | 32.10 |       |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                          | 8.60  |       |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                            | 3.25  |       |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                  | FEE            | TOTAL |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                     | 3.25           |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                 | 3.25           |       |
|                                                                               | Permanent A/C Unit (5 Tons or Less)                                                                                                                                          | 3.25           |       |
|                                                                               | Each Air Handler                                                                                                                                                             | 1.10           |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                              |                |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                       | .35            |       |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                               | .35            |       |
|                                                                               | Amplifiers                                                                                                                                                                   | 2.15           |       |
|                                                                               | Control Panel                                                                                                                                                                | .55            |       |
|                                                                               | TV Master System                                                                                                                                                             | .35            |       |
|                                                                               | Telephone or Computer Outlet                                                                                                                                                 | .35            |       |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                              |                |       |
|                                                                               | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                  | 30.00 per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$30.00 EACH                                                                          | 30.00 each     |       |
|                                                                               | Inspections for which no fee is specifically indicated (minimum charge — one-half hour)                                                                                      | 30.00 per hour |       |
|                                                                               | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — one-half hour). After work hours — \$30.00 per hour — minimum 1 hour. | 30.00 per hour |       |
|                                                                               | Starter Permit                                                                                                                                                               | 50.00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                              |                |       |
|                                                                               | Commercial — Burglar Alarms                                                                                                                                                  |                |       |
|                                                                               | — Music Systems                                                                                                                                                              |                |       |
|                                                                               | — Data Processing                                                                                                                                                            |                |       |
|                                                                               | — Communication                                                                                                                                                              |                |       |
|                                                                               | Conduit Only—Contract Price                                                                                                                                                  | 200            | 1300  |
|                                                                               | All Misc. Electric                                                                                                                                                           |                | 200   |

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 04/01/92

## RECEIPT

\*\*0005\*\*

ELEC 138.85

CHEK 138.85

2915A000 13:31

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

PERMIT  
FEELESS  
STARTER PERMITTOTAL  
FEES 138.85

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

LOG NO. &amp; AREA

M-3609-C



CONST. VAL.

## DEPARTMENT OF FIRE SERVICES FIRE AND LIFE SAFETY SYSTEMS PERMIT

TELEPHONE: 383-2888

92-146662

No

3394

ADDRESS OF CONSTRUCTION

31  
37 NORTH NELLIS

OWNER

CARNIVAL CARNIVAL

CONTRACTOR ABLE ALARMS

STATE LICENSE NO. 20334

CITY LICENSE NO. 07871

LOT(S)

BLOCK

SUBDIVISION

ZONE

PROPOSED CONSTRUCTION

FIRE COMMUNICATOR PANEL

USE

FIRE PERMIT NO.

92-146662

APPROVAL FOR THE WORK UNDER THIS PERMIT WILL BE GIVEN ONLY AFTER REFUSE AND DEBRIS HAVE BEEN REMOVED FROM JOB SITE AND PUBLIC RIGHT OF WAY.

| UNITS                             | DESCRIPTION                              | FEE | TOTAL |
|-----------------------------------|------------------------------------------|-----|-------|
| <b>PERMIT ISSUANCE</b>            |                                          |     |       |
| 1                                 | For Issuing Each Permit                  |     | 10.70 |
|                                   | For Issuing Each Supplemental Permit     |     |       |
| <b>LOW VOLTAGE INSTALLATIONS</b>  |                                          |     |       |
|                                   | Speaker Outlets (Each)                   |     |       |
|                                   | Signal or Alarm Outlets (Each)           |     |       |
|                                   | Amplifiers                               |     |       |
|                                   | Control Panel                            |     |       |
|                                   | Smoke Detectors                          |     |       |
|                                   | Telephone or Computer Outlet             |     |       |
| <b>OTHER INSPECTIONS AND FEES</b> |                                          |     |       |
|                                   | Halon Total Flooding Ext. System         |     |       |
|                                   | CO <sub>2</sub> Local Application System |     |       |
|                                   | Underground Water Distribution           |     |       |
|                                   | System Supplying Fire Systems            |     |       |
|                                   | Starter Permit                           |     |       |
| 250                               | Contract Price of Cost of Installation   |     | 13.00 |
|                                   | Misc.                                    |     |       |
|                                   | Fire Pump(s)                             |     |       |
|                                   | On Site Water Supply                     |     |       |

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 Ordinance of the City of Las Vegas, Nevada and the State Laws, whether herein specified or not.

Signed

Contractor

Master Card No.

By Fire Protection Engineer/Fire Marshal

DATE

FIXTURES ..... X

FEE ..... \$ 13.00

PERMIT FEE ..... \$ 10.70

TOTAL FEES ..... \$ 23.70

Fire 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.

PERMIT EXPIRES 180 DAYS AFTER ABANDONMENT OF WORK

| UNITS                                      | DESCRIPTION                                                                                                      | FEE | TOTAL |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----|-------|
|                                            | Gas System (plan check)                                                                                          |     |       |
|                                            | Each Gas Appliance (any type)                                                                                    |     |       |
|                                            | Standby Emergency (generating engines)                                                                           |     |       |
|                                            | Service Station Fuel Tank and Piping System                                                                      |     |       |
|                                            | Fuel Tanks (each)                                                                                                |     |       |
| <b>AUTOMATIC FIRE EXTINGUISHING SYSTEM</b> |                                                                                                                  |     |       |
|                                            | Underground Piping                                                                                               |     |       |
|                                            | Distribution Piping-per foot                                                                                     |     |       |
|                                            | Sprinkler Head                                                                                                   |     |       |
|                                            | In Range Hood and Vent                                                                                           |     |       |
|                                            | Dry Standpipe System                                                                                             |     |       |
|                                            | Piping                                                                                                           |     |       |
|                                            | Each Outlet                                                                                                      |     |       |
|                                            | Wet Standpipe System                                                                                             |     |       |
|                                            | Piping                                                                                                           |     |       |
|                                            | Fire Hose Cabinet                                                                                                |     |       |
| <b>SMOKE CONTROL SYSTEM</b>                |                                                                                                                  |     |       |
|                                            | Mechanical Ventilation                                                                                           |     |       |
|                                            | Natural Ventilation                                                                                              |     |       |
|                                            | For Onsite Water Contract Value. Fee Based on Building Code Permit Valuation Chart.                              |     |       |
| <b>OTHER INSPECTIONS AND FEES</b>          |                                                                                                                  |     |       |
|                                            | Inspections outside of normal business hours (minimum charge — three hours).                                     |     |       |
|                                            | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code.                            |     |       |
|                                            | Inspections for which no fee is specifically indicated (minimum charge — one half hour).                         |     |       |
|                                            | Additional plan review required by changes, additions or revisions to approved plans (minimum charge two hours). |     |       |

## RECEIPT

\*\*0006\*\*

FIRE 23.70

CHEK 23.70

62B9A000 13:20

05/22/92

Must Be Machine Validated



## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-142045

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

ELECTRICAL PERMIT

PLAN CHECK NO. L-8692 CDATE 4-9-92CONST. VAL. \$ N/AADDRESS OF  
CONSTRUCTION31 North Nellis

OWNER

Ellis Industrial Electronics

CONTRACTOR

Div. of Cerberus, Tech

STATE

LICENSE NO.

28580

CITY

LICENSE NO.

14644(PRINT NAME OF MASTER ELECTRICIAN)  
Franklin D. EllisMASTER CARD NO. 42CONTRACTOR PHONE 453-5900

PROPOSED CONSTRUCTION:

Install Five Alarm, Conduit by GBE ElectricELECTRIC  
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>  |                                                                                                                                                                                                                                                                                  |       |       |
|                         | For Issuing Each Permit                                                                                                                                                                                                                                                          | 10.70 |       |
|                         | Supplemental Fee                                                                                                                                                                                                                                                                 | 4.85  |       |
| <b>APPLIANCE CHARGE</b> |                                                                                                                                                                                                                                                                                  |       |       |
|                         | <b>Residential or General Commercial</b>                                                                                                                                                                                                                                         |       |       |
|                         | Receptacle _____ Switch _____                                                                                                                                                                                                                                                    | .45   |       |
|                         | Each Light Fixture, Socket, or Exit Light,<br>Smoke Detector or Exhaust Fan                                                                                                                                                                                                      | .35   |       |
|                         | <b>EACH OUTLET FOR SPECIAL PURPOSE:</b><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 | .75   |       |
|                         | X-Ray Unit                                                                                                                                                                                                                                                                       | 10.70 |       |
|                         | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                                                | .860  |       |
|                         | Each Additional 1,000 Watts                                                                                                                                                                                                                                                      | 3.25  |       |
|                         | <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS,<br/>GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b>                                                                                                                                                    |       |       |
|                         | First H.P. or Ton For each Unit                                                                                                                                                                                                                                                  | 3.25  |       |
|                         | First KVA For Each Unit                                                                                                                                                                                                                                                          | 3.25  |       |
|                         | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                                        | .55   |       |
|                         | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                                         | .40   |       |
|                         | Temporary power or Pole                                                                                                                                                                                                                                                          | 6.45  |       |
|                         | <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                                                                                                                                                                       |       |       |
|                         | Up to 200 AMP                                                                                                                                                                                                                                                                    | 6.45  |       |
|                         | 400 AMP And 600 AMP                                                                                                                                                                                                                                                              | 13.40 |       |
|                         | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                                         | 26.75 |       |
|                         | Over 1200 AMP                                                                                                                                                                                                                                                                    | 53.50 |       |
|                         | Each Additional Meter Socket                                                                                                                                                                                                                                                     | .55   |       |
|                         | Sub Panel, Motor Control Center<br>Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                                     | 3.25  |       |
|                         | Swimming Pool (Residential)                                                                                                                                                                                                                                                      | 21.40 |       |
|                         | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                                      | 32.10 |       |
|                         | Spas                                                                                                                                                                                                                                                                             | 8.60  |       |
|                         | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                                               | 3.25  |       |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                           | FEE               | TOTAL |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                              | 3.25              |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                          | 3.25              |       |
|                                                                               | Permanent A/C Unit (5 Tons or Less)                                                                                                                                                   | 3.25              |       |
|                                                                               | Each Air Handler                                                                                                                                                                      | 1.10              |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                                       |                   |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                                | .35               |       |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                                        | .35               |       |
|                                                                               | Amplifiers                                                                                                                                                                            | 2.15              |       |
|                                                                               | Control Panel                                                                                                                                                                         | .55               |       |
|                                                                               | TV Master System                                                                                                                                                                      | .35               |       |
|                                                                               | Telephone or Computer Outlet                                                                                                                                                          | .35               |       |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                                       |                   |       |
|                                                                               | Inspections outside of normal business hours<br>(minimum charge — three hours)                                                                                                        | 30.00<br>per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE<br>3-A of the Uniform Building Code = \$30.00 EACH.                                                                               | 30.00<br>each     |       |
|                                                                               | Inspections for which no fee is specifically<br>indicated (minimum charge — one-half hour).                                                                                           | 30.00<br>per hour |       |
|                                                                               | Additional plan review required by changes, additions<br>or revisions to approved plans (minimum charge —<br>one-half hour). After work hours — \$30.00 per hour<br>— minimum 1 hour. | 30.00<br>per hour |       |
|                                                                               | Starter Permit                                                                                                                                                                        | 50.00             |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                                       |                   |       |
|                                                                               | Commercial — Burglar Alarms                                                                                                                                                           |                   |       |
|                                                                               | — Music Systems                                                                                                                                                                       |                   |       |
|                                                                               | — Data Processing                                                                                                                                                                     |                   |       |
|                                                                               | — Communication                                                                                                                                                                       |                   |       |
|                                                                               | Conduit Only—Contract Price                                                                                                                                                           |                   |       |
|                                                                               | All Misc. Electric                                                                                                                                                                    |                   |       |

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

RECEIPT

# 2310-2432

GB Electric  
Permit #92 141059

04/10/92

NOSL 0.00  
3567A000 14:02I 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  
Franklin D. EllisDB4/10/92

BUILDING DEPT.

DATE

PERMIT  
FEEN/ALESS  
STARTER PERMITTOTAL  
FEESN/A

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work.



## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-144194

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

ELECTRICAL PERMIT

PLAN CHECK NO. M-3007-C DATE 4-30-92 CONST. VAL. \$ 550<sup>00</sup>ADDRESS OF CONSTRUCTION 31 N. Nellis OWNER CARNIVAL - CARNIVALCONTRACTOR EAGLE SEWING, INC. STATE LICENSE NO. 26894 CITY LICENSE NO. 35215PRINT NAME OF MASTER ELECTRICIAN RANDY D. SCHUHARKE MASTER CARD NO. M2-0112 CONTRACTOR PHONE 736-8880PROPOSED CONSTRUCTION: BURGLAR ALARM SYSTEM

