



Clark County Department of Development Services



PERMIT

4701 West Russell Rd • Las Vegas NV 89116

(702) 455-3000

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

PERMIT NUMBER	PHONE SYSTEM NUMBER	INTERNET PIN NUMBER	ISSUE DATE
08-5231 F1	11586518	868317	2/22/08

PROJECT NAME	SUBDIVISION
TRAC MEDICAL OFFICE COMP	

PARCEL NO: 162-13-607-002	RANGE-TOWNSHIP-SECTION	61-21-13
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SITE ADDRESS: 3110 E TWAIN AVE	TENANT NO:
TENANT NAME: TRAC MEDICAL OFFICE COMP	

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

PERMIT: FENCE/COMMERCIAL	VALUATION: 546
FENCE-COMMERCIAL	

COMM OVER THE CNTR
 INSTALL (1) 7' X 2" X 11' - 8" X 7' X 2" TRASH
 ENCLOSURE

CODE YEAR: 2006

UNITS/RMS: 0	SQ FOOTAGE: 156	NO. STORIES: 0	QAQ:
OCCUPANCY:	TYPE OF CONST:	SPRINKLER:	OCC LD:

FEE SUMMARY

PERMIT FEE	CHARGED	PAID PREV	PAID
	17.89	.00	17.89

TOTAL PAID	17.89
PAYMENT TYPE	CHECK
NUMBER	76384

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.

LICENSED CONTRACTORS DECLARATION

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

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.

Applicant Signature

Date

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 Department of Development Services



PERMIT

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

PERMIT NUMBER: 08-5230 F1 PHONE SYSTEM NUMBER: 11586475 INTERNET PIN NUMBER: 797610 ISSUE DATE: 2/22/08
 PROJECT NAME: TRRAC MEDICAL OFFICE COMPLEX SUBDIVISION:

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

SITE ADDRESS: 3110 E. TWAIN AVE TENANT NO:
 TENANT NAME: TRRAC MED OFFICE

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

PERMIT: FENCE/COMMERCIAL VALUATION: 2502
 FENCE-COMMERCIAL

COMM OVER THE CNTR

QAA issued to Grisham Consulting/jsc
 45 LN FT OF 6'0" SCREEN WALL @ EQUIPMENT AREA

24LN FT OF 3' 4" RETAINING WALL @ STREET

80LN FT OF 3'4" REATINING WALL @ NE

CORNER-- ALL ON OWNERS PROPERTY

CODE YEAR: 2006

UNITS/RMS: 0 SQ FOOTAGE: 616 NO. STORIES: 0 QAA: YES
 OCCUPANCY: TYPE OF CONST: SPRINKLER: OCC LD:

FEE SUMMARY	CHARGED	PAID PREV	PAID
PERMIT FEE	48.86	.00	48.86
		TOTAL PAID	48.86
		PAYMENT TYPE	CHECK
		NUMBER	76304

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.

LICENSED CONTRACTORS DECLARATION

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

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.

Applicant Signature

Date

Issued By

2/22/08

HMS



Development Services Department

County of Clark, State of Nevada

QUALITY ASSURANCE AGENCY SPECIAL INSPECTION AGREEMENT

PAC # 08-5230

On this date 2/22/2008, the Clark County Development Services Department, acting through the BUILDING OFFICIAL and T R R A C L L C as the OWNER or OWNER'S AGENT for the construction and/or alteration of a structure/building known as TRRAC MED OFFICE at 3110 E TWAIN AVE for work described as FENCE-COMMERCIAL with inspection or testing services being performed by **Grisham Consulting Services Inc.** an approved quality assurance/testing agency in the County of Clark, State of Nevada, agree to the following:

1. That the BUILDING OFFICIAL, in accordance with Chapter 17 of the 2006 International Building Code has identified a requirement for onsite special inspection and/or testing services for that work which falls within the categories specifically identified on the attached addendum.
(Item # M,X)
2. That the OWNER or OWNER'S AGENT is responsible for obtaining all testing and/or special inspection services from a quality assurance or testing agency approved by the BUILDING OFFICIAL.
3. That all work falling within the categories identified on the attached addendum shall be inspected or tested in accordance with the provisions of Chapter 17 of the 2006 International Building Code, and that written results of those inspections or tests shall be provided to the BUILDING OFFICIAL with copies available to the permit holder upon permittee's request.
4. That the BUILDING OFFICIAL shall determine when special inspections or testing services are to commence and terminate based on the scope and progress of work.
5. That no testing services will be performed by Clark County.

THIS AGREEMENT IS ACKNOWLEDGED BY THE SIGNATURES SHOWN BELOW

CLARK COUNTY DEVELOPMENT SERVICES DEPARTMENT

By:  _____

(Print Name) meghan stocks

(Print Company Name) Gomes Construction