

A. 8621 Catalonia  
B. 8625 Catalonia  
C. 8629 Catalonia

D. 8633 Catalonia  
E. 8637 Catalonia

Address change per  
planning 10/7/86  
rescinded 11/21/86

Debbie Ingram 9/1/89

DEPARTMENT OF BUILDING & SAFETY CITY OF LAS VEGAS

|                                                                                           |                                |                                                                                                                                     |                             |
|-------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| JOB ADDRESS<br>8621 Catalina                                                              |                                | PERMIT NO.<br>23208                                                                                                                 |                             |
| LOT NO.                                                                                   | MAP NO.                        | INSPECTOR<br>65                                                                                                                     | DATE                        |
| SUBDIVISION NAME<br>Bayside                                                               |                                | PHONE                                                                                                                               |                             |
| INSPECTOR SIGNATURE<br>LB65                                                               |                                | INSPECTION DATE<br>7-5-89                                                                                                           |                             |
| "VISUAL" FINAL, NO FINAL INSPECTION EVER CALLED FOR, AND SIGNED OFF!                      |                                |                                                                                                                                     |                             |
| <input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION:                                |                                |                                                                                                                                     |                             |
| <input checked="" type="checkbox"/> PERMIT REQUIRED <input type="checkbox"/> STOP WORK    |                                |                                                                                                                                     |                             |
| <input 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 / FINAL       | <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"/> E-1                                                                                                        | UNDERGROUND ELECTRICAL      |
| <input type="checkbox"/> X-3                                                              | UNDERGROUND FINAL/FLOW         | <input type="checkbox"/> E-2                                                                                                        | ROUGH ELECTRICAL            |
| <input type="checkbox"/> X-4                                                              | SPRINKLER SYSTEM HYDRO         | <input type="checkbox"/> E-3                                                                                                        | LOW VOLTAGE ELECTRICAL      |
| <input type="checkbox"/> X-5                                                              | FIRE ALARM                     | <input type="checkbox"/> E-4                                                                                                        | SIGN INSPECTION             |
| <input type="checkbox"/> X-6                                                              | OTHER:                         | <input type="checkbox"/> E-5                                                                                                        | FINAL ELECTRICAL            |
| <input type="checkbox"/> X-7                                                              | FINAL FIRE                     | <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 TECHNICAL ASSISTANCE - CALL: 799-6916