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 |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| PERMIT ISSUANCE                                                                                                    |                                                                                                                                                                                                                                                               |       |       |
|                                                                                                                    | For Issuing Each Permit                                                                                                                                                                                                                                       | 10.70 | 1070  |
|                                                                                                                    | Supplemental Fee                                                                                                                                                                                                                                              | 4.85  |       |
| APPLIANCE CHARGE                                                                                                   |                                                                                                                                                                                                                                                               |       |       |
|                                                                                                                    | Residential or General Commercial                                                                                                                                                                                                                             |       |       |
|                                                                                                                    | Receptacle _____ Switch _____                                                                                                                                                                                                                                 | .45   |       |
|                                                                                                                    | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                      | .35   |       |
|                                                                                                                    | EACH OUTLET FOR SPECIAL PURPOSE:<br>Dishwasher, Garbage Grinder, Trash Compactor, G.F.I., Clothes Washer, Dryer, Electric Range, Ovens, Water Heater, Space Heater, Blast Coil Heater, (PER K.W.), Mercury Lamp, Quartz Lamp, Sodium Lamp, 20AMP Sign Circuit | .75   |       |
|                                                                                                                    | X-Ray Unit                                                                                                                                                                                                                                                    | 10.70 |       |
|                                                                                                                    | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                             | 8.60  |       |
|                                                                                                                    | Each Additional 1,000 Watts                                                                                                                                                                                                                                   | 3.25  |       |
| MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS) |                                                                                                                                                                                                                                                               |       |       |
|                                                                                                                    | First H.P. or Ton For each Unit                                                                                                                                                                                                                               | 3.25  |       |
|                                                                                                                    | First KVA For Each Unit                                                                                                                                                                                                                                       | 3.25  |       |
|                                                                                                                    | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                     | .55   |       |
|                                                                                                                    | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                      | .40   |       |
|                                                                                                                    | Temporary power or Pole                                                                                                                                                                                                                                       | 6.45  |       |
| ELECTRIC SERVICE OR MAIN DISCONNECT                                                                                |                                                                                                                                                                                                                                                               |       |       |
|                                                                                                                    | Up to 200 AMP                                                                                                                                                                                                                                                 | 6.45  |       |
|                                                                                                                    | 400 AMP And 600 AMP                                                                                                                                                                                                                                           | 13.40 |       |
|                                                                                                                    | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                      | 26.75 |       |
|                                                                                                                    | Over 1200 AMP                                                                                                                                                                                                                                                 | 53.50 |       |
|                                                                                                                    | Each Additional Meter Socket                                                                                                                                                                                                                                  | .55   |       |
|                                                                                                                    | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                     | 3.25  |       |
|                                                                                                                    | Swimming Pool (Residential)                                                                                                                                                                                                                                   | 21.40 |       |
|                                                                                                                    | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                   | 32.10 |       |
|                                                                                                                    | Spas                                                                                                                                                                                                                                                          | 8.60  |       |
|                                                                                                                    | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                            | 3.25  |       |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                  | FEE            | TOTAL     |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                     | 3.25           |           |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                 | 3.25           |           |
|                                                                               | Permanent A/C Unit (5 Tons or Less)                                                                                                                                          | 3.25           |           |
|                                                                               | Each Air Handler                                                                                                                                                             | 1.10           |           |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                              |                |           |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                       | .35            |           |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                               | .35            |           |
|                                                                               | Amplifiers                                                                                                                                                                   | 2.15           |           |
|                                                                               | Control Panel                                                                                                                                                                | .55            |           |
|                                                                               | TV Master System                                                                                                                                                             | .35            |           |
|                                                                               | Telephone or Computer Outlet                                                                                                                                                 | .35            |           |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                              |                |           |
|                                                                               | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                  | 30.00 per hour |           |
|                                                                               | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$30.00 EACH.                                                                         | 30.00 each     |           |
|                                                                               | Inspections for which no fee is specifically indicated (minimum charge — one-half hour).                                                                                     | 30.00 per hour |           |
|                                                                               | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — one-half hour). After work hours — \$30.00 per hour — minimum 1 hour. | 30.00 per hour |           |
|                                                                               | Starter Permit                                                                                                                                                               | 50.00          |           |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                              |                |           |
|                                                                               | Commercial — Burglar Alarms <u>#550<sup>00</sup></u>                                                                                                                         |                | <u>15</u> |
|                                                                               | — 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 04/30/92

## RECEIPT

\*\*0002\*\*

ELEC 25.70

CHEK 25.70

4854A000 15:01

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

PERMIT FEE

LESS STARTER PERMIT

TOTAL FEES 25.70

PERMIT NO. \_\_\_\_\_

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 229-6251

FOR INSPECTIONS, CALL 229-2071

AIR CONDITIONING PERMIT  
GC# 92-140972PLAN CHECK NO. L-86-CDATE April 14, 1992

CONST. VAL. \$

ADDRESS OF CONSTRUCTION 31-37 North Nellis BlOWNER Charleston Commons Assoc.

PHONE

CONTRACTOR Superior Air Conditioning, Inc.STATE LICENSE NO. 0011591CITY LICENSE NO. c11250208625

LOT(s) BLOCK SUBDIVISION

ZONE:

PROPOSED CONSTRUCTION tenant improvement

USE:

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

| UNITS                    | DESCRIPTION                                                                                                                                                                                                                                                | FEE   | TOTAL |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>   |                                                                                                                                                                                                                                                            |       |       |
| 1                        | For the issuance of each permit.                                                                                                                                                                                                                           | 16.05 | 16.05 |
|                          | For issuing each supplemental permit.                                                                                                                                                                                                                      | 4.85  |       |
| <b>UNIT FEE SCHEDULE</b> |                                                                                                                                                                                                                                                            |       |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h.                                                                          | 9.65  |       |
|                          | For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance over 100,000 Btu/h.                                                                                          | 11.80 |       |
|                          | For the installation or relocation of each floor furnace, including vent.                                                                                                                                                                                  | 9.65  |       |
|                          | For the installation or relocation of each suspended heater, recessed wall heater or floor-mounted unit heater.                                                                                                                                            | 9.65  |       |
|                          | For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit.                                                                                                                                  | 4.85  |       |
|                          | For the repair of, alteration of, or addition to each heating appliance, refrigeration unit, cooling unit, absorption unit, or each heating, cooling absorption, or evaporative cooling system, including installation of controls regulated by this code. | 9.65  |       |
|                          | For the installation or relocation of each boiler or compressor to and including three tons, or each absorption system to and including 100,000 Btu/h.                                                                                                     | 9.65  |       |
| 5                        | 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.                                                                        | 17.65 | 88.25 |
|                          | 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.                                                                      | 24.15 |       |
|                          | 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.                                                                | 35.85 |       |
|                          | For the installation or relocation of each boiler or refrigeration compressor over 50 tons, or each absorption system over 1,750,000 Btu/h.                                                                                                                | 59.95 |       |

| UNITS                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                                  | FEE            | TOTAL |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                    | For each air-handling unit to and including 10,000 cubic feet per minute, including ducts attached thereto.<br><b>Note:</b> This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code. | 6.95           |       |
|                                    | For each air-handling unit over 10,000 cfm.                                                                                                                                                                                                                                                                                                  | 11.80          |       |
|                                    | For each evaporative cooler other than portable type.                                                                                                                                                                                                                                                                                        | 6.95           |       |
|                                    | For each ventilation fan. <b>COMMERCIAL</b>                                                                                                                                                                                                                                                                                                  | 4.85           |       |
|                                    | <b>RESIDENTIAL</b>                                                                                                                                                                                                                                                                                                                           | 2.55           |       |
|                                    | For each ventilation system which is not a portion of any heating or air-conditioning system authorized by a permit.                                                                                                                                                                                                                         | 6.95           |       |
|                                    | For the installation of each hood which is served by mechanical exhaust, including the ducts for such hood.                                                                                                                                                                                                                                  | 6.95           |       |
|                                    | For each fire damper installed in an existing system.                                                                                                                                                                                                                                                                                        | 4.85           |       |
| <b>OTHER INSPECTIONS AND FEES:</b> |                                                                                                                                                                                                                                                                                                                                              |                |       |
|                                    | Inspections outside of normal business hours (minimum charge — three hours).                                                                                                                                                                                                                                                                 | 25.00 per hour |       |
|                                    | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$15.00 EACH.                                                                                                                                                                                                                                         | 15.00 each     |       |
|                                    | Inspections for which no fee is specifically indicated (minimum charge — one-half hour).                                                                                                                                                                                                                                                     | 30.00 per hour |       |
|                                    | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — two hours).                                                                                                                                                                                                                           | 30.00 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.                                                                                                                                                                        | 6.45           |       |

2310-2435

RECEIPT

\*\*\*0005\*\*  
A/C 104.30  
CHECK 104.30  
3758A000 15:29

04/14/92

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

SIGNED [Signature] CONTRACTOR MASTER CARD NO.BY [Signature] Spec. Cont'r. or Owner

BUILDING DEPT.

DATE 4-19-92

PERMIT FEE \$104.30

TOTAL FEES

MUST BE MACHINE VALIDATED

# Certificate of Occupancy

City of Las Vegas, Nevada  
Department of Building & Safety

*This Certificate issued pursuant to the requirements of the Uniform Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the City regulating building construction or use. For the following:*

Building Permit No. 92-140972

Building Address 31 N. NELLIS Suite No. \_\_\_\_\_

Type of Construction TENANT IMPROV Occupancy Classification A2.1 Area: \_\_\_\_\_ S.F.

Building Owner's Name: SES PROPERTIES

Owner's Address: \_\_\_\_\_

Tenant's Name: CARNIVAL CARNIVAL ARCADE

Description of Use: FAMILY RECREATION ARCADE

Prepared By: D. INGRAM Date: 5/22/92

By: Paul K. Welkins

John E. Tucker  
Building Official

POST IN CONSPICUOUS PLACE



**DEPARTMENT OF BUILDING & SAFETY**  
**CITY OF LAS VEGAS, NEVADA**

**FOR INSPECTION CALL 229-2071**

92-140972

**Approved Plans Must Be on Job Site During Construction**

STREET NO. 31 N. Nellis  
MAP NO. L-86 '92  
DESCR. OF WORK T.I. Carnival Carnival - Kids Entertainment Center  
CONTRACTOR M.J. Lujan  
OWNER \_\_\_\_\_  
DATE ISSUED: 3/31/92

Building Permit No. 92-140972  
Electric Permit No. \_\_\_\_\_  
Plumbing Permit No. \_\_\_\_\_  
Air Cond. Permit No. \_\_\_\_\_  
Sewer Connection No. \_\_\_\_\_

| INSPECT                      | DESCRIPTION                    | APPROVED                | DATE |
|------------------------------|--------------------------------|-------------------------|------|
| <input type="checkbox"/> 101 | FOOTING, LAYOUT, REBAR, ZONING |                         |      |
| <input type="checkbox"/> 103 | STEM WALL—FORMS & REBAR        |                         |      |
| <input type="checkbox"/> 105 | PRE-SLAB                       |                         |      |
| <input type="checkbox"/> 111 | SIGN FOUNDATION/MOUNTING       | <b>ELEC INSP 71 CLV</b> |      |
| <input type="checkbox"/> 201 | UNDERGROUND ELECTRICAL         |                         |      |
| <input type="checkbox"/> 407 | UNDERSLAB PLUMBING             |                         |      |

**Pour No Concrete Until Above is Approved**

|                              |                                   |                         |            |
|------------------------------|-----------------------------------|-------------------------|------------|
| <input type="checkbox"/> 107 | ROOF SHEATHING                    |                         |            |
| <input type="checkbox"/> 109 | SHEAR                             |                         |            |
| <input type="checkbox"/> 120 | FRAMING                           |                         |            |
| <input type="checkbox"/> 123 | INSULATION                        | <b>ELEC INSP 71 CLV</b> |            |
| <input type="checkbox"/> 220 | ROUGH ELECTRICAL                  |                         |            |
| <input type="checkbox"/> 223 | LOW VOLTAGE ELECTRICAL            |                         |            |
| <input type="checkbox"/> 303 | ROUGH VENT MECH/PLBG INSP. 60 CLV | <b>4-17-92</b>          | <b>74R</b> |
| <input type="checkbox"/> 420 | TOP OUT—WATER, GAS, WASTE         |                         |            |

**Do Not Sheetrock Until Above is Approved**

|                                         |                           |                               |                |
|-----------------------------------------|---------------------------|-------------------------------|----------------|
| <input type="checkbox"/> 125            | DRYWALL NAILING           | <b>BLDG INSP 54 CLV</b>       | <b>4-17-92</b> |
| <input type="checkbox"/> 127            | CEILING GRID              | <b>BLDG INSP 54 CLV</b>       | <b>5-5-92</b>  |
| <input type="checkbox"/> 129            | EXTERIOR LATH/STUCCO      |                               |                |
| <input type="checkbox"/> 131            | WALL GROUT & STEEL        |                               |                |
| <input checked="" type="checkbox"/> 140 | BUILDING FINISH           | <b>BLDG INSP 54 CLV</b>       | <b>5-22-92</b> |
| <input type="checkbox"/> 150            | OTHER                     |                               |                |
| <input type="checkbox"/> 225            | SIGN INSPECTION           |                               |                |
| <input type="checkbox"/> 227            | CONSTRUCTION POWER        |                               |                |
| <input type="checkbox"/> 229            | TEMP POWER                |                               |                |
| <input type="checkbox"/> 231            | SERVICE CHANGE            |                               |                |
| <input type="checkbox"/> 235            | EMERGENCY ELECTRICAL TEST |                               |                |
| <input type="checkbox"/> 240            | FINAL ELECTRICAL          | <b>ELEC INSP 71 CLV</b>       | <b>5-13-92</b> |
| <input type="checkbox"/> 250            | OTHER                     |                               |                |
| <input type="checkbox"/> 305            | HOOD                      |                               |                |
| <input type="checkbox"/> 340            | FINAL MECHANICAL          | <b>MECH/PLBG INSP. 60 CLV</b> | <b>5-11-92</b> |
| <input type="checkbox"/> 350            | OTHER                     |                               |                |
| <input type="checkbox"/> 401            | ON SITE SEWER             |                               |                |
| <input type="checkbox"/> 403            | ON SITE WATER             |                               |                |

| INSPECT                                 | DESCRIPTION                 | APPROVED                      | DATE           |
|-----------------------------------------|-----------------------------|-------------------------------|----------------|
| <input type="checkbox"/> 405            | BUILDING SEWER (YARD LINES) |                               |                |
| <input type="checkbox"/> 423            | FINAL GAS TEST              |                               |                |
| <input type="checkbox"/> 440            | FINAL PLUMBING              |                               |                |
| <input type="checkbox"/> 443            | KICKER/FLUSH                |                               |                |
| <input type="checkbox"/> 445            | UNDERGROUND HYDRO           |                               |                |
| <input type="checkbox"/> 450            | OTHER                       |                               |                |
| <input type="checkbox"/> 501            | UNDER/ABOVE GROUND TANK     |                               |                |
| <input type="checkbox"/> 503            | HOOD SYSTEM                 |                               |                |
| <input type="checkbox"/> 505            | UNDERGROUND FINAL/FLOW      |                               |                |
| <input checked="" type="checkbox"/> 507 | SPRINKLER SYSTEM            | <b>Jim Hinkle</b>             | <b>5-18-92</b> |
| <input checked="" type="checkbox"/> 509 | FIRE ALARM                  | <b>Jim Hinkle</b>             | <b>5-14-92</b> |
| <input type="checkbox"/> 513            | EXTINGUISHING SYSTEM        |                               |                |
| <input type="checkbox"/> 515            | MEDICAL GAS                 |                               |                |
| <input type="checkbox"/> 517            | LIQUID PETROLEUM GAS        |                               |                |
| <input type="checkbox"/> 519            | SUPERVISION/MONITORING      |                               |                |
| <input checked="" type="checkbox"/> 540 | FINAL FIRE                  | <b>Jim Hinkle</b>             | <b>5-14-92</b> |
| <input type="checkbox"/> 550            | OTHER                       | <b>Bluff form #404 4/2/92</b> |                |
| <input type="checkbox"/> 640            | PLANNING COMPLETE           |                               |                |
| <input type="checkbox"/> 901            | POOL PRE-GUNITE             |                               |                |
| <input type="checkbox"/> 910            | POOL PRE-PLASTER/FINAL      |                               |                |
| <input type="checkbox"/> 913            | TRAILER                     |                               |                |
| <input type="checkbox"/> 915            | INVESTIGATION               |                               |                |
| <input checked="" type="checkbox"/> 940 | CERT. OF OCCUPANCY          | <b>BLDG INSP 54 CLV</b>       | <b>5-22-92</b> |

Occupancy Approval  
Planning Dept. Pat Allen  
Quality Cont. N/A  
Fire Dept. Jim Hinkle - 5-19-92  
Bldg. Dept. **BLDG INSP 54 CLV** **5-22-92** **RS**

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

**FOR TECHNICAL ASSISTANCE CALL: 229-6916**

**POST THIS CARD ON FRONT OF BUILDING**



## CITY OF LAS VEGAS, NEVADA

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR



NO.

