Hansen Sheet

Separator Sheet

City of Las Vegas
400 Stewart Ave
Las Vegas, NV 89101-2927

SUMMERLIN/SUN CITY DEVIATION

Report Date 09/15/2006 08:10 AM **Submitted By**

A/P #	15557	Type	SCD	Issued Date	Issued By

Parcel 13726816024

Location
Owner NORRIS LISA C
Phone
Address 239 BAMBOO FOREST PL
LAS VEGAS NV 89138-1500
Country ☐ **Foreign**

Applicant's Full Name LISA NORRIS
Day Phone (702)205-7262 x **Fax** (702)255-8297 **Address** 239
Pager BAMBOO FORST PLACE
LAS VEGAS NV
89138

Fees

PROCESSING FEE	300.00
Total Paid	300.00

Declared Value	0.00	**Type of Work**	
Calculated Value	0.00	**Square Footage**	0.00
Actual Value	0.00		

Comments
No Comments

Signature of Owner (If Owner Builder) Date Signature of Contractor or Authorized Agent Date

City of Las Vegas
400 Stewart Ave
Las Vegas, NV 89101-2927

SCD Application

Report Date 09/15/2006 08:09 AM **Submitted By**

A/P # 15557 SUMMERLIN/SUN CITY DEVIATION

Application Information

Stages

	Date / Time	By		Date / Time	By
Processed	08/01/2006 13:17	983052	**Temp COO**		
Approved			**COO Issued**		
Final			**Expires**		

Associated Information

Type of Work		**# Plans**	0
Dept of Commerce		**# Plans**	0
Priority	☒ **Auto Reviews**	**Bill Group**	

Valuation

Declared Valuation	0.00
Calculated Valuation	0.00
Actual Valuation	0.00

Description of Work

No Comments

Parent A/P #
Project # 15557 **Project/Phase Name** **Phase #**
Size/Area 0.00 **Size Description** **Subdivision Code**
Proposed Start **Proposed Stop** **% Completed** 0.00
% Complete Formula

Property/Site Information

Parcel 13726816024

Location

Owner/Tenant

Contact ID AC456941 **Name** NORRIS LISA C
Organization **Position** **Profession**
Mailing Address 239 BAMBOO FOREST PL
City LAS VEGAS **State/Province** NV **ZIP/PC** 89138-1500
Country ☐ **Foreign** **Reference #**
Day Phone **Evening Phone** **Fax**
Pager **PIN #** **Mobile #**
E-Mail
Owner From 11/20/2002 **To** ☒ **Primary** 100.00 **%**

Contacts

Contact ID AC25398 **Name** P N II INC
Organization % PULTE HOMES NV **Position** % D BOETTCHER **Profession**
Mailing Address 1635 VILLAGE CENTER CIR #250
City LAS VEGAS **State/Province** NV **ZIP/PC** 89134-0574
Country ☐ **Foreign** **Reference #**
Day Phone **Evening Phone** **Fax**
Pager **PIN #** **Mobile #**
E-Mail
Owner From 08/10/2002 **To** 11/20/2002 ☐ **Primary** 0.00 **%**

Linked Addresses

No Addresses are linked to this Application

A/P Linked Addresses

239 BAMBOO FOREST PL
LAS VEGAS, 89138-

Linked Parcels

No Parcels are linked to this Application

A/P Linked Parcels

13726816024

Applicants/Contacts

Primary Y **Capacity** APPL **Contact ID** AC1249934 ☐ **Foreign**
Effective **Expire**
Name LISA NORRIS
Day Phone (702)205-7262 x **Eve Phone** **Organization**
Pager **PIN #** **Position**
Fax (702)255-8297 **Mobile** **Profession**
E-Mail
Address 239
BAMBOO FORST PLACE
LAS VEGAS, NV 89138
Seasonal Addr

Valid From **To**
Comments
No Comments

Contractors

No Contractors

Fees	Status	Paid Date	Amount
PROCESSING FEE	P	08/01/2006 13:32	300.00
	Total Unpaid	0.00 **Total Paid**	300.00

Template Type	A/P #	A/P Type	Status	Stage

No children exist for this project

Employee ID	Last	First	MI	Comments

No Employee Entries

Log Action	Description	Entered By	Start	Stop	Hours
PAYMNT	CK NAME,# WHO PICKED UP PERMIT	984018	08/01/2006 13:32		0.00
Comments	Alvarado Cates Jr. pd ck #1065, 255-8297				

Refund

Separator Sheet

City of Las Vegas
Claim for Refund

Refund to be issued to:

Lisa Norris
239
Bamboo Forst Place
Las Vegas, NV 89138
(702)205-7262 x

Transaction Date: September 18, 2006 9:05 am

SCD-15557

PROCESSING FEE

AUTHORIZED BY: DRANKIN

Refund Amount

$ 300.00

Refund Total: $ 300.00

Reason for refund: NOT NEEDED. PER DOUG RANKIN. FEE REFUNDED.

Claimant Signature

CITY of LAS VEGAS
CLAIM FOR REFUND

09/15/06
Date

TO: Finance and Business Services, Accounts Payable

Please issue warrant to: Lisa C. Norris
Name

2391 Bamboo Forest Pl.
Address

Las Vegas, NV. 89138
City, State, Zip Code

In the amount of $ 300-

For the following:

NO GR # 09/15/06
Document # (i.e., GR#, Business License #, Permit #) Date

$ 300- SCD-15557
Amount For

Deposited by _____

Reason for refund: Not needed. Per Doug Rankin.

_____

Claimant Signature

I certify this demand is true and correct; is unpaid and due the claimant.

_____
Authorized by

PLANNING MANAGER
Title

Hansen Refund Account #:
100000.00000.160870.000000.000.000

FUND ORG	ACCT	TASK	OPT.	ACT/WA	AMOUNT
00730126	1100	E220	00000		$300-

CLV 7004 1020-015-4/96

Nora Lares

From: Doug Rankin
Sent: Thursday, August 24, 2006 11:20 AM
To: Nora Lares
Subject: FW: Lisa Norris Refund

Follow Up Flag: Follow up
Flag Status: Red

Please Refund SCD-15557 as it is no longer needed.

From: Fred Solis
Sent: Tuesday, August 22, 2006 3:53 PM
To: Doug Rankin
Subject: Lisa Norris Refund

The case number is SCD-15557

Thx

Fred Solis
Planner II
City of Las Vegas Planning Department
702-229-5409
702-474-0352 (fax)
fsolis@lasvegasnevada.gov