



DEPARTMENT OF DEVELOPMENT SERVICES

4701 West Russell Road - Las Vegas, NV 89118 * (702) 455-3000

INSPECTION RECORD COMMERCIAL BUILDING

Site Address: 3110 E TWAIN AVE Permit Nbr: 07-17705 BU1
 Owner Name: T R R A C L L C Owner Phn: 00
 Owner Address: 6550 S PECOS, LAS VEGAS NV 89120-2828, LAS VEGAS NV 891202828
 Contractor: GOHRES CONSTRUCTION CO Ctr Phone: 768-8598
 Contr Addr: 10409 PACIFIC PALISADES AVE, LAS VEGAS NV 89144
 Subdivision: Unit#: Lot#: Block#: Parcel Nbr: 162-13-607-002 Nbr of Units: 0 Square Footage: 0
 Permit Type: BUILDING PERMIT/COMMERCIAL Construction Type: 5B Occupancy: B/S2
 Appl Type: MEDICAL OFFICE BLDG-NEW Issue Date: 2/01/08
 Comments/Conditions: NEW MEDICAL OFFICE COMPLEX GRADING PER
 Scope: NEW MEDICAL OFFICE COMPLEX GRADING PERMIT #06-55198, COMMERCIAL

Permits become null and void if construction is not commenced within 180 days from date of issuance or work is suspended or abandoned for a period of 180 days anytime after work is commenced.

| CODE | REQUIRED INSPECTIONS | DATE-INSPECTOR | CODE | REQUIRED INSPECTIONS | DATE-INSPECTOR |
|---|-------------------------------------|----------------|------|---------------------------------------|----------------|
| 2207 | Pad Grading (Soil / Certification) | | 3380 | Temporary Power Pole (Electrical) | |
| 2222 | Foundation:Footings | | 3111 | Well, Electrical Underground, Partial | |
| 3319 | Ufer/Ground Electrode | | 3199 | Well, Electrical Final, Partial | |
| DO NOT POUR FOOTINGS UNTIL ABOVE ARE SIGNED | | | | | |
| 3311 | Underground Electrical | | 2233 | Columns & Supports | |
| 5511 | Underground Mechanical | | 2228 | Concrete Floor/Deck | |
| 3321 | Slab Electrical | | 2225 | Concrete Wall | |
| 4412 | Underground Plumbing | | 2226 | Masonry Pre Grout Lift | |
| 2229 | Concrete Slab On Grade | | | Masonry Pre Grout Lift | |
| DO NOT POUR CONCRETE SLAB UNTIL ABOVE ARE SIGNED | | | | | |
| | | | | Masonry Pre Grout Lift | |
| 2239 | Shear Walls | | 2235 | Subfloor Sheathing | |
| 2236 | Roof Sheathing | | 2284 | Stucco Brown Coat | |
| | | | 2273 | Suspended Ceiling Frame | |
| 3331 | Rough Electrical | | 4469 | Sump Pumps (Ejectors) Lifts | |
| 4425 | Water Piping | | 4466 | Sand/Oil Interceptor | |
| 4441 | Rough Plumbing | | 4479 | Grease Interceptor | |
| 5551 | Rough Mechanical | | 4489 | Boilers | |
| | | | 4422 | Gas Piping | |
| 4455 | Gewer | | 4493 | Gas Test (Plumbing) | |
| | | | 4485 | Gas Tag | |
| 2268 | Roof Underlayment & Flashing | | 5636 | Duct Detector Test | |
| 2244 | Framing | | 5545 | Damper (Smoke/Fire) | |
| 2249 | Exterior Lath/Siding | | 5546 | Rough Grease Duct | |
| 2252 | Insulation | | 5548 | Grease Duct Enclosure | |
| 2259 | Interior Lath/Drywall | | 5575 | Type I Hood | |
| | | | 5577 | Type II Hood | |
| 3399 | Final Electrical | | | Hood Air Balance Report | |
| 4499 | Final Plumbing | | | Hood Extinguishing System (Fire Dept) | |
| 5599 | Final Mechanical | | 5583 | Gas Test (Mechanical) | |
| | | | | | |
| | QAA Final Report | | 3381 | Temporary Power | |
| | | | 3361 | Generator Test | |
| 2299 | Final Building | | 3931 | Fire Alarms (Rough Electrical) | |
| 3395 | Electrical Meter Tag | | 3991 | Fire Alarms (Pre-Final) | |
| | | | | Fire Alarms (Fire Dept. Testing) | |
| | | | 3999 | Fire Alarms (Final Electrical) | |
| | | | | | |
| | | | | Mechanical Air Balance Report | |
| | | | | Sprinklers (Fire Department) | |
| | | | | Fire Department Final | |