92-146663

## ELECTRICAL PERMIT

LOG NO. &amp; AREA

M-3609-C

DATE

5/22/92

CONST. VAL. \$

ADDRESS OF  
CONSTRUCTION

31 NORTH NELLIS

OWNER

CARNIVAL CARNIVAL

CONTRACTOR A ABLE LOCK &amp; ALARM INC

STATE

LICENSE NO.

20334

CITY

LICENSE NO.

07871

WILLIAM A SCHAFF

(PRINT NAME OF MASTER ELECTRICIAN)

99

MASTER CARD NO.

PHONE 382-2822

PROPOSED CONSTRUCTION:

FIRE COMMUNICATOR PANEL

USE:

ELECTRIC

PERMIT NO.

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

| UNITS                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                                          | FEE   | TOTAL |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| <b>PERMIT ISSUANCE</b>                                                                                                    |                                                                                                                                                                                                                                                                      |       |       |
|                                                                                                                           | For Issuing Each Permit                                                                                                                                                                                                                                              | 10.70 |       |
|                                                                                                                           | Supplemental Fee                                                                                                                                                                                                                                                     | 4.85  |       |
| <b>APPLIANCE CHARGE</b>                                                                                                   |                                                                                                                                                                                                                                                                      |       |       |
|                                                                                                                           | <b>Residential or General Commercial</b>                                                                                                                                                                                                                             |       |       |
|                                                                                                                           | Receptacle _____ Switch _____                                                                                                                                                                                                                                        | .45   |       |
|                                                                                                                           | Each Light Fixture, Socket, or Exit Light, Smoke Detector or Exhaust Fan                                                                                                                                                                                             | .35   |       |
|                                                                                                                           | <b>EACH OUTLET FOR SPECIAL PURPOSE:</b><br>Dishwasher, Garbage Grinder, Trash Compactor, G.F.I., Clothes Washer, Dryer, Electric Range, Ovens, Water Heater, Space Heater, Blast Coil Heater, (PER K.W.), Mercury Lamp, Quartz Lamp, Sodium Lamp, 20AMP Sign Circuit | .75   |       |
|                                                                                                                           | X-Ray Unit                                                                                                                                                                                                                                                           | 10.70 |       |
|                                                                                                                           | Area Lighting (First 3,000 Watts)                                                                                                                                                                                                                                    | 8.60  |       |
|                                                                                                                           | Each Additional 1,000 Watts                                                                                                                                                                                                                                          | 3.25  |       |
| <b>MOTORS (1 H.P. AND OVER) TRANSFORMERS, ELEVATORS, WELDERS, GENERATORS, CHILLERS, SIGNS AND A/C UNITS (OVER 5 TONS)</b> |                                                                                                                                                                                                                                                                      |       |       |
|                                                                                                                           | First H.P. or Ton for each Unit                                                                                                                                                                                                                                      | 3.25  |       |
|                                                                                                                           | First KVA For Each Unit                                                                                                                                                                                                                                              | 3.25  |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA up to 50                                                                                                                                                                                                                            | .55   |       |
|                                                                                                                           | Each Additional H.P., Ton or KVA over 50                                                                                                                                                                                                                             | .40   |       |
|                                                                                                                           | Temporary power or Pole                                                                                                                                                                                                                                              | 6.45  |       |
| <b>ELECTRIC SERVICE OR MAIN DISCONNECT</b>                                                                                |                                                                                                                                                                                                                                                                      |       |       |
|                                                                                                                           | Up to 200 AMP                                                                                                                                                                                                                                                        | 6.45  |       |
|                                                                                                                           | 400 AMP And 600 AMP                                                                                                                                                                                                                                                  | 13.40 |       |
|                                                                                                                           | Over 600 AMP To 1200 AMP                                                                                                                                                                                                                                             | 26.75 |       |
|                                                                                                                           | Over 1200 AMP                                                                                                                                                                                                                                                        | 53.50 |       |
|                                                                                                                           | Each Additional Meter Socket                                                                                                                                                                                                                                         | .55   |       |
|                                                                                                                           | Sub Panel, Motor Control Center Disconnect Switch, Transfer Switch (Each)                                                                                                                                                                                            | 3.25  |       |
|                                                                                                                           | Swimming Pool (Residential)                                                                                                                                                                                                                                          | 21.40 |       |
|                                                                                                                           | Swimming Pool (Semi-Public)                                                                                                                                                                                                                                          | 32.10 |       |
|                                                                                                                           | Spas                                                                                                                                                                                                                                                                 | 8.60  |       |
|                                                                                                                           | Recreational Vehicle Spaces (Each)                                                                                                                                                                                                                                   | 3.25  |       |

| UNITS                                                                         | DESCRIPTION                                                                                                                                                                  | FEE            | TOTAL |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
|                                                                               | Busways-Trolley or Plug-in (Ea. 100 Ft.)                                                                                                                                     | 3.25           |       |
|                                                                               | Gas Pumps, Dispensers (Each)                                                                                                                                                 | 3.25           |       |
|                                                                               | Permanent A/C Unit (5 Tons or Less)                                                                                                                                          | 3.25           |       |
|                                                                               | Each Air Handler                                                                                                                                                             | 1.10           |       |
| <b>RESIDENTIAL LOW VOLTAGE INSTALLATIONS</b>                                  |                                                                                                                                                                              |                |       |
|                                                                               | Speaker Outlets (Each)                                                                                                                                                       | .35            |       |
|                                                                               | Signal or Alarm Outlets (Each)                                                                                                                                               | .35            |       |
|                                                                               | Amplifiers                                                                                                                                                                   | 2.15           |       |
|                                                                               | Control Panel                                                                                                                                                                | .55            |       |
|                                                                               | TV Master System                                                                                                                                                             | .35            |       |
|                                                                               | Telephone or Computer Outlet                                                                                                                                                 | .35            |       |
| <b>OTHER INSPECTIONS AND FEES:<br/>INCLUDES ISSUANCE FEES WHEN APPLICABLE</b> |                                                                                                                                                                              |                |       |
|                                                                               | Inspections outside of normal business hours (minimum charge — three hours)                                                                                                  | 30.00 per hour |       |
|                                                                               | Reinspection fee assessed under provisions of TABLE 3-A of the Uniform Building Code = \$30.00 EACH.                                                                         | 30.00 each     |       |
|                                                                               | Inspections for which no fee is specifically indicated (minimum charge — one-half hour).                                                                                     | 30.00 per hour |       |
|                                                                               | Additional plan review required by changes, additions or revisions to approved plans (minimum charge — one-half hour). After work hours — \$30.00 per hour — minimum 1 hour. | 30.00 per hour |       |
|                                                                               | Starter Permit                                                                                                                                                               | 50.00          |       |
| <b>CONTRACT PRICE OR COST OF INSTALLATION</b>                                 |                                                                                                                                                                              |                |       |
|                                                                               | Commercial —Burglar Alarms                                                                                                                                                   |                |       |
|                                                                               | —Music Systems                                                                                                                                                               |                |       |
|                                                                               | —Data Processing                                                                                                                                                             |                |       |
|                                                                               | —Communication                                                                                                                                                               |                |       |
|                                                                               | Conduit Only—Contract Price                                                                                                                                                  |                |       |
|                                                                               | All Misc. Electric                                                                                                                                                           |                |       |

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

05/22/92

# 2310-2432

## RECEIPT

NOSL 0.00  
6290A000 13:20

SEE PERMIT # 3394

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

PERMIT  
FEELESS  
STARTER PERMITTOTAL  
FEES

BUILDING DEPT.

DATE

PERMIT NO.

MUST BE MACHINE VALIDATED

Permit Expires 180 Days After Abandonment of Work

CITY OF LAS VEGAS  
DIVISION OF FIRE SERVICES

|                                                                       |                                                    |                                                          |                                          |
|-----------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|------------------------------------------|
| PERMIT NUMBER<br>92-145618                                            |                                                    | INSPECTION NUMBER                                        |                                          |
| JOB ADDRESS<br>31 N. Nells Blvd                                       |                                                    |                                                          |                                          |
| PROJECT/SUBDIVISION NAME                                              |                                                    |                                                          |                                          |
| FIRE DEPT. MAP NO.                                                    | JOB PHONE<br>3894521                               | CALL-IN DATE<br>5-14-92                                  | CALL-IN TIME<br>9-242P                   |
| SCHEDULE DATE                                                         |                                                    |                                                          |                                          |
| INSPECTOR NO.<br>613                                                  | INSPECTOR NAME<br>mosley                           |                                                          |                                          |
| INSPECTION REQUESTED:                                                 |                                                    |                                                          |                                          |
| Final on sprinkler system = all off.                                  |                                                    |                                                          |                                          |
| no plans requiring per Dave Bourman                                   |                                                    |                                                          |                                          |
| Hoods were only taken up to                                           |                                                    |                                                          |                                          |
| new cycling. permit was obtained.                                     |                                                    |                                                          |                                          |
| 304 / 329 / 332                                                       |                                                    |                                                          |                                          |
| <input checked="" type="checkbox"/> PARTIAL INSPECTION                | <input type="checkbox"/> PARTIAL APPROVAL          | PARTIAL DESCRIPTION                                      |                                          |
| <input type="checkbox"/> TEMPORARY APPROVAL                           | <input checked="" type="checkbox"/> FINAL APPROVAL | <input type="checkbox"/> REJECTED RE-INSPECTION REQUIRED | <input type="checkbox"/> STOP WORK       |
| INSPECTOR SIGNATURE<br>J. Mosley                                      |                                                    | INSPECTION DATE<br>5-18-92                               | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> 501 UNDER/ABOVE GROUND TANK                  | <input type="checkbox"/> 509 FIRE ALARM SYSTEM     | <input type="checkbox"/> 517 LIQUID PETROLEUM GAS        |                                          |
| <input type="checkbox"/> 503 HOOD SYSTEM                              | <input type="checkbox"/> 513 EXTINGUISHING SYSTEM  | <input type="checkbox"/> 519 SUPERVISION MONITORING      |                                          |
| <input type="checkbox"/> 505 UNDERGROUND FINAL/FLOW                   | <input type="checkbox"/> 515 MEDICAL GAS           | <input type="checkbox"/> 540 FINAL FIRE                  |                                          |
| <input type="checkbox"/> 507 SPRINKLER SYSTEM/OVERHEAD HYDRO          |                                                    | <input type="checkbox"/> 550 OTHER                       |                                          |
| FOR INSPECTIONS CALL: 229-2071 FOR FURTHER INFORMATION CALL: 383-2888 |                                                    |                                                          |                                          |

**CITY OF LAS VEGAS  
DIVISION OF FIRE SERVICES**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                          |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|------------------------------------------|------------------------------------------------------|------------------------------------------------|---------------------------------------------------|------------------------------------------|---------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|---------------------------------|------------------------------------------|
| PERMIT NUMBER <b>92140972</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    | INSPECTION NUMBER                                        |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| JOB ADDRESS <b>31 N. Nellis Blvd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                          |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| PROJECT/SUBDIVISION NAME <b>n 648-3303</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                          |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| FIRE DEPT. MAP NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | JOB PHONE <b>3790542</b>                           | CALL-IN DATE <b>5-19-92</b>                              | CALL-IN TIME <b>5 222 P</b>              |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| INSPECTOR NO. <b>603</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | INSPECTOR NAME <b>HINKLE</b>                             |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| INSPECTION REQUESTED: <b>1315 -</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                          |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| <p><i>Reference Report: 05-19-92</i></p> <p>① <i>Emergency Lighting: Two Add'l Units Added And Test O.K.</i></p> <p><i>one UNIT repaired + O.K.</i></p> <p>2. (A) <i>Copy of Fire Alarm Inspection AND MAINTENANCE CONTRACT <u>Received.</u></i></p> <p><i>NOTE MONITORING of F/A System Pending: Installation by A-Ables May be Tomorrow.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                          |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> PARTIAL INSPECTION</td> <td><input type="checkbox"/> PARTIAL APPROVAL</td> <td colspan="2">PARTIAL DESCRIPTION</td> </tr> <tr> <td><input type="checkbox"/> TEMPORARY APPROVAL</td> <td><input checked="" type="checkbox"/> FINAL APPROVAL</td> <td><input type="checkbox"/> REJECTED RE-INSPECTION REQUIRED</td> <td><input type="checkbox"/> STOP WORK</td> </tr> <tr> <td colspan="2">INSPECTOR SIGNATURE <i>Jim Hinkle</i></td> <td>INSPECTION DATE <b>05-20-92</b></td> <td><input type="checkbox"/> PERMIT REQUIRED</td> </tr> </table>                                                                                                  |                                                    |                                                          |                                          | <input type="checkbox"/> PARTIAL INSPECTION          | <input type="checkbox"/> PARTIAL APPROVAL      | PARTIAL DESCRIPTION                               |                                          | <input type="checkbox"/> TEMPORARY APPROVAL       | <input checked="" type="checkbox"/> FINAL APPROVAL  | <input type="checkbox"/> REJECTED RE-INSPECTION REQUIRED | <input type="checkbox"/> STOP WORK       | INSPECTOR SIGNATURE <i>Jim Hinkle</i>              |                                                              | INSPECTION DATE <b>05-20-92</b> | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> PARTIAL APPROVAL          | PARTIAL DESCRIPTION                                      |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| <input type="checkbox"/> TEMPORARY APPROVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> FINAL APPROVAL | <input type="checkbox"/> REJECTED RE-INSPECTION REQUIRED | <input type="checkbox"/> STOP WORK       |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| INSPECTOR SIGNATURE <i>Jim Hinkle</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | INSPECTION DATE <b>05-20-92</b>                          | <input type="checkbox"/> PERMIT REQUIRED |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| <table style="width:100%;"> <tr> <td><input type="checkbox"/> 501 UNDER/ABOVE GROUND TANK</td> <td><input type="checkbox"/> 509 FIRE ALARM SYSTEM</td> <td><input type="checkbox"/> 517 LIQUID PETROLEUM GAS</td> </tr> <tr> <td><input type="checkbox"/> 503 HOOD SYSTEM</td> <td><input type="checkbox"/> 513 EXTINGUISHING SYSTEM</td> <td><input type="checkbox"/> 519 SUPERVISION MONITORING</td> </tr> <tr> <td><input type="checkbox"/> 505 UNDERGROUND FINAL/FLOW</td> <td><input type="checkbox"/> 515 MEDICAL GAS</td> <td><input checked="" type="checkbox"/> 540 FINAL FIRE</td> </tr> <tr> <td><input type="checkbox"/> 507 SPRINKLER SYSTEM/OVERHEAD HYDRO</td> <td></td> <td><input type="checkbox"/> 550 OTHER</td> </tr> </table> |                                                    |                                                          |                                          | <input type="checkbox"/> 501 UNDER/ABOVE GROUND TANK | <input type="checkbox"/> 509 FIRE ALARM SYSTEM | <input type="checkbox"/> 517 LIQUID PETROLEUM GAS | <input type="checkbox"/> 503 HOOD SYSTEM | <input type="checkbox"/> 513 EXTINGUISHING SYSTEM | <input type="checkbox"/> 519 SUPERVISION MONITORING | <input type="checkbox"/> 505 UNDERGROUND FINAL/FLOW      | <input type="checkbox"/> 515 MEDICAL GAS | <input checked="" type="checkbox"/> 540 FINAL FIRE | <input type="checkbox"/> 507 SPRINKLER SYSTEM/OVERHEAD HYDRO |                                 | <input type="checkbox"/> 550 OTHER       |
| <input type="checkbox"/> 501 UNDER/ABOVE GROUND TANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 509 FIRE ALARM SYSTEM     | <input type="checkbox"/> 517 LIQUID PETROLEUM GAS        |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| <input type="checkbox"/> 503 HOOD SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> 513 EXTINGUISHING SYSTEM  | <input type="checkbox"/> 519 SUPERVISION MONITORING      |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| <input type="checkbox"/> 505 UNDERGROUND FINAL/FLOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> 515 MEDICAL GAS           | <input checked="" type="checkbox"/> 540 FINAL FIRE       |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| <input type="checkbox"/> 507 SPRINKLER SYSTEM/OVERHEAD HYDRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    | <input type="checkbox"/> 550 OTHER                       |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |
| <p align="center">FOR INSPECTIONS CALL: 229-2071      FOR FURTHER INFORMATION CALL: 383-2888</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                          |                                          |                                                      |                                                |                                                   |                                          |                                                   |                                                     |                                                          |                                          |                                                    |                                                              |                                 |                                          |

