

1030 N. Jones B1.

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

|                                                                                                                                                                                                                                                                                                                            |                                |                                                                                                                                        |                             |                              |                        |
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| JOB ADDRESS<br><b>6030 H Jones</b>                                                                                                                                                                                                                                                                                         |                                | PERMIT NO.                                                                                                                             |                             |                              |                        |
| LOT NO.                                                                                                                                                                                                                                                                                                                    | MAP NO.                        | INSPECTOR<br><b>83</b>                                                                                                                 | DATE                        |                              |                        |
| SUBDIVISION NAME<br><b>AM State</b>                                                                                                                                                                                                                                                                                        |                                | PHONE                                                                                                                                  |                             |                              |                        |
| INSPECTOR SIGNATURE<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                  |                                | INSPECTION DATE<br><b>6-12-9</b>                                                                                                       |                             |                              |                        |
| <div><input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION:</div> <div><input checked="" type="checkbox"/> APPROVED      <input type="checkbox"/> PERMIT REQUIRED      <input type="checkbox"/> STOP WORK</div> <div><input type="checkbox"/> REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2071</div> |                                |                                                                                                                                        |                             |                              |                        |
| INSPECT                                                                                                                                                                                                                                                                                                                    | DESCRIPTION                    | INSPECT                                                                                                                                | DESCRIPTION                 | INSPECT                      | DESCRIPTION            |
| <input type="checkbox"/> B-1                                                                                                                                                                                                                                                                                               | FOOTING, LAYOUT, REBAR, ZONING | <input type="checkbox"/> P-1                                                                                                           | ON SITE SEWER               | <input type="checkbox"/> X-2 | UNDERGROUND HYDRO      |
| <input type="checkbox"/> B-2                                                                                                                                                                                                                                                                                               | STEM WALL - FORMS & REBAR      | <input type="checkbox"/> P-2                                                                                                           | ON SITE WATER               | <input type="checkbox"/> X-3 | UNDERGROUND FINAL/FLOW |
| <input type="checkbox"/> B-3                                                                                                                                                                                                                                                                                               | PRE-SLAB                       | <input type="checkbox"/> P-3                                                                                                           | BUILDING SEWER (YARD LINES) | <input type="checkbox"/> X-4 | SPRINKLER SYSTEM HYDRO |
| <input type="checkbox"/> B-4                                                                                                                                                                                                                                                                                               | ROOF SHEATHING                 | <input type="checkbox"/> P-4                                                                                                           | UNDERSLAB PLUMBING          | <input type="checkbox"/> X-5 | FIRE ALARM             |
| <input type="checkbox"/> B-5                                                                                                                                                                                                                                                                                               | FRAMING                        | <input type="checkbox"/> P-5                                                                                                           | TOP OUT-WATER, GAS, WASTE   | <input type="checkbox"/> X-6 | OTHER:                 |
| <input type="checkbox"/> B-6                                                                                                                                                                                                                                                                                               | INSULATION                     | <input checked="" type="checkbox"/> P-6                                                                                                | FINAL GAS TEST              | <input type="checkbox"/> X-7 | FINAL FIRE             |
| <input type="checkbox"/> B-7                                                                                                                                                                                                                                                                                               | DRYWALL NAILING                | <input type="checkbox"/> P-7                                                                                                           | FINAL PLUMBING              |                              |                        |
| <input type="checkbox"/> B-8                                                                                                                                                                                                                                                                                               | EXTERIOR LATH/STUCCO           |                                                                                                                                        |                             | <input type="checkbox"/> E-1 | UNDERGROUND ELECTRICAL |
| <input type="checkbox"/> B-9                                                                                                                                                                                                                                                                                               | WALL GROUT & STEEL             | <input type="checkbox"/> M-1                                                                                                           | ROUGH VENT                  | <input type="checkbox"/> E-2 | ROUGH ELECTRICAL       |
| <input type="checkbox"/> B-10                                                                                                                                                                                                                                                                                              | POOL PRE-GUNITE                | <input type="checkbox"/> M-2                                                                                                           | HOOD                        | <input type="checkbox"/> E-3 | LOW VOLTAGE ELECTRICAL |
| <input type="checkbox"/> B-11                                                                                                                                                                                                                                                                                              | POOL PRE-PLASTER / FINAL       | <input type="checkbox"/> M-3                                                                                                           | FINAL MECHANICAL            | <input type="checkbox"/> E-4 | SIGN INSPECTION        |
| <input type="checkbox"/> B-12                                                                                                                                                                                                                                                                                              | BUILDING FINAL                 |                                                                                                                                        |                             | <input type="checkbox"/> E-5 | FINAL ELECTRICAL       |
| <input type="checkbox"/> B-13                                                                                                                                                                                                                                                                                              | CERT. OF OCC.                  | <input type="checkbox"/> X-1                                                                                                           | KICKER / FLUSH              | <input type="checkbox"/> E-6 | TEMP POWER             |
| <input checked="" type="checkbox"/> FINAL INSPECTION                                                                                                                                                                                                                                                                       |                                | BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS<br>SIGNED OFF TO BLDG & SAFETY FOR C. OF O. ISSUANCE (Commercial Only) |                             |                              |                        |