

2952 Channel Bay

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                                                                                                          |                                |                                                                                                                                     |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| JOB ADDRESS<br><b>2152 Channel Bay</b>                                                                                                                                   |                                | PERMIT NO.<br><b>97</b>                                                                                                             |                             |
| LOT NO.                                                                                                                                                                  | MAP NO.                        | INSPECTOR<br><b>67</b>                                                                                                              | DATE                        |
| SUBDIVISION NAME                                                                                                                                                         |                                | PHONE                                                                                                                               |                             |
| INSPECTOR SIGNATURE<br><b>#67 J. Hill</b>                                                                                                                                |                                | INSPECTION DATE<br><b>5-16-87</b>                                                                                                   |                             |
| <p><b>Heat Grilles not on</b></p> <p><b>Ridge + Bull rise not on ROOF</b></p> <p><b>Fire tape + Seal at garage and Furnace</b></p> <p><b>Hole in closet upstairs</b></p> |                                |                                                                                                                                     |                             |
| <input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION:                                                                                                               |                                |                                                                                                                                     |                             |
| <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> PERMIT REQUIRED <input type="checkbox"/> STOP WORK                                                 |                                |                                                                                                                                     |                             |
| <input checked="" type="checkbox"/> REJECTED CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071                                                                     |                                |                                                                                                                                     |                             |
| INSPECT                                                                                                                                                                  | DESCRIPTION                    | INSPECT                                                                                                                             | DESCRIPTION                 |
| <input type="checkbox"/> B-1                                                                                                                                             | FOOTING, LAYOUT, REBAR, ZONING | <input type="checkbox"/> P-1                                                                                                        | ON SITE SEWER               |
| <input type="checkbox"/> B-2                                                                                                                                             | STEM WALL - FORMS & REBAR      | <input type="checkbox"/> P-2                                                                                                        | ON SITE WATER               |
| <input type="checkbox"/> B-3                                                                                                                                             | PRE-SLAB                       | <input type="checkbox"/> P-3                                                                                                        | BUILDING SEWER (YARD LINES) |
| <input type="checkbox"/> B-4                                                                                                                                             | ROOF SHEATHING                 | <input type="checkbox"/> P-4                                                                                                        | UNDERSLAB PLUMBING          |
| <input type="checkbox"/> B-5                                                                                                                                             | FRAMING                        | <input type="checkbox"/> P-5                                                                                                        | TOP OUT-WATER, GAS, WASTE   |
| <input type="checkbox"/> B-6                                                                                                                                             | INSULATION                     | <input type="checkbox"/> P-6                                                                                                        | FINAL GAS TEST              |
| <input type="checkbox"/> B-7                                                                                                                                             | DRY WALL NAILING               | <input type="checkbox"/> P-7                                                                                                        | FINAL PLUMBING              |
| <input type="checkbox"/> B-8                                                                                                                                             | EXTERIOR LATH/STUCCO           |                                                                                                                                     |                             |
| <input type="checkbox"/> B-9                                                                                                                                             | WALL GROUT & STEEL             | <input type="checkbox"/> M-1                                                                                                        | ROUGH VENT                  |
| <input type="checkbox"/> B-10                                                                                                                                            | POOL PRE-GUNITE                | <input type="checkbox"/> M-2                                                                                                        | HOOD                        |
| <input type="checkbox"/> B-11                                                                                                                                            | POOL PRE-PLASTER / FINISH      | <input type="checkbox"/> M-3                                                                                                        | FINAL MECHANICAL            |
| <input checked="" type="checkbox"/> B-12                                                                                                                                 | BUILDING FINAL                 |                                                                                                                                     |                             |
| <input type="checkbox"/> B-13                                                                                                                                            | CERT. OF OCC.                  | <input type="checkbox"/> X-1                                                                                                        | KICKER / FLUSH              |
|                                                                                                                                                                          |                                | <input type="checkbox"/> X-2                                                                                                        | UNDERGROUND HYDRO           |
|                                                                                                                                                                          |                                | <input type="checkbox"/> X-3                                                                                                        | UNDERGROUND FINAL FLOW      |
|                                                                                                                                                                          |                                | <input type="checkbox"/> X-4                                                                                                        | SPRINKLER SYSTEM HYDRO      |
|                                                                                                                                                                          |                                | <input type="checkbox"/> X-5                                                                                                        | FIRE ALARM                  |
|                                                                                                                                                                          |                                | <input type="checkbox"/> X-6                                                                                                        | OTHER                       |
|                                                                                                                                                                          |                                | <input type="checkbox"/> X-7                                                                                                        | FINAL FIRE                  |
|                                                                                                                                                                          |                                | <input type="checkbox"/> E-1                                                                                                        | UNDERGROUND ELECTRICAL      |
|                                                                                                                                                                          |                                | <input type="checkbox"/> E-2                                                                                                        | ROUGH ELECTRICAL            |
|                                                                                                                                                                          |                                | <input type="checkbox"/> E-3                                                                                                        | LOW VOLTAGE ELECTRICAL      |
|                                                                                                                                                                          |                                | <input type="checkbox"/> E-4                                                                                                        | SIGN INSPECTION             |
|                                                                                                                                                                          |                                | <input type="checkbox"/> E-5                                                                                                        | FINAL ELECTRICAL            |
|                                                                                                                                                                          |                                | <input type="checkbox"/> E-6                                                                                                        | TEMP POWER                  |
| <input type="checkbox"/> FINAL INSPECTION                                                                                                                                |                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                             |

FOR ASSISTANCE - CALL: 386-6251