**CITY OF LAS VEGAS  
DIVISION OF FIRE SERVICES**

|                                                                                                                                                                                                                                                |                                                    |                                                          |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|------------------------------------------|
| PERMIT NUMBER <b>92140972</b>                                                                                                                                                                                                                  |                                                    | INSPECTION NUMBER                                        |                                          |
| JOB ADDRESS <b>31 N Nellis</b>                                                                                                                                                                                                                 |                                                    |                                                          |                                          |
| PROJECT/SUBDIVISION NAME                                                                                                                                                                                                                       |                                                    |                                                          |                                          |
| FIRE DEPT. MAP NO.                                                                                                                                                                                                                             | JOB PHONE <b>379 0542</b>                          | CALL-IN DATE <b>5/18/92</b>                              | CALL-IN TIME <b>835</b>                  |
| INSPECTOR NO. <b>603</b>                                                                                                                                                                                                                       |                                                    | INSPECTOR NAME <b>HINKLE</b>                             |                                          |
| INSPECTION REQUESTED <b>13.15 Hrs - 1</b> <span style="float:right"><b>Jim -</b></span>                                                                                                                                                        |                                                    |                                                          |                                          |
|                                                                                                                                                                                                                                                |                                                    |                                                          |                                          |
|                                                                                                                                                                                                                                                |                                                    |                                                          |                                          |
| <p>①. Reference Report Checklist Pending: 05-14-92..</p> <p>Item # 1 thru 6 Corrected Except</p> <p>Item # 4.. (Emergency Lighting Units).. Two</p> <p>UNITS to be Added + Repair one unit-AT</p> <p>Entrance -- Call For Re-Inspection --</p> |                                                    |                                                          |                                          |
|                                                                                                                                                                                                                                                |                                                    |                                                          |                                          |
| <p>②. Reference Report Fire Alarm Test: 05-14-92..</p> <p>A. Contract of Inspection + Maintenance of Fire Alarm System Pending --</p> <p>B. Monitoring Contract signed by Able..</p> <p>Installation Pending:</p>                              |                                                    |                                                          |                                          |
|                                                                                                                                                                                                                                                |                                                    |                                                          |                                          |
| <p>③. Fire Final - Approved --</p>                                                                                                                                                                                                             |                                                    |                                                          |                                          |
|                                                                                                                                                                                                                                                |                                                    |                                                          |                                          |
|                                                                                                                                                                                                                                                |                                                    |                                                          |                                          |
|                                                                                                                                                                                                                                                |                                                    |                                                          |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                                    | <input type="checkbox"/> PARTIAL APPROVAL          | PARTIAL DESCRIPTION                                      |                                          |
| <input type="checkbox"/> TEMPORARY APPROVAL                                                                                                                                                                                                    | <input checked="" type="checkbox"/> FINAL APPROVAL | <input type="checkbox"/> REJECTED RE-INSPECTION REQUIRED | <input type="checkbox"/> STOP WORK       |
| INSPECTOR SIGNATURE <i>Jim Hinkle</i>                                                                                                                                                                                                          |                                                    | INSPECTION DATE <b>05-19-92</b>                          | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> 501 UNDER/ABOVE GROUND TANK                                                                                                                                                                                           | <input type="checkbox"/> 509 FIRE ALARM SYSTEM     | <input type="checkbox"/> 517 LIQUID PETROLEUM GAS        |                                          |
| <input type="checkbox"/> 503 HOOD SYSTEM                                                                                                                                                                                                       | <input type="checkbox"/> 513 EXTINGUISHING SYSTEM  | <input type="checkbox"/> 519 SUPERVISION MONITORING      |                                          |
| <input type="checkbox"/> 505 UNDERGROUND FINAL/FLOW                                                                                                                                                                                            | <input type="checkbox"/> 515 MEDICAL GAS           | <input checked="" type="checkbox"/> 540 FINAL FIRE       |                                          |
| <input type="checkbox"/> 507 SPRINKLER SYSTEM/OVERHEAD HYDRO                                                                                                                                                                                   |                                                    | <input type="checkbox"/> 550 OTHER                       |                                          |
| FOR INSPECTIONS CALL: 229-2071 FOR FURTHER INFORMATION CALL: 383-2888                                                                                                                                                                          |                                                    |                                                          |                                          |



**CITY OF LAS VEGAS  
DIVISION OF FIRE SERVICES**

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------------|
| PERMIT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | INSPECTION NUMBER                                        |                                          |
| JOB ADDRESS <u>31 N. NELLIS BL.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                          |                                          |
| PROJECT/SUBDIVISION NAME <u>CARNIVAL CARNIVAL</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |                                                          |                                          |
| FIRE DEPT. MAP NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | JOB PHONE                                         | CALL-IN DATE                                             | CALL-IN TIME                             |
| INSPECTOR NO. <u>603</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | INSPECTOR NAME <u>HINKLE</u>                             |                                          |
| INSPECTION REQUESTED: <u>CHECK-LIST -- (Pending)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                          |
| <div>OK</div> <p>①. INTERIOR FLOOR FINISH: <u>A</u> occupancy <u>CLASS II</u><br/>SPRINKLER SYSTEM EXCEPTION: NOT REQUIRED.</p> <p>②. CARPET ON <u>WALLS</u> SHALL HAVE A CLASS <u>I</u> FLAME SPREAD. DOCUMENT OF CERTIFICATE REQUIRED WITH SAMPLE ATTACHED.</p> <p>③. OVERHEAD SPRINKLER SYSTEM SHALL BE INSPECTED.<br/>(MODIFICATION HAS BEEN PERFORMED -- PERMIT &amp; PLANS REQUIRED FROM CITY FIRE PROTECTION ENGINEER).</p> <p>④. EMERGENCY LIGHTING UNITS TO BE TESTED.</p> <p>⑤. POST OCCUPANT LOAD: <u>486</u>.</p> <p>⑥. POST BUILDING ADDRESS NUMBER --</p> |                                                   |                                                          |                                          |
| <p>NOTE: General Contractor shall call for Fire Final - when ready --</p> <p align="center">- Copy given to owner -</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                          |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> PARTIAL APPROVAL         | PARTIAL DESCRIPTION                                      |                                          |
| <input type="checkbox"/> TEMPORARY APPROVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> FINAL APPROVAL           | <input type="checkbox"/> REJECTED RE-INSPECTION REQUIRED | <input type="checkbox"/> STOP WORK       |
| INSPECTOR SIGNATURE: <u>Jim Hinkle</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   | INSPECTION DATE: <u>05-14-92</u>                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> 501 UNDER/ABOVE GROUND TANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> 509 FIRE ALARM SYSTEM    | <input type="checkbox"/> 517 LIQUID PETROLEUM GAS        |                                          |
| <input type="checkbox"/> 503 HOOD SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> 513 EXTINGUISHING SYSTEM | <input type="checkbox"/> 519 SUPERVISION MONITORING      |                                          |
| <input type="checkbox"/> 505 UNDERGROUND FINAL/FLOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> 515 MEDICAL GAS          | <input type="checkbox"/> 540 FINAL FIRE                  |                                          |
| <input type="checkbox"/> 507 SPRINKLER SYSTEM/OVERHEAD HYDRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   | <input type="checkbox"/> 550 OTHER                       |                                          |
| FOR INSPECTIONS CALL: 229-2071 FOR FURTHER INFORMATION CALL: 383-2888                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                                                          |                                          |

**CITY OF LAS VEGAS  
DIVISION OF FIRE SERVICES**

*test p.m.  
Call 30 min prior*

|                                                                                                                                                       |                                                             |                                                          |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|------------------------------------------|
| PERMIT NUMBER <b>92 142044</b>                                                                                                                        |                                                             | INSPECTION NUMBER                                        |                                          |
| JOB ADDRESS <b>31 N. Nellis Blvd</b>                                                                                                                  |                                                             |                                                          |                                          |
| PROJECT/SUBDIVISION NAME <b>Carnival Carnival Arcade Lisa @ Ellis Island</b>                                                                          |                                                             |                                                          |                                          |
| FIRE DEPT. MAP NO.                                                                                                                                    | JOB PHONE <b>453 5900</b>                                   | CALL-IN DATE <b>5-13-92</b>                              | CALL-IN TIME <b>6234P</b>                |
| SCHEDULE DATE                                                                                                                                         |                                                             |                                                          |                                          |
| INSPECTOR NO. <b>603</b>                                                                                                                              | INSPECTOR NAME <b>HINKLE</b> <i>(Gene - Ellis Electric)</i> |                                                          |                                          |
| INSPECTION REQUESTED: <b>1100 hrs - Fire Alarm Test:</b>                                                                                              |                                                             |                                                          |                                          |
|                                                                                                                                                       |                                                             | #                                                        | Alarm                                    |
|                                                                                                                                                       |                                                             | Supv                                                     |                                          |
| <b>MANUAL Pull STATIONS</b>                                                                                                                           |                                                             | <b>5</b>                                                 | <b>O.K.</b>                              |
|                                                                                                                                                       |                                                             | <b>O.K.</b>                                              |                                          |
|                                                                                                                                                       |                                                             | Audibles                                                 | Supv                                     |
| <b>Audibles: HORNS + MINI Horns</b>                                                                                                                   |                                                             | <b>9</b>                                                 | <b>O.K.</b>                              |
|                                                                                                                                                       |                                                             | <b>O.K.</b>                                              |                                          |
| <b>NOTE: 24-Hour Battery Test Completed</b>                                                                                                           |                                                             | <b>O.K.</b>                                              |                                          |
| <p>① Pending: A Copy of Inspection CONTRACT ON FIRE ALARM SYSTEM --</p> <p>② Monitoring OF FIRE ALARM PANEL Required Copy of CONTRACT Required --</p> |                                                             |                                                          |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                                           | <input type="checkbox"/> PARTIAL APPROVAL                   | PARTIAL DESCRIPTION                                      |                                          |
| <input type="checkbox"/> TEMPORARY APPROVAL                                                                                                           | <input checked="" type="checkbox"/> FINAL APPROVAL          | <input type="checkbox"/> REJECTED RE-INSPECTION REQUIRED | <input type="checkbox"/> STOP WORK       |
| INSPECTOR SIGNATURE <i>Jim Hinkle</i>                                                                                                                 |                                                             | INSPECTION DATE <b>05-14-92</b>                          | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> 501 UNDER/ABOVE GROUND TANK                                                                                                  | <input checked="" type="checkbox"/> 509 FIRE ALARM SYSTEM   | <input type="checkbox"/> 517 LIQUID PETROLEUM GAS        |                                          |
| <input type="checkbox"/> 503 HOOD SYSTEM                                                                                                              | <input type="checkbox"/> 513 EXTINGUISHING SYSTEM           | <input type="checkbox"/> 519 SUPERVISION MONITORING      |                                          |
| <input type="checkbox"/> 505 UNDERGROUND FINAL/FLOW                                                                                                   | <input type="checkbox"/> 515 MEDICAL GAS                    | <input type="checkbox"/> 540 FINAL FIRE                  |                                          |
| <input type="checkbox"/> 507 SPRINKLER SYSTEM/OVERHEAD HYDRO                                                                                          |                                                             | <input type="checkbox"/> 550 OTHER                       |                                          |
| FOR INSPECTIONS CALL: 229-2071 FOR FURTHER INFORMATION CALL: 383-2888                                                                                 |                                                             |                                                          |                                          |

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

92-140972

54

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS, CALL 799-2071

DEVELOPMENT PERMIT

FOR: Commercial and Public Structures

LOG NO. & AREA L 86DATE 3/6/92CONST. VAL. \$ 87,000ADDRESS OF CONSTRUCTION 315 N. Nellis Blvd. OWNER Carnival Carnivals, Inc. PHONE 878-9761CONTRACTOR M J Lewan STATE LICENSE NO. 19155 CITY LICENSE NO. 020308LOT(s) A PT SE 4, SE 4 SEC 32 T 20S R 62E BLOCK 1 SUBDIVISION 1 ZONE: (R-C-1)PROPOSED CONSTRUCTION: Tenant Improvements USE: Family Rec. FacilityADD'L. PERMITS REQ'D: Air Cond. ☒ Elec. ☒ Plumbing ☐ Signs ☒ Paving ☐ Fence ☐ Fire S.S. ☒ Off-Site P. ☐OCCUPANCY GROUP A2.1 CONSTRUCTION TYPE V-N SPRINKLEREDMATERIALS OF CONSTRUCTION: Wood Frame ☒ Concrete Block ☐ Reinforced Concrete ☐ Steel Frame ☐SQUARE FEET OF FLOOR AREAS: 1st 8000 2nd - 3rd - Other - TOTAL SQ. FT. 8000ARCHITECT: Moffitt Partnership ENGINEER: plan review NO. of UNITS 1 NO. of STORIES 1

## OTHER INSPECTIONS AND FEES

1346A000 03/06CHEK 492.00

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 each.
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).

