

Clark County Department of Development Services

PERMIT

4701 West Russell Rd Las Vegas, NV 89148

(702) 455-3000

IMPORTANT: Always use the permit number below when requesting inspections or information concerning this permit.

PERMIT NUMBER 06-55198 0D4	PHONE SYSTEM NUMBER 11010089	INTERNET PIN NUMBER 224946	ISSUE DATE 5/11/07
PROJECT NAME TRAC MEDICAL OFF. COMPLEX		SUBDIVISION	

PARCEL NO: 162-13-607-002 RANGE-TOWNSHIP-SECTION 61-21-13

SITE ADDRESS: 3100 E TWAIN AVE
TENANT NAME: TRAC MEDICAL OFFICE COMP TENANT NO:

PROPERTY OWNER: T R R A C L L C
CONTRACTOR: GOHRES CONSTRUCTION CO

PERMIT: GRADING 1,001-10,000 CY
GRADING-COMMERCIAL
COMMERCIAL SHORT

VALUATION: 0

WHEN THIS PAC IS APPROVED, PLEASE
REVISE THE SCOPE OF 07-17705 TO MAKE IT
BUILDING ONLY PERMIT. May 5, 2007
3:20:48 PM ayalew

GRADING FOR FUTURE MEDICAL OFFICE

UNITS/RMS: 0	SQ FOOTAGE: 0	NO. STORIES: 0	GAA: YES
OCCUPANCY:	TYPE OF CONST:	SPRINKLER:	OCC LD:

PMT DETAIL:	QTY	ITEM
	1.00	1001-10,000 CU YD.
	7.00	1001-10,000 CU YD./ADD CY

FEE SUMMARY	CHARGED	PAID PREV	PAID
PERMIT FEE	231.40	.00	231.40
ZONING PC FEE	23.14	.00	23.14
GRADING PLAN REVIEW-BLD	36.20	.00	36.20
TORTOISE REPORT FEE-C	50.00	.00	50.00
TORTOISE MITIGATION FEE	660.00	.00	660.00

CONDITIONS OF PERMIT

I agree to build according to declared description, approved plans, specifications and the Clark County Code. I also agree to call 455-3000 for required inspections as each construction phase is completed.

TOTAL PAID	1000.74
PAYMENT TYPE	CHECK
NUMBER	75891

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under the provisions of NRS 624.283

[Signature]
Contractor Signature

OWNER-BUILDER DECLARATION

I, as owner of the property upon which I am requesting to build or improve a structure, and the structure to be built or improved is a residential structure which I intend to occupy. I do not intend to sell said structure or transfer ownership of said structure at least until I occupy the premises for a period of one year under NRS 624.031. I intend to act as my own contractor and I understand that I am liable to criminal prosecution under 624.212 if I engage in business as a contractor without a license and will not be exempt from license requirement as outlined in NRS 624.031.

[Signature]
Applicant Signature

05/11/07
Date

[Signature]
Issued By

THIS PERMIT BECOMES NULL AND VOID if work or construction is not commenced within 180 days from date of issuance, or work is suspended or abandoned for a period of 180 days any time after work is commenced.

CLARK COUNTY DESERT CONSERVATION PROGRAM
LAND DISTURBANCE / MITIGATION FEE FORM

- OFFICIAL USE ONLY -

All project proponents in the permit area are required to complete this form and submit it to the appropriate local agency. Authorization to develop property will not be granted by the local agency until this form has been submitted and is accepted as complete. The project proponent is responsible for securing all signatures required below and for accurately providing all required information.

Receipt #: _____
Project #: 0-55198
City / County: _____

PROPERTY SITE DESCRIPTION

Assessor's Parcel Number(s): 162-13-007-002
OR
Legal Description (Attach Separate Sheet If Required): _____

Legal Description includes: Township 21; Range 101; _____ 1/4 _____ 1/4 _____ 1/4 of Section 13 (This will provide a property description to the nearest ten acres: 640 ac./sec * 1/64 sec. = ten acres). This information is available on County or City plat maps for the subject property. Provide property address and nearest major street intersection if existing. Also describe landmarks (e.g., shopping centers, railroad tracks, power lines or other unique features) with directions and distances to or from said landmarks.

Type of Development Permit Being Sought: Commercial

TOTAL ACREAGE IN PARCEL: 1.20 NUMBER OF ACRES WITHIN PARCEL TO BE DISTURBED: 1.20

CITY OR TOWN LOCATION: Las Vegas

TRAC, LLC _____
PROPERTY OWNER - PRINT NAME SIGNATURE DATE

ADDRESS, CITY, STATE, ZIP _____ TELEPHONE NUMBER _____
Richard W. Washburn _____
PROJECT PROPONENT - PRINT NAME SIGNATURE DATE

10000 Las Vegas Blvd, NV 89123 _____
ADDRESS, CITY, STATE, ZIP TELEPHONE NUMBER

- FOR OFFICIAL USE ONLY -

Acres within Parcel to be developed verified by:

- a. Building Department
- b. Public Works
- c. Zoning
- d. Health District

Mitigation Fee Assessed: 1.20 ac. x \$550 = \$ 660
Compliance Report Fee (Administrative Fee) \$ 500
TOTAL FEES PAID \$ 710

If exemption or reduction of fee applies, please explain below:

- Tortoise Mitigation Fee Previously Paid: Permit No. N/A (Attach Documentation)
- Property Previously Developed, Fee Not Applicable. Explain: _____
- Property Subject to Governmental Exemption _____ Explain Type of Project and Purpose: _____
- Other. Explain: _____

Received By: _____
Date: _____

**CALCULATION OF ACRES DEVELOPED
AND FEES PAID WILL BE AUDITED**

