



City of Las Vegas
BUILDING & SAFETY
FIRE PREVENTION PERMIT/HARD CARD



FOR INSPECTION REQUEST CALL 229-4677

FOR SCHEDULING ASSISTANCE CALL: 229-6914

Permit Number: **119295**

Permit Type: **COMMERCIAL ADDITION**

Job Address: **3100 S VALLEY VIEW BLVD**

Apt/Suite:

FD Map#: **02623-71**

Project Name: **WORLD WELLNESS GROUP**

Primary Applicant: **GOHRES CONSTRUCTION CO**

INSPECT	DESCRIPTION	APPROVED	DATE
<input type="checkbox"/> 101	FOOTING, LAYOUT, REBAR, ZONING		
<input type="checkbox"/> 201	UNDERGROUND ELECTRIC		
<input type="checkbox"/> 203	UFER GROUND		
<input type="checkbox"/> 407	UNDER SLAB PLUMBING		
<input type="checkbox"/> 405	BUILDING SEWER (YARD LINES)		
<input type="checkbox"/> 103	STEM WALL-FORMS & REBAR		
<input type="checkbox"/> 105	PRE SLAB		
<input type="checkbox"/> 131	WALL GROUT & STEEL		

POUR NO CONCRETE UNTIL ABOVE APPLICABLE ITEMS ARE SIGNED

<input type="checkbox"/> 107	ROOF SHEATHING		
<input type="checkbox"/> 109	SHEAR		
<input type="checkbox"/> 129	EXTERIOR LATH		
<input type="checkbox"/> 220	ROUGH ELECTRICAL		
<input type="checkbox"/> 223	LOW VOLTAGE ELECTRIC		
<input type="checkbox"/> 320	ROUGH MECHANICAL		
<input type="checkbox"/> 420	ROUGH PLUMBING-TOP OUT		
<input type="checkbox"/> 120	FRAMING		
<input type="checkbox"/> 123	INSULATION		
<input type="checkbox"/> 126	HOOD SHAFT		

DO NOT SHEETROCK UNTIL ABOVE IS APPROVED

<input type="checkbox"/> 125	DRYWALL NAILING		
<input type="checkbox"/> 127	CEILING GRID		
<input type="checkbox"/> 240	FINAL ELECTRICAL		
<input type="checkbox"/> 340	FINAL MECHANICAL		
<input type="checkbox"/> 423	FINAL GAS TEST		
<input type="checkbox"/> 440	FINAL PLUMBING		
<input type="checkbox"/> 140	FINAL BUILDING		
<input type="checkbox"/> 150	OTHER BUILDING		
<input type="checkbox"/> 225	SIGN INSPECTION		
<input type="checkbox"/> 231	SERVICE CHANGE		
<input type="checkbox"/> 235	EMERGENCY ELECTRICAL TEST		
<input type="checkbox"/> 239	POLE/CONST. POWER		
<input type="checkbox"/> 250	OTHER ELECTRICAL		

INSPECT	DESCRIPTION	APPROVED	DATE
<input type="checkbox"/> 305	HOOD		
<input type="checkbox"/> 323	MECHANICAL GAS LINE		
<input type="checkbox"/> 350	OTHER MECHANICAL		
<input type="checkbox"/> 401	ON SITE SEWER (MAIN)		
<input type="checkbox"/> 403	ON SITE WATER		
<input type="checkbox"/> 441	IRRIGATION		
<input type="checkbox"/> 450	OTHER PLUMBING		
<input type="checkbox"/> 540	FINAL FIRE		
<input type="checkbox"/> 543	UG FIRE LINE KICKER		
<input type="checkbox"/> 545	UG FIRE LINE HYDRO/FLUSH		
<input type="checkbox"/> 546	UG FIRE LINE FINAL/FLOW		
<input type="checkbox"/> 550	FIRE OTHER		
<input type="checkbox"/> 551	AVI		
<input type="checkbox"/> 640	FINAL PLANNING		
<input type="checkbox"/> 740	OFFSITE INSPECTION & TESTING		
<input type="checkbox"/> 650	OTHER		
<input type="checkbox"/> 901	POOL PRE-GUNITE		
<input type="checkbox"/> 903	POOL GAS TEST		
<input type="checkbox"/> 905	POOL PRE-DECK		
<input type="checkbox"/> 908	POOL SPA INSPECTION		
<input type="checkbox"/> 910	POOL PRE-PLASTER/FINAL		
<input type="checkbox"/> 516	MEDICAL GAS		
<input type="checkbox"/> 135	LIGHT TEST		
<input type="checkbox"/> 913	TRAILER		
<input type="checkbox"/> 938	CERT. OF COMPLETION		
<input type="checkbox"/> 939	TEMP. CERT. OF OCCUPANCY		
<input type="checkbox"/> 940	CERT. OF OCCUPANCY		
<input type="checkbox"/> 950	OTHER POOL		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Approved Plans Shall Be On Job Site During Construction

NOTICE: Do not cover any work requiring inspection until inspections are conducted and approved. Required inspections may vary from those designated above.

A PIN NUMBER IS REQUIRED TO SCHEDULE INSPECTIONS

ADDITIONAL PERMITS

THIS CARD SHALL REMAIN ON SITE UNTIL PROJECT IS COMPLETE

Issue Date **01/09/2009**

Print Date **1/9/2009**

Permit Expires 180 Days After Abandonment of Work

By acceptance of this permit, the permittee acknowledges that the information contained hereon is to the best of his/her knowledge true and correct.