FOR INSPECTIONS, CALL 799-2071

## 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.

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.

## SPECIAL CONDITIONS:

TENANT  
IMPROVEMENTSIGNED [Signature] CONTRACTORBY [Signature] SES Properties AGENT/OWNERDATE 3/6/92DATE 3/6/92PLANNING DEPT. DATE 3/6/92

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

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER [Signature] DATE 3/30/92FIRE DEPARTMENT [Signature] DATE 3/31/92BUILDING DEPT. [Signature] DATE 3/31/92

7114-3654 SEWER CONNECTION

USE CODE

FIXTURES 0 X EXISTING

FEE

2310-2431

PLAN REVIEW

2310-2401

BUILDING PERMIT

88100-1207

TRANSPORT

6122-3352

TORTOISE

88100-1211

WATER

TOTAL FEES

509.00  
(161.00)

## RECEIPT

MUST BE MACHINE VALIDATED

COMM 348.00

CHEK 348.00

2861A000 14:57

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work

## CITY OF LAS VEGAS, NEVADA

PERMIT NO.

91-127083

DEPARTMENT OF BUILDING AND SAFETY  
PHONE 386-6251

FOR INSPECTIONS CALL 799-2071

## DEVELOPMENT PERMIT

FOR: Commercial and Public Structures

LOG NO. &amp; AREA

M-8702



CONST. VAL. \$

6000.00

ADDRESS OF  
CONSTRUCTION

31 N. NEWS BLVD

OWNER

POSTAL PLUS

PHONE

368-4848

CONTRACTOR

TRIDENT CONST. CORP.

STATE  
LICENSE NO.

12706

CITY  
LICENSE NO.

C11 272 2 08390

LOT(S)

BLOCK

SUBDIVISION

ZONE

PT. SE 4, SE 4, SEC. 32, T20S, R62E

B-1 (POI)

PROPOSED CONSTRUCTION:

INTERIOR REMODEL (FRAMING, DRYWALL &amp; COUNTER)

ADD'L. PERMITS REQ'D:

Air Cond. ☐Elec. ☐Plumbing ☐Signs ☐Paving ☐Fence ☐Fire S.S. ☐Off-Site P. ☐

OCCUPANCY GROUP

B-2

CONSTRUCTION TYPE

MATERIALS OF CONSTRUCTION:

Wood Frame ☐Concrete Block ☐Reinforced Concrete ☐Steel Frame ☐

SQUARE FEET OF FLOOR AREAS:

1st

2nd

3rd

Other

TOTAL SQ. FT.

ARCHITECT:

ENGINEER:

NO. of UNITS

NO. of STORIES

## 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 each.
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).

## FOR INSPECTIONS, CALL 799-2071

## 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.

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.

SPECIAL CONDITIONS

5697A000 11/21CHEK

49.00

INTERIOR

REMODEL

ONLY  
SEE PLANS

SIGNED

CONTRACTOR

7114-3654 SEWER CONNECTION

BY

AGENT/OWNER

USE CODE

LICENSE DEPT.

DATE

FIXTURES

X

11/22/91

PLANNING DEPT.

DATE

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.

2310-2431

PLAN REVIEW

2310-2401

BUILDING PERMIT

88100-1207

TRANSPORT

6122-3352

TORTOISE

88100-1211

WATER

TOTAL FEES

75.00

LAND DEVELOPMENT AND FLOOD CONTROL ENGINEER

DATE

FIRE DEPARTMENT

DATE

BUILDING DEPT.

DATE

## RECEIPT

MUST BE VALIDATED

COMM 75.00

CHEK 75.00

5705A000 08:37

PERMIT NO.

Permit Expires 180 Days After Abandonment of Work



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

**PERMIT  
NUMBER**

91-127083

**INSPECTION  
NUMBER**

12

JOB ADDRESS

31 N NELLIS BL A-7

LOT NO.

BLOCK NO.

SUBDIVISION NAME

FIRE DEPT. MAP NO.

2429-99

JOB PHONE

368-4848

CALL-IN DATE

11/25/91

CALL-IN TIME

11:05

SCHEDULE DATE

11/26/91

INSPECTOR NO.

54

INSPECTOR NAME

RAYMOND SCHMEDES

**INSPECTION  
REQUESTED**

DRYWALL NAILING (125)

P.M.

*Not read*

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☒ REJECTED (R)

REINSPECTION REQUIRED - CALL \*799-2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*RSchmedes*

INSPECTION DATE

11-26-91

☐ **PROJECT  
COMPLETE**

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

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

229-6765

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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91-127083

**INSPECTION  
NUMBER**

15

JOB ADDRESS

31 N NELLIS BL A-7

LOT NO.

BLOCK NO.

SUBDIVISION NAME

FIRE DEPT. MAP NO.

2429-99

JOB PHONE

368-4848

CALL-IN DATE

11/25/91

CALL-IN TIME

13:35

SCHEDULE DATE

11/26/91

INSPECTOR NO.

54

INSPECTOR NAME

RAYMOND SCHMEDES

**INSPECTION  
REQUESTED**

FRAMING (120)

A.M.

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \*799-2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*RSchmeds*

INSPECTION DATE

11-26-91

☐ **PROJECT  
COMPLETE**

BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS  
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\*EFFECTIVE JULY 1, 1991  
PHONE PREFIX WILL BE 229.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91-127083

**INSPECTION  
NUMBER**

7

**JOB ADDRESS**

31 N NELLIS BL A-7

**LOT NO.**

**BLOCK NO.**

**SUBDIVISION NAME**

**FIRE DEPT. MAP NO.**

**JOB PHONE**

**CALL-IN DATE**

**CALL-IN TIME**

**SCHEDULE DATE**

2429-99

368-4848

11/26/91

13:49

11/27/91

**INSPECTOR NO.**

**INSPECTOR NAME**

54

RAYMOND SCHNEDES

**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 \*799-2071**

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

☐ **PERMIT  
REQUIRED**

**INSPECTOR  
SIGNATURE**

*RS Schneides*

**INSPECTION DATE**

11-27-91

☐ **PROJECT  
COMPLETE**

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

IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY  
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229-6765

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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91-127083

**INSPECTION  
NUMBER**

3

JOB ADDRESS

31 N NELLIS BL A-7

LOT NO.

BLOCK NO.

SUBDIVISION NAME

FIRE DEPT. MAP NO.

JOB PHONE

CALL-IN DATE

CALL-IN TIME

SCHEDULE DATE

2429-99

368-4848

11/27/91

10:37

12/02/91

INSPECTOR NO.

INSPECTOR NAME

54

RAYMOND SCHMEDES

**INSPECTION  
REQUESTED**

BUILDING FINAL (140)

*No emergency light +*

*No exit signs*

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☐ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☒ REJECTED (R) REINSPECTION REQUIRED - CALL \*799-2071

☐ REFEE (F) REINSPECTION FEE REQUIRED - PAY AT CITY HALL  
2ND FLOOR - 400 E. STEWART STREET.

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

*RS Chmehls*

**INSPECTION DATE**  
*12-2-91*

☐ **PROJECT  
COMPLETE**

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

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

**229-6765**

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

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

91-127083

**INSPECTION  
NUMBER**

3

JOB ADDRESS

31 N. NELLIS BL A-7

LOT NO.

BLOCK NO.

SUBDIVISION NAME

FIRE DEPT. MAP NO.

JOB PHONE

CALL-IN DATE

CALL-IN TIME

SCHEDULE DATE

2429-99

368-4848

12/13/91

15:14

12/16/91

INSPECTOR NO.

INSPECTOR NAME

54

RAYMOND SCHMEDES

**INSPECTION  
REQUESTED**

BUILDING FINAL (140)

INTERIOR BUILD OUT

*1 - No final elect*

*No plans on job*

|                                                  |                                                                                 |                                       |                                                         |                                          |
|--------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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 * 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**

*R Schmedes*

INSPECTION DATE

*12-16-91*

☐ **PROJECT  
COMPLETE**

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

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229-6765

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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                     |  |                         |  |                          |  |                     |  |
|-----------------------------------------------------------------------------------------------------|--|-------------------------|--|--------------------------|--|---------------------|--|
|  <b>PERMIT NUMBER</b> |  | <b>91-127083</b>        |  | <b>INSPECTION NUMBER</b> |  | <b>2</b>            |  |
| <b>JOB ADDRESS</b>                                                                                  |  |                         |  |                          |  |                     |  |
| <b>31 N. NELLIS BL A-7</b>                                                                          |  |                         |  |                          |  |                     |  |
| <b>LOT NO.</b>                                                                                      |  | <b>BLOCK NO.</b>        |  | <b>SUBDIVISION NAME</b>  |  |                     |  |
| <b>FIRE DEPT. MAP NO.</b>                                                                           |  | <b>JOB PHONE</b>        |  | <b>CALL-IN DATE</b>      |  | <b>CALL-IN TIME</b> |  |
| <b>2429-99</b>                                                                                      |  | <b>368-4848</b>         |  | <b>12/16/91</b>          |  | <b>09:39</b>        |  |
| <b>SCHEDULE DATE</b>                                                                                |  | <b>12/17/91</b>         |  |                          |  |                     |  |
| <b>INSPECTOR NO.</b>                                                                                |  | <b>INSPECTOR NAME</b>   |  |                          |  |                     |  |
| <b>54</b>                                                                                           |  | <b>RAYMOND SCHMEDES</b> |  |                          |  |                     |  |

**INSPECTION REQUESTED**

**BUILDING FINAL (140)**

**"FINAL"**

|                                                             |  |                                                                                                                                                    |  |                                              |  |                                                                |  |
|-------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|----------------------------------------------------------------|--|
| <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>PERMIT REQUIRED</b>                                                                                                    |  |                                              |  |                                                                |  |
| <input checked="" type="checkbox"/> <b>REJECTED (R)</b>     |  | <b>REINSPECTION REQUIRED - CALL *799-2071</b>                                                                                                      |  |                                              |  |                                                                |  |
| <input type="checkbox"/> <b>REFEE (F)</b>                   |  | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                                                             |  |                                              |  |                                                                |  |
| <b>INSPECTOR SIGNATURE</b>                                  |  |                                                                                                                                                    |  |                                              |  | <b>INSPECTION DATE</b>                                         |  |
| <i>R Schmedes</i>                                           |  |                                                                                                                                                    |  |                                              |  | <b>12-17-91</b>                                                |  |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b> |  | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |  |                                              |  |                                                                |  |

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

**229-6765**

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

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-146663

**INSPECTION  
NUMBER**

1

JOB ADDRESS

31 N MELLIS BL

LOT NO.

BLOCK NO.

SUBDIVISION NAME

FIRE DEPT. MAP NO.

JOB PHONE

CALL-IN DATE

CALL-IN TIME

SCHEDULE DATE

2429-99

382-2822

06/11/92

15:15

06/15/92

INSPECTOR NO.

INSPECTOR NAME

71

KEEFE BEYER

**INSPECTION  
REQUESTED**

FINAL ELECTRICAL (240)

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T)

— UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \* 229-2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

INSPECTION DATE

15 JUNE 92

☒ **PROJECT  
COMPLETE**

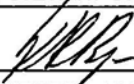
BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS  
SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only)

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

229-6769

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

# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                             | <b>PERMIT<br/>NUMBER</b>                                                                                                            | 92-146663                             | <b>INSPECTION<br/>NUMBER</b>                            | 9                                        |
| JOB ADDRESS<br><b>311 N. NELLIS BL</b>                                                                                          |                                                                                                                                     |                                       |                                                         |                                          |
| LOT NO.                                                                                                                         |                                                                                                                                     | BLOCK NO.                             | SUBDIVISION NAME                                        |                                          |
| FIRE DEPT. MAP NO.                                                                                                              | JOB PHONE                                                                                                                           | CALL-IN DATE                          | CALL-IN TIME                                            | SCHEDULE DATE                            |
| <b>2429-99</b>                                                                                                                  | <b>384-4357</b>                                                                                                                     | <b>06/16/92</b>                       | <b>10:07</b>                                            | <b>06/17/92</b>                          |
| INSPECTOR NO.                                                                                                                   |                                                                                                                                     | INSPECTOR NAME                        |                                                         |                                          |
| <b>71</b>                                                                                                                       |                                                                                                                                     | <b>KEEFE BEYER</b>                    |                                                         |                                          |
| <b>INSPECTION REQUESTED</b> <b>FINAL ELECTRICAL (240)</b>                                                                       |                                                                                                                                     |                                       |                                                         |                                          |
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |                                          |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                          |
| INSPECTOR SIGNATURE                                                                                                             |                                                                                                                                     | INSPECTION DATE                       |                                                         |                                          |
|                                              |                                                                                                                                     | <b>17 JUNE 92</b>                     |                                                         |                                          |
| <input checked="" 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

|                                                                                                                                                                                           |  |                                                                                                                                     |  |                                       |  |                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|--|
| <b>PERMIT NUMBER</b>                                                                                                                                                                      |  | 92-146662                                                                                                                           |  | <b>INSPECTION NUMBER</b>              |  | 9                                                       |  |
| JOB ADDRESS                                                                                                                                                                               |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| 39 N NEILS RI                                                                                                                                                                             |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| LOT NO.                                                                                                                                                                                   |  | BLOCK NO.                                                                                                                           |  | SUBDIVISION NAME                      |  |                                                         |  |
| FIRE DEPT. MAP NO.                                                                                                                                                                        |  | JOB PHONE                                                                                                                           |  | CALL-IN DATE                          |  | CALL-IN TIME                                            |  |
| 2420-99                                                                                                                                                                                   |  |                                                                                                                                     |  | 06/12/92                              |  | 15:03                                                   |  |
| INSPECTOR NO.                                                                                                                                                                             |  | INSPECTOR NAME                                                                                                                      |  |                                       |  |                                                         |  |
| 90                                                                                                                                                                                        |  | FIRE INSPECTOR                                                                                                                      |  |                                       |  |                                                         |  |
| <b>INSPECTION REQUESTED</b>                                                                                                                                                               |  | FINAL FIRE (540) - 1000 HRS -                                                                                                       |  |                                       |  |                                                         |  |
| ABLE ALARM 384-4357 X 133 COMMUNICATOR PANEL                                                                                                                                              |  |                                                                                                                                     |  |                                       |  |                                                         |  |
| <p><i>A-ABLE Witness of Monitor System Trouble Supv: Rec'd Yes</i></p> <p><i>MANUAL Pull STATION :</i></p> <p><i>Alarm Rec'd : Yes..</i></p> <p><i><u>ALL Clean + Operational</u></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"/> REJECTED (R)                                                                                                                                                     |  | <input type="checkbox"/> REFE (F)                                                                                                   |  | <input type="checkbox"/> HOLD (H)     |  |                                                         |  |
|                                                                                                                                                                                           |  | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |  |                                       |  | <input type="checkbox"/> PERMIT REQUIRED                |  |
|                                                                                                                                                                                           |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |  |                                       |  |                                                         |  |
| <b>INSPECTOR SIGNATURE</b>                                                                                                                                                                |  | <i>Jim Hinkle</i>                                                                                                                   |  |                                       |  | <b>INSPECTION DATE</b>                                  |  |
|                                                                                                                                                                                           |  |                                                                                                                                     |  |                                       |  | 06-15-92                                                |  |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                                                                                 |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |  |                                       |  |                                                         |  |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT                                                        |  |                                                                                                                                     |  |                                       |  |                                                         |  |

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                    |                       |                                                                                                                                         |                           |                          |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| <input type="checkbox"/>                                                                                                           | PERMIT<br>NUMBER      | 92-140972                                                                                                                               | INSPECTION<br>NUMBER      | 3                        |
| JOB ADDRESS                                                                                                                        |                       |                                                                                                                                         |                           |                          |
| 31 N. Nellis                                                                                                                       |                       |                                                                                                                                         |                           |                          |
| LOT NO.                                                                                                                            | BLOCK NO.             | SUBDIVISION NAME                                                                                                                        |                           |                          |
|                                                                                                                                    |                       |                                                                                                                                         |                           |                          |
| FIRE DEPT. MAP NO.                                                                                                                 | JOB PHONE             | CALL-IN DATE                                                                                                                            | CALL-IN TIME              | SCHEDULE DATE            |
|                                                                                                                                    |                       |                                                                                                                                         |                           |                          |
| INSPECTOR NO.                                                                                                                      |                       | INSPECTOR NAME                                                                                                                          |                           |                          |
| 44                                                                                                                                 |                       | THOAL                                                                                                                                   |                           |                          |
| INSPECTION<br>REQUESTED                                                                                                            |                       | 150 OTHER                                                                                                                               |                           |                          |
| <p>DRAFT STOP w/ DAYWALK<br/>FIRE<br/>@ 150 SF OR LESS<br/>C RAISE PLATFORM</p>                                                    |                       |                                                                                                                                         |                           |                          |
| <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"/> |
|                                                                                                                                    |                       | <input type="checkbox"/>                                                                                                                | COMMENTS<br>(C)           | <input type="checkbox"/> |
|                                                                                                                                    |                       | <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"/>                                                                                                           | REFEE (F)             | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET                                                       |                           |                          |
| INSPECTOR<br>SIGNATURE                                                                                                             |                       | INSPECTION DATE                                                                                                                         |                           |                          |
| [Signature]                                                                                                                        |                       | 4/2/92                                                                                                                                  |                           |                          |
| <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 |                       |                                                                                                                                         |                           |                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                          |                                     |                                                              |                                     |
|----------------------------------------------------------|-------------------------------------|--------------------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> <b>PERMIT NUMBER</b> | <b>92-140972</b>                    | <input checked="" type="checkbox"/> <b>INSPECTION NUMBER</b> | <b>15</b>                           |
| <b>JOB ADDRESS</b><br><b>31 N MELLIS BL</b>              |                                     |                                                              |                                     |
| <b>LOT NO.</b>                                           | <b>BLOCK NO.</b>                    | <b>SUBDIVISION NAME</b><br><b>CARNIVAL RESTAURANT 31-37</b>  |                                     |
| <b>FIRE DEPT. MAP NO.</b><br><b>2429-99</b>              | <b>JOB PHONE</b><br><b>378-9761</b> | <b>CALL-IN DATE</b><br><b>04/16/92</b>                       | <b>CALL-IN TIME</b><br><b>15:40</b> |
| <b>INSPECTOR NO.</b><br><b>54</b>                        |                                     | <b>INSPECTOR NAME</b><br><b>RAYMOND SCHNEDES</b>             |                                     |
| <b>INSPECTION REQUESTED</b>                              |                                     | <b>DRYHALL NAILING (125)</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>            | <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><br><i>RS Schmides</i>                                                                                       | <b>INSPECTION DATE</b><br><b>4-17-92</b>                                                                                                           |
| <input type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                                       | <b>BRING HARD CARD WITH FIRE, QUALITY CONTROL &amp; PLANNING APPROVALS SIGNED OFF TO BLDG &amp; SAFETY FOR C. of O. ISSUANCE (Commercial Only)</b> |
| <b>IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT</b> |                                                                                                                                                    |
| <b>229-6765</b>                                                                                                                        |                                                                                                                                                    |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                           |                                                         |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <b>M</b>                                                                                                                        | <b>PERMIT NUMBER</b>                                                                                                                | 92-140972                                 | <b>INSPECTION NUMBER</b>                                | 11                                |
| <b>JOB ADDRESS</b><br>31 W NELLIS BL                                                                                            |                                                                                                                                     |                                           |                                                         |                                   |
| <b>LOT NO.</b>                                                                                                                  |                                                                                                                                     | <b>BLOCK NO.</b>                          | <b>SUBDIVISION NAME</b><br>CARNIVAL RESTAURANT 31-37    |                                   |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                       | <b>JOB PHONE</b>                                                                                                                    | <b>CALL-IN DATE</b>                       | <b>CALL-IN TIME</b>                                     | <b>SCHEDULE DATE</b>              |
| 2429-99                                                                                                                         | 878-9761                                                                                                                            | 05/04/92                                  | 13:34                                                   | 05/05/92                          |
| <b>INSPECTOR NO.</b><br>54                                                                                                      |                                                                                                                                     | <b>INSPECTOR NAME</b><br>RAYMOND SCHMEDES |                                                         |                                   |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                                                                     | CEILING GRID (127)                        |                                                         |                                   |
|                                                                                                                                 |                                                                                                                                     |                                           |                                                         |                                   |
| <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><i>R. Schmedes</i>                                                                                |                                                                                                                                     | <b>INSPECTION DATE</b><br>5-5-92          |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                           |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                           |                                                         | 229-6765                          |

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

**DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS**

|                                     |                  |                                               |                      |               |
|-------------------------------------|------------------|-----------------------------------------------|----------------------|---------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER | 92-140972                                     | INSPECTION<br>NUMBER | 10            |
| JOB ADDRESS<br>31 N MELLIS BL       |                  |                                               |                      |               |
| LOT NO:                             | BLOCK NO.        | SUBDIVISION NAME<br>CARNIVAL RESTAURANT 31-37 |                      |               |
| FIRE DEPT. MAP NO.                  | JOB PHONE        | CALL-IN DATE                                  | CALL-IN TIME         | SCHEDULE DATE |
| 2429-99                             | 878-9761         | 05/21/92                                      | 15:50                | 05/22/92      |
| INSPECTOR NO.                       | INSPECTOR NAME   |                                               |                      |               |
| 54                                  | RAYMOND SCHREDES |                                               |                      |               |

**INSPECTION  
REQUESTED**

BUILDING FINAL (140)

CALL 30 MIN PRIOR 379-0542

|                                                                                                                                 |  |                                                                                                                                     |                                       |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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 <i>RS Chmielewski</i>                                                                                       |  |                                                                                                                                     |                                       | INSPECTION DATE <i>5-22-92</i>                          |                                          |
| <input checked="" type="checkbox"/> PROJECT COMPLETE                                                                            |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                     |                                       |                                                         | <b>229-6765</b>                          |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                     |                          |           |                              |    |
|-------------------------------------|--------------------------|-----------|------------------------------|----|
| <input checked="" type="checkbox"/> | <b>PERMIT<br/>NUMBER</b> | 92-140972 | <b>INSPECTION<br/>NUMBER</b> | 10 |
|-------------------------------------|--------------------------|-----------|------------------------------|----|

|                                      |                                           |                                                      |                              |                                  |
|--------------------------------------|-------------------------------------------|------------------------------------------------------|------------------------------|----------------------------------|
| JOB ADDRESS<br><b>31 N NELLIS BL</b> |                                           |                                                      |                              |                                  |
| LOT NO.                              | BLOCK NO.                                 | SUBDIVISION NAME<br><b>CARNIVAL RESTAURANT 31-37</b> |                              |                                  |
| FIRE DEPT. MAP NO.<br><b>2429-99</b> | JOB PHONE<br><b>878-9761</b>              | CALL-IN DATE<br><b>05/21/92</b>                      | CALL-IN TIME<br><b>15:50</b> | SCHEDULE DATE<br><b>05/22/92</b> |
| INSPECTOR NO.<br><b>54</b>           | INSPECTOR NAME<br><b>RAYMOND SCHNEDES</b> |                                                      |                              |                                  |

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

**CALL 30 MIN PRIOR 379-0542**

|                                                  |                                                                                    |                                       |                                                         |                                          |
|--------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|------------------------------------------|
| <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<br>3RD FLOOR - 400 E. STEWART STREET. |                                       |                                                         |                                          |

|                     |                     |                                   |
|---------------------|---------------------|-----------------------------------|
| INSPECTOR SIGNATURE | <i>RS Schneider</i> | INSPECTION DATE<br><b>5-22-92</b> |
|---------------------|---------------------|-----------------------------------|

|                                                             |                                                                                                                                        |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PROJECT 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  
CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT

**229-6765**

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



# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                               |                  |                                 |                      |               |
|-------------------------------|------------------|---------------------------------|----------------------|---------------|
| <input type="checkbox"/>      | PERMIT<br>NUMBER | 92-442496                       | INSPECTION<br>NUMBER | 24            |
| JOB ADDRESS<br>31 N NELLIS BL |                  |                                 |                      |               |
| LOT NO.                       |                  | BLOCK NO.                       | SUBDIVISION NAME     |               |
| FIRE DEPT. MAP NO.            | JOB PHONE        | CALL-IN DATE                    | CALL-IN TIME         | SCHEDULE DATE |
| 2429-99                       |                  | 05/08/92                        | 16:25                | 05/11/92      |
| INSPECTOR NO.<br>30           |                  | INSPECTOR NAME<br>THOMAS GUGINO |                      |               |
| INSPECTION<br>REQUESTED       |                  | OTHER (350)                     |                      |               |

THRU 37 DUCT DETECTOR 565-4610 CALL 1 HR PRIOR

340 approved.

A copy of the duct detector test must be given to the inspector.

|                                                                                                                                    |                                                                                                                                        |                                          |                                                             |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|---------------------------------------------|
| <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>Tom Gugino</i>                                                                                        |                                                                                                                                        | INSPECTION DATE<br>5-11-92               |                                                             |                                             |
| <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>PERMIT NUMBER</b>                                                                                                            |  | 92-142496                                                                                                                           |  | <b>INSPECTION NUMBER</b>              |  | 4                                                       |          |
| JOB ADDRESS<br>39 N MELLIS BL                                                                                                   |  |                                                                                                                                     |  |                                       |  |                                                         |          |
| LOT NO.                                                                                                                         |  | BLOCK NO.                                                                                                                           |  | SUBDIVISION NAME                      |  |                                                         |          |
| FIRE DEPT. MAP NO.                                                                                                              |  | JOB PHONE                                                                                                                           |  | CALL-IN DATE                          |  | CALL-IN TIME                                            |          |
| 2529499                                                                                                                         |  |                                                                                                                                     |  | 04/16/92                              |  | 10:20                                                   |          |
| SCHEDULE DATE                                                                                                                   |  | 04/17/92                                                                                                                            |  |                                       |  |                                                         |          |
| INSPECTOR NO.                                                                                                                   |  | INSPECTOR NAME                                                                                                                      |  |                                       |  |                                                         |          |
| 80                                                                                                                              |  | THOMAS GUGINO                                                                                                                       |  |                                       |  |                                                         |          |
| <b>INSPECTION REQUESTED</b>                                                                                                     |  | ROUGH MECHANICAL (329)                                                                                                              |  |                                       |  |                                                         |          |
| <p>3rd Approved</p> <p>Install the smoke detectors as required on Print M-1</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"/> REFEE (F)                                                                                              |  | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET                                                      |  |                                       |  |                                                         |          |
| <input type="checkbox"/> PERMIT REQUIRED                                                                                        |  |                                                                                                                                     |  |                                       |  |                                                         |          |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |  | <i>Tom Gugin</i>                                                                                                                    |  |                                       |  | <b>INSPECTION DATE</b>                                  |          |
| 4-17-92                                                                                                                         |  |                                                                                                                                     |  |                                       |  |                                                         |          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |  | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |  |                                       |  |                                                         |          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |  |                                                                                                                                     |  |                                       |  |                                                         | 229-6769 |

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> | 92-144194                                                                                                                           | <b>INSPECTION NUMBER</b> | 1                                     |
| <b>JOB ADDRESS</b>                                                                                                              |                      |                                                                                                                                     |                          |                                       |
| 31 N NELLIS BL                                                                                                                  |                      |                                                                                                                                     |                          |                                       |
| <b>LOT NO.</b>                                                                                                                  |                      | <b>BLOCK NO.</b>                                                                                                                    |                          | <b>SUBDIVISION NAME</b>               |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                       |                      | <b>JOB PHONE</b>                                                                                                                    |                          | <b>CALL-IN DATE</b>                   |
| 2429-99                                                                                                                         |                      | 736-8880                                                                                                                            |                          | 05/13/92                              |
| <b>CALL-IN TIME</b>                                                                                                             |                      | <b>SCHEDULE DATE</b>                                                                                                                |                          |                                       |
| 15:13                                                                                                                           |                      | 05/15/92                                                                                                                            |                          |                                       |
| <b>INSPECTOR NO.</b>                                                                                                            |                      | <b>INSPECTOR NAME</b>                                                                                                               |                          |                                       |
| 71                                                                                                                              |                      | KEEFE BEYER                                                                                                                         |                          |                                       |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                      |                                                                                                                                     |                          |                                       |
| LOW VOLTAGE ELECTRICAL (223)                                                                                                    |                      |                                                                                                                                     |                          |                                       |
|                                                                                                                                 |                      |                                                                                                                                     |                          |                                       |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |                      | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                          | <b>PARTIAL DESCRIPTION</b>            |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                |                      | <input type="checkbox"/> STOP WORK (S)                                                                                              |                          | <input type="checkbox"/> COMMENTS (C) |
|                                                                                                                                 |                      | <input type="checkbox"/> TEMPORARY APPROVAL (T)                                                                                     |                          | <input type="checkbox"/> HOLD (H)     |
| <input type="checkbox"/> REJECTED (R)                                                                                           |                      | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                          |                                       |
| <input type="checkbox"/> REFEE (F)                                                                                              |                      | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                          |                                       |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                      | <b>INSPECTION DATE</b>                                                                                                              |                          |                                       |
| <input checked="" 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.

PERMIT  
NUMBER

92-142045

INSPECTION  
NUMBER

21

JOB ADDRESS

31 N NELLIS BL

LOT NO.

BLOCK NO.

SUBDIVISION NAME

CARNIVAL CARNIVAL ARCADE

FIRE DEPT. MAP NO.

JOB PHONE

CALL-IN DATE

CALL-IN TIME

SCHEDULE DATE

2429-99

453-5900

05/13/92

15:53

05/14/92

INSPECTOR NO.

INSPECTOR NAME

71

KEEFE BEYER

INSPECTION  
REQUESTED

OTHER (250)

WIRE FIRE ALARM

☐ PARTIAL  
INSPECTION☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

WIRE ONLY

☒ 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  
REQUIREDINSPECTOR  
SIGNATURE

INSPECTION DATE

14 MAY 92

☒ PROJECT  
COMPLETEBRING 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

|                                     |                  |                                 |                      |               |
|-------------------------------------|------------------|---------------------------------|----------------------|---------------|
| <input checked="" type="checkbox"/> | PERMIT<br>NUMBER | 92-142496                       | INSPECTION<br>NUMBER | 10            |
| JOB ADDRESS<br>31 N NELLIS BL       |                  |                                 |                      |               |
| LOT NO.                             |                  | BLOCK NO.                       | SUBDIVISION NAME     |               |
| FIRE DEPT. MAP NO.                  | JOB PHONE        | CALL-IN DATE                    | CALL-IN TIME         | SCHEDULE DATE |
| 2429-99                             | -                | 05/13/92                        | 11:50                | 05/14/92      |
| INSPECTOR NO.<br>80                 |                  | INSPECTOR NAME<br>THOMAS GUGINO |                      |               |
| INSPECTION<br>REQUESTED             |                  | OTHER (350)                     |                      |               |

DUCT DETECTOR CALL 1 HR PRIOR 565-4610

The Final Mechanical has been signed off.  
Provide a letter stating the duct detectors  
have been tested and give a copy to the  
inspector.

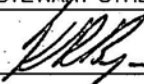
VOID

|                                                                                                                                    |                                                                                                                                        |                                          |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                      |                                                            |                                             |
| <input type="checkbox"/> APPROVED<br>(A)                                                                                           | <input type="checkbox"/> STOP<br>WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS<br>(C) | <input type="checkbox"/> TEMPORARY<br>APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD<br>(H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                              | REINSPECTION REQUIRED - CALL * 229-2071                                                                                                |                                          |                                                            | <input type="checkbox"/> PERMIT<br>REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                                 | REINSPECTION FEE REQUIRED - PAY AT CITY HALL<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                          |                                                            |                                             |
| INSPECTOR<br>SIGNATURE                                                                                                             |                                                                                                                                        | INSPECTION DATE                          |                                                            |                                             |
|                                                                                                                                    |                                                                                                                                        | 5-14-92                                  |                                                            |                                             |
| <input type="checkbox"/> PROJECT<br>COMPLETE                                                                                       | BRING HARD COPY 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>PERMIT NUMBER</b><br>92-141059                                                                                                                                                                                 |                                                                                                                                     | <b>INSPECTION NUMBER</b><br>22        |                                                                                              |
| JOB ADDRESS<br><b>39 N NELLIS BL</b>                                                                                                                                                                              |                                                                                                                                     |                                       |                                                                                              |
| LOT NO.                                                                                                                                                                                                           | BLOCK NO.                                                                                                                           | SUBDIVISION NAME                      |                                                                                              |
| FIRE DEPT. MAP NO.<br><b>2629-99</b>                                                                                                                                                                              | JOB PHONE<br><b>873-0172</b>                                                                                                        | CALL-IN DATE<br><b>04/13/92</b>       | CALL-IN TIME<br><b>15:14</b>                                                                 |
| SCHEDULE DATE<br><b>04/14/92</b>                                                                                                                                                                                  |                                                                                                                                     |                                       |                                                                                              |
| INSPECTOR NO.<br><b>71</b>                                                                                                                                                                                        | INSPECTOR NAME<br><b>KEEFE BEYER</b>                                                                                                |                                       |                                                                                              |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;"><b>INSPECTION REQUESTED</b></div> <div><b>UNDERGROUND ELECTRICAL (201)</b></div> </div> |                                                                                                                                     |                                       |                                                                                              |
| <div style="position: relative;"> <div style="position: absolute; top: 10px; left: 10px;">PH</div> <!-- Empty space for inspection notes --> </div>                                                               |                                                                                                                                     |                                       |                                                                                              |
| <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<br><input type="checkbox"/> HOLD (H) |
| <input type="checkbox"/> REJECTED (R)                                                                                                                                                                             | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                                                     |
| <input type="checkbox"/> REFEE (F)                                                                                                                                                                                | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                                                              |
| INSPECTOR SIGNATURE<br>                                                                                                        |                                                                                                                                     | INSPECTION DATE<br><b>14 APR 91</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

PERMIT  
NUMBER

92-141059

INSPECTION  
NUMBER

20

JOB ADDRESS

31 N NELLIS BL

LOT NO.

BLOCK NO.

SUBDIVISION NAME

FIRE DEPT. MAP NO.

JOB PHONE

CALL-IN DATE

CALL-IN TIME

SCHEDULE DATE

2429-99

873-0172

04/10/92

14:09

04/13/92

INSPECTOR NO.

INSPECTOR NAME

71

KEEFE BEYER

INSPECTION  
REQUESTED

ROUGH ELECTRICAL (220)

WALLS ONLY

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) -- UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \* 229-2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

INSPECTOR  
SIGNATURE

INSPECTION DATE

13 APR 92

☐ PROJECT  
COMPLETE

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

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

229-6769

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                        |                                                                                                                   |                                                                                                                                                    |                                                                                                                        |                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>H</b>                                                                                                                               | <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2-141059</div> | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">11</div>                                    |                                                                                                                        |                                                                                                                   |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">31 N MELLIS BL</div>                  |                                                                                                                   |                                                                                                                                                    |                                                                                                                        |                                                                                                                   |
| <b>LOT NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                    |                                                                                                                   | <b>BLOCK NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                              |                                                                                                                        | <b>SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |
| <b>FIRE DEPT. MAP NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2429-99</div>                  | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">873-0172</div>     | <b>CALL-IN DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">04/29/92</div>                                   | <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15:06</div>          | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">04/30/92</div> |
| <b>INSPECTOR NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">71</div>                            |                                                                                                                   | <b>INSPECTOR NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">KEEFE BEYER</div>                              |                                                                                                                        |                                                                                                                   |
| <b>INSPECTION REQUESTED</b>                                                                                                            |                                                                                                                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">ROUGH ELECTRICAL (220)</div>                                            |                                                                                                                        |                                                                                                                   |
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">CEILING ONLY</div> Empty space for inspection notes           |                                                                                                                   |                                                                                                                                                    |                                                                                                                        |                                                                                                                   |
| <input checked="" type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                          | <input checked="" type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                   |                                                                                                                                                    | <b>PARTIAL DESCRIPTION</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">CEILING</div> |                                                                                                                   |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                     | <input type="checkbox"/> <b>COMMENTS (C)</b>                                                                                                       | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T)</b>                                                                 | <input type="checkbox"/> <b>HOLD (H)</b>                                                                          |
| <input type="checkbox"/> <b>REJECTED (R)</b>                                                                                           | <b>REINSPECTION REQUIRED - CALL * 229-2071</b>                                                                    |                                                                                                                                                    |                                                                                                                        | <input type="checkbox"/> <b>PERMIT REQUIRED</b>                                                                   |
| <input type="checkbox"/> <b>REFEE (F)</b>                                                                                              | <b>REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.</b>                            |                                                                                                                                                    |                                                                                                                        |                                                                                                                   |
| <b>INSPECTOR SIGNATURE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                       |                                                                                                                   | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">30 APR 92</div>                               |                                                                                                                        |                                                                                                                   |
| <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> |                                                                                                                   |                                                                                                                                                    |                                                                                                                        | <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold;">229-6769</div>      |

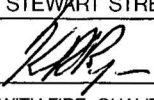
For Additional Assistance Call \* 229-6251. See Reverse Side For Inspection Types.

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                  |                                                                                                                       |                                                                                                                                                    |                                                                                                               |                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>PERMIT NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">92-141059</div>                               |                                                                                                                       | <b>INSPECTION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div>                                     |                                                                                                               |                                                                                                                         |
| <b>JOB ADDRESS</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">31 N HELLIS BL</div>                            |                                                                                                                       |                                                                                                                                                    |                                                                                                               |                                                                                                                         |
| <b>LOT NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                              | <b>BLOCK NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                 | <b>SUBDIVISION NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                       |                                                                                                               |                                                                                                                         |
| <b>FIRE DEPT. MAP NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2429-99</div>                            | <b>JOB PHONE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">873-0172</div>         | <b>CALL-IN DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">05/01/92</div>                                   | <b>CALL-IN TIME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">12:10</div> | <b>SCHEDULE DATE</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">05/04/92</div>       |
| <b>INSPECTOR NO.</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">71</div>                                      | <b>INSPECTOR NAME</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">KEEFE BEYER</div> |                                                                                                                                                    |                                                                                                               |                                                                                                                         |
| <b>INSPECTION REQUESTED</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">TEMP ELEC/POLE/CONST POWER (239)</div> |                                                                                                                       |                                                                                                                                                    |                                                                                                               |                                                                                                                         |
| <p style="font-size: 1.5em; margin: 0;">30 DAY TEMP. PWR.</p> <p style="font-size: 1.5em; margin: 0;">TAG # 41796-7-8-9-41800</p>                |                                                                                                                       |                                                                                                                                                    |                                                                                                               |                                                                                                                         |
| <input type="checkbox"/> <b>PARTIAL INSPECTION</b>                                                                                               |                                                                                                                       | <input type="checkbox"/> <b>PARTIAL APPROVAL (P)</b>                                                                                               |                                                                                                               | <b>PARTIAL DESCRIPTION</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                   |
| <input checked="" type="checkbox"/> <b>APPROVED (A)</b>                                                                                          |                                                                                                                       | <input type="checkbox"/> <b>STOP WORK (S)</b>                                                                                                      |                                                                                                               | <input type="checkbox"/> <b>COMMENTS (C)</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|                                                                                                                                                  |                                                                                                                       | <input type="checkbox"/> <b>TEMPORARY APPROVAL (T)</b> - UNTIL                                                                                     |                                                                                                               | <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><br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div>                                 |                                                                                                                       | <b>INSPECTION DATE</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;">4 MAY 92</div>                                |                                                                                                               |                                                                                                                         |
| <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>           |                                                                                                                       |                                                                                                                                                    |                                                                                                               | <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold;">229-6769</div>            |

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                             | <b>PERMIT NUMBER</b>                                                                                                                | 92-141059                             | <b>INSPECTION NUMBER</b>                                | 23                                                                                                  |
| JOB ADDRESS                                                                                                                     |                                                                                                                                     |                                       |                                                         |                                                                                                     |
| 31 N NELLIS BL                                                                                                                  |                                                                                                                                     |                                       |                                                         |                                                                                                     |
| LOT NO.                                                                                                                         |                                                                                                                                     | BLOCK NO.                             | SUBDIVISION NAME                                        |                                                                                                     |
| FIRE DEPT. MAP NO.                                                                                                              | JOB PHONE                                                                                                                           | CALL-IN DATE                          | CALL-IN TIME                                            | SCHEDULE DATE                                                                                       |
| 2429-99                                                                                                                         | 873-0172                                                                                                                            | 05/12/92                              | 14:21                                                   | 05/13/92                                                                                            |
| INSPECTOR NO.                                                                                                                   |                                                                                                                                     | INSPECTOR NAME                        |                                                         |                                                                                                     |
| 71                                                                                                                              |                                                                                                                                     | KEEFE BEYER                           |                                                         |                                                                                                     |
| <b>INSPECTION REQUESTED</b>                                                                                                     |                                                                                                                                     | FINAL ELECTRICAL (240)                |                                                         |                                                                                                     |
|                                                                                                                                 |                                                                                                                                     |                                       |                                                         |                                                                                                     |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       | PARTIAL DESCRIPTION                   |                                                         |                                                                                                     |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S)                                                                                              | <input type="checkbox"/> COMMENTS (C) | <input type="checkbox"/> TEMPORARY APPROVAL (T) - UNTIL | <input type="checkbox"/> HOLD (H)                                                                   |
| <input type="checkbox"/> REJECTED (R)                                                                                           | REINSPECTION REQUIRED - CALL * 229-2071                                                                                             |                                       | <input type="checkbox"/> PERMIT REQUIRED                |                                                                                                     |
| <input type="checkbox"/> REFEE (F)                                                                                              | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                       |                                                         |                                                                                                     |
| <b>INSPECTOR SIGNATURE</b>                                                                                                      |                                                                                                                                     | <b>INSPECTION DATE</b>                |                                                         |                                                                                                     |
|                                              |                                                                                                                                     | 13 MAY 92                             |                                                         |                                                                                                     |
| <input checked="" type="checkbox"/> <b>PROJECT COMPLETE</b>                                                                     | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                       |                                                         |                                                                                                     |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                     |                                       |                                                         |  <b>229-6769</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<br/>NUMBER</b>                                                                                                               | 92-141059                                | <b>INSPECTION<br/>NUMBER</b>                               | 7                                    |
| JOB ADDRESS<br><b>31 N NELLIS BL.</b>                                                                                              |                                                                                                                                        |                                          |                                                            |                                      |
| LOT NO.                                                                                                                            |                                                                                                                                        | BLOCK NO.                                | SUBDIVISION NAME                                           |                                      |
| FIRE DEPT. MAP NO.                                                                                                                 | JOB PHONE                                                                                                                              | CALL-IN DATE                             | CALL-IN TIME                                               | SCHEDULE DATE                        |
| <b>2429-99</b>                                                                                                                     | <b>373-0172</b>                                                                                                                        | <b>05/01/92</b>                          | <b>12:10</b>                                               | <b>05/04/92</b>                      |
| INSPECTOR NO.<br><b>71</b>                                                                                                         |                                                                                                                                        | INSPECTOR NAME<br><b>KEEFE BEYER</b>     |                                                            |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                                                                        | <b>TEMP ELEC/POLE/CONST POWER (239)</b>  |                                                            |                                      |
| <p><i>30 DAY TEMP. PWR.</i></p> <p><i>TAG # 41796-7-8-9-41800</i></p>                                                              |                                                                                                                                        |                                          |                                                            |                                      |
| <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.                                                     |                                          |                                                            |                                      |
| <b>INSPECTOR<br/>SIGNATURE</b>                                                                                                     |                                                                                                                                        | <b>INSPECTION DATE</b>                   |                                                            |                                      |
| <i>[Signature]</i>                                                                                                                 |                                                                                                                                        | <b>4 MAY 92</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.



[illegible]

**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>                                                                                                               | 92-140972                                 | <b>INSPECTION<br/>NUMBER</b>                               | 11                                   |
| <b>JOB ADDRESS</b><br>31 N NELLIS BL                                                                                               |                                                                                                                                        |                                           |                                                            |                                      |
| <b>LOT NO.</b>                                                                                                                     |                                                                                                                                        | <b>BLOCK NO.</b>                          | <b>SUBDIVISION NAME</b><br>CARNIVAL RESTAURANT 31-37       |                                      |
| <b>FIRE DEPT. MAP NO.</b><br>2429-99                                                                                               | <b>JOB PHONE</b><br>878-9761                                                                                                           | <b>CALL-IN DATE</b><br>05/04/92           | <b>CALL-IN TIME</b><br>13:34                               | <b>SCHEDULE DATE</b><br>05/05/92     |
| <b>INSPECTOR NO.</b><br>54                                                                                                         |                                                                                                                                        | <b>INSPECTOR NAME</b><br>RAYMOND SCHMEDES |                                                            |                                      |
| <b>INSPECTION<br/>REQUESTED</b>                                                                                                    |                                                                                                                                        | CEILING GRID (127)                        |                                                            |                                      |
|                                                                                                                                    |                                                                                                                                        |                                           |                                                            |                                      |
| <input type="checkbox"/> PARTIAL<br>INSPECTION                                                                                     | <input type="checkbox"/> PARTIAL<br>APPROVAL (P)                                                                                       | <b>PARTIAL DESCRIPTION</b>                |                                                            |                                      |
| <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.                                                     |                                           |                                                            |                                      |
| <b>INSPECTOR<br/>SIGNATURE</b><br><i>R. Schmedes</i>                                                                               |                                                                                                                                        | <b>INSPECTION DATE</b><br>5-5-92          |                                                            |                                      |
| <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 |                                                                                                                                        |                                           |                                                            | ➤ 229-6765                           |

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# DEPARTMENT OF BUILDING & SAFETY      CITY OF LAS VEGAS

|                                     |                          |                  |                              |           |
|-------------------------------------|--------------------------|------------------|------------------------------|-----------|
| <input checked="" type="checkbox"/> | <b>PERMIT<br/>NUMBER</b> | <b>92-142496</b> | <b>INSPECTION<br/>NUMBER</b> | <b>24</b> |
|-------------------------------------|--------------------------|------------------|------------------------------|-----------|

|                                      |  |
|--------------------------------------|--|
| JOB ADDRESS<br><b>31 N NELLIS BL</b> |  |
|--------------------------------------|--|

|         |           |                  |
|---------|-----------|------------------|
| LOT NO. | BLOCK NO. | SUBDIVISION NAME |
|---------|-----------|------------------|

|                                      |           |                                 |                              |                                  |
|--------------------------------------|-----------|---------------------------------|------------------------------|----------------------------------|
| FIRE DEPT. MAP NO.<br><b>2429-99</b> | JOB PHONE | CALL-IN DATE<br><b>05/08/92</b> | CALL-IN TIME<br><b>16:25</b> | SCHEDULE DATE<br><b>05/11/92</b> |
|--------------------------------------|-----------|---------------------------------|------------------------------|----------------------------------|

|                            |                                        |
|----------------------------|----------------------------------------|
| INSPECTOR NO.<br><b>80</b> | INSPECTOR NAME<br><b>THOMAS GUGINO</b> |
|----------------------------|----------------------------------------|

|                                 |                    |
|---------------------------------|--------------------|
| <b>INSPECTION<br/>REQUESTED</b> | <b>OTHER (350)</b> |
|---------------------------------|--------------------|

**THRU 37 DUCT DETECTOR 565-4610 CALL 1 HR PRIOR**

340 approved.

A copy of the duct detector test must be given to the inspector.

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

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

|                                |                                          |
|--------------------------------|------------------------------------------|
| <b>INSPECTOR SIGNATURE</b><br> | <b>INSPECTION DATE</b><br><b>5-11-92</b> |
|--------------------------------|------------------------------------------|

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

|                                                                                                                                 |                 |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT | <b>229-6769</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>                                                                                                               | 92-140972                                 | <b>INSPECTION<br/>NUMBER</b>                            | 15                                |
| JOB ADDRESS<br><b>31 N NELLIS BL</b>                                                                                               |                                                                                                                                        |                                           |                                                         |                                   |
| LOT NO.                                                                                                                            |                                                                                                                                        | BLOCK NO.                                 | SUBDIVISION NAME<br><b>CARNIVAL RESTAURANT 31-37</b>    |                                   |
| FIRE DEPT. MAP NO.<br><b>2429-99</b>                                                                                               | JOB PHONE<br><b>878-9761</b>                                                                                                           | CALL-IN DATE<br><b>04/16/92</b>           | CALL-IN TIME<br><b>15:40</b>                            | SCHEDULE DATE<br><b>04/17/92</b>  |
| INSPECTOR NO.<br><b>54</b>                                                                                                         |                                                                                                                                        | INSPECTOR NAME<br><b>RAYMOND SCHMEDES</b> |                                                         |                                   |
| <b>INSPECTION REQUESTED</b> <span style="float: right;"><b>DRYWALL NAILING (125)</b></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<br>3RD FLOOR - 400 E. STEWART STREET.                                                     |                                           |                                                         |                                   |
| INSPECTOR SIGNATURE<br><i>RS Schmedes</i>                                                                                          |                                                                                                                                        | INSPECTION DATE<br><b>4-17-92</b>         |                                                         |                                   |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                          | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                           |                                                         |                                   |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY<br>CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                                                                                                                        |                                           |                                                         | <b>229-6765</b>                   |

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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |                                        |                                                                                                                                     |                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <b>A</b>                                                                                                                        | <b>PERMIT NUMBER</b>                   | 92-142496                                                                                                                           | <b>INSPECTION NUMBER</b>                                | 4                                        |
| <b>JOB ADDRESS</b><br>31 N NELLIS BL                                                                                            |                                        |                                                                                                                                     |                                                         |                                          |
| <b>LOT NO.</b>                                                                                                                  |                                        | <b>BLOCK NO.</b>                                                                                                                    | <b>SUBDIVISION NAME</b>                                 |                                          |
| <b>FIRE DEPT. MAP NO.</b>                                                                                                       | <b>JOB PHONE</b>                       | <b>CALL-IN DATE</b>                                                                                                                 | <b>CALL-IN TIME</b>                                     | <b>SCHEDULE DATE</b>                     |
| 2429-99                                                                                                                         |                                        | 04/16/92                                                                                                                            | 10:24                                                   | 04/17/92                                 |
| <b>INSPECTOR NO.</b>                                                                                                            |                                        | <b>INSPECTOR NAME</b>                                                                                                               |                                                         |                                          |
| 80                                                                                                                              |                                        | THOMAS GUGINO                                                                                                                       |                                                         |                                          |
| <b>INSPECTION REQUESTED</b> → ROUGH MECHANICAL (320)                                                                            |                                        |                                                                                                                                     |                                                         |                                          |
| <p>320 approved</p> <p>install the smoke detectors as required on Print M-1</p>                                                 |                                        |                                                                                                                                     |                                                         |                                          |
| <input type="checkbox"/> PARTIAL INSPECTION                                                                                     |                                        | <input type="checkbox"/> PARTIAL APPROVAL (P)                                                                                       |                                                         | <b>PARTIAL DESCRIPTION</b>               |
| <input checked="" type="checkbox"/> APPROVED (A)                                                                                | <input type="checkbox"/> STOP WORK (S) | <input type="checkbox"/> COMMENTS (C)                                                                                               | <input type="checkbox"/> TEMPORARY APPROVAL (T) — UNTIL | <input type="checkbox"/> HOLD (H)        |
| <input type="checkbox"/> REJECTED (R)                                                                                           |                                        | REINSPECTION REQUIRED - CALL *229-2071                                                                                              |                                                         | <input type="checkbox"/> PERMIT REQUIRED |
| <input type="checkbox"/> REFEE (F)                                                                                              |                                        | REINSPECTION FEE REQUIRED - PAY AT CITY HALL 3RD FLOOR - 400 E. STEWART STREET.                                                     |                                                         |                                          |
| <b>INSPECTOR SIGNATURE</b><br><i>Tom Guginio</i>                                                                                |                                        |                                                                                                                                     | <b>INSPECTION DATE</b><br>4-17-92                       |                                          |
| <input type="checkbox"/> PROJECT COMPLETE                                                                                       |                                        | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                                         |                                          |
| IF YOU HAVE ANY QUESTIONS ON THIS INSPECTION, YOU MAY CALL THE INSPECTOR FROM 7:00 A.M. - 7:15 A.M. OR 2:45 P.M. - 3:00 P.M. AT |                                        |                                                                                                                                     |                                                         | 229-6769                                 |

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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                          |                  |                |                      |              |
|--------------------------|------------------|----------------|----------------------|--------------|
| <input type="checkbox"/> | PERMIT<br>NUMBER | 92-140972      | INSPECTION<br>NUMBER | 3            |
| JOB ADDRESS              |                  |                |                      |              |
| 31 N. NEWS               |                  |                |                      |              |
| LOT NO.                  |                  | BLOCK NO.      | SUBDIVISION NAME     |              |
| FIRE DEPT. MAP NO.       |                  | JOB PHONE      | CALL-IN DATE         | CALL-IN TIME |
| INSPECTOR NO.            |                  | INSPECTOR NAME |                      |              |
| 44                       |                  | THOAL          |                      |              |
| INSPECTION<br>REQUESTED  |                  | 150 OTHER      |                      |              |

*DRAFT/ STOP W/ DAYWALK  
FIRE  
@ 150 BF OR LESS  
  
@ RAISE PLATFORM*

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

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# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS



**PERMIT  
NUMBER**

92-141059

**INSPECTION  
NUMBER**

20

JOB ADDRESS

31 N. NELLIS BL

LOT NO.

BLOCK NO.

SUBDIVISION NAME

FIRE DEPT. MAP NO.

JOB PHONE

CALL-IN DATE

CALL-IN TIME

SCHEDULE DATE

2429-99

873-0172

04/10/92

14:09

04/13/92

INSPECTOR NO.

INSPECTOR NAME

71

KEEFE BEYER

**INSPECTION  
REQUESTED**

ROUGH ELECTRICAL (220)

WALLS ONLY

☐ PARTIAL  
INSPECTION

☐ PARTIAL  
APPROVAL (P)

PARTIAL DESCRIPTION

☒ APPROVED  
(A)

☐ STOP  
WORK (S)

☐ COMMENTS  
(C)

☐ TEMPORARY  
APPROVAL (T) — UNTIL

☐ HOLD  
(H)

☐ REJECTED (R)

REINSPECTION REQUIRED - CALL \*229-2071

☐ REFEE (F)

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

☐ PERMIT  
REQUIRED

**INSPECTOR  
SIGNATURE**

INSPECTION DATE

13 APR 92

☐ **PROJECT  
COMPLETE**

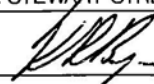
BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS  
SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only)

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

229-6769

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

# DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                 |  |                                                                                                                                     |  |                                       |  |                                                         |                 |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------|-----------------|
| <b>PERMIT NUMBER</b>                                                                                                            |  | <b>92-141059</b>                                                                                                                    |  | <b>INSPECTION NUMBER</b>              |  | <b>22</b>                                               |                 |
| JOB ADDRESS<br><b>31 N NELLIS BL</b>                                                                                            |  |                                                                                                                                     |  |                                       |  |                                                         |                 |
| LOT NO.                                                                                                                         |  | BLOCK NO.                                                                                                                           |  | SUBDIVISION NAME                      |  |                                                         |                 |
| FIRE DEPT. MAP NO.<br><b>2429-99</b>                                                                                            |  | JOB PHONE<br><b>873-0172</b>                                                                                                        |  | CALL-IN DATE<br><b>04/13/92</b>       |  | CALL-IN TIME<br><b>15:14</b>                            |                 |
| SCHEDULE DATE<br><b>04/14/92</b>                                                                                                |  |                                                                                                                                     |  |                                       |  |                                                         |                 |
| INSPECTOR NO.<br><b>71</b>                                                                                                      |  | INSPECTOR NAME<br><b>KEEFE BEYER</b>                                                                                                |  |                                       |  |                                                         |                 |
| <b>INSPECTION REQUESTED</b>                                                                                                     |  | <b>UNDERGROUND ELECTRICAL (201)</b>                                                                                                 |  |                                       |  |                                                         |                 |
| <p><b>PM</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"/> REJECTED (R)                                                                                           |  | <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                |                 |
| INSPECTOR SIGNATURE<br>                      |  |                                                                                                                                     |  | INSPECTION DATE<br><b>14 APR 91</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> |

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