REQUIRED PRIOR TO FINAL INSPECTIONS

| | | |
|----------------------------|----------------------------|----------|
| Drainage Compliance Report | - C.C. Civil Engineering | 455-4600 |
| Sewer Clearance | - C.C. Water Reclamation | 434-6600 |
| Septic Tank Clearance | - C.C. Health District | 385-1291 |
| Landscape Certification | - C.C. Building Department | 455-3000 |
| Water | - L.V. Water District | 870-4194 |
| Off Sites | - C.C. Civil Engineering | 455-4600 |

PERMITS & APPROVED PLANS MUST BE AVAILABLE FOR INSPECTOR USE DURING INSPECTIONS CALL 455-3000 TO REQUEST INSPECTIONS



Clark County Department of Development Services



PERMIT

4701 West Russell Rd • Las Vegas NV 89118

(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 |
| 07-17705 BU1 | 11010121 | 119805 | 2/01/08 |
| PROJECT NAME | SUBDIVISION | | |
| TRAC MEDICAL OFFICE COMP | | | |
| PARCEL NO: 162-13-607-002 | RANGE-TOWNSHIP-SECTION | 61-21-13 | |
| SITE ADDRESS: 3110 E TWAIN AVE | TENANT NO: | | |
| TENANT NAME: TRAC MEDICAL OFFICE COMP | | | |
| PROPERTY OWNER: T R R A C L L C | | | |
| CONTRACTOR: GOHRES CONSTRUCTION CO | | | |
| PERMIT: BUILDING COMMERCIAL | VALUATION: 1500000 | | |
| MEDICAL OFFICE BLDG-NEW | | | |
| COMMERCIAL | | | |
| NEW MEDICAL OFFICE COMPLEX GRADING | | | |
| PERMIT #06-55198 | | | |
| 6' decorative wall to be provided along west property line prior to final inspection ref. landscaping plan. | | | |
| UNITS/RMS: 0 | SQ FOOTAGE: 41500 | NO. STORIES: 2 | GAA: YES |
| OCCUPANCY: B/S2 | TYPE OF CONST: SB | SPRINKLER: Y | DOC LD: 200 |
| | | CODE YEAR: 2000 | |

| FEE SUMMARY | CHARGED | PAID PREV | PAID |
|------------------------|----------|---------------------|-----------------|
| PERMIT FEE | 6096.72 | .00 | 6096.72 |
| ZONING PC FEE | 609.67 | .00 | 609.67 |
| TRANSPORTATION TAX - C | 31125.00 | .00 | 31125.00 |
| WATER USAGE FEE | 87.25 | .00 | 87.25 |
| | | TOTAL PAID | 37918.64 |
| | | PAYMENT TYPE | CHECK |
| | | NUMBER | 58464 |

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.

2/01/08

MLH

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 100 days any time after work is commenced.

CUSTOMER COPY

07-17705

STATE OF NEVADA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER PLANNING

SUMMARY OF INFORMATION RELATED TO WATER USE OF PROJECTS

- This form must be completed upon approval of commercial or industrial projects where use of water is 5.0 acre-feet or more per year.
- Fee: \$85.00 + \$0.50 per acre-foot or fraction thereof.

1. Name and mailing address of Project Owner or Developer:

J R R AC LLC
6850 S Lewis Rd WNW 89120-2828

2. Location of Project by legal description (Section, Township, Range, etc.):

pm 28/32 Lot 2 162-13-607-002
Sec 13 T. 21S R. 61

3. Description of Project including a summary of the amount of water required annually:

Medical Office Bldg

4. Water supplier (utility, municipality, water district, self supplied):

WWS

5. If self supplied, please state the source of water, and identify the water rights (i.e., underground water, spring, stream) also (permit, claim, certificate):

NA

OFFICE USE ONLY

| | | | |
|------------|-----------------|--------------------------|-----------------|
| Permit No. | <u>07-17705</u> | Base fee..... | \$85.00 |
| Date | <u>01/31/08</u> | <u>4.50</u> AF/@.50..... | <u>2.25</u> |
| | | Total Fee | \$ <u>87.25</u> |

Issued by [Signature] Date 01/31/08 Cash _____ Check ✓



Development Services Department

County of Clark, State of Nevada

QUALITY ASSURANCE AGENCY SPECIAL INSPECTION AGREEMENT PAC # 07-17705

On this date 1/31/2008, 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 MEDICAL OFFICE COMP at 3110 E TWAIN AVE for work described as MEDICAL OFFICE BLDG-NEW with inspection or testing services being performed by **Grisham Consulting Services Inc. and APEX TESTING CORP** 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 2000 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 # G,S,C,Y) Grisham Consulting Services Inc.
(Item #W) APEX TESTING CORP
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 2000 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) RICHARD W. WARABURD

(Print Company Name) TRRAC, LLC

CLARK COUNTY DEPARTMENT OF DEVELOPMENT SERVICES
PERMIT APPLICATION CENTER

PRINT PACKAGE CONTROL LOG

Date: 4/6/07

PAC Control No. 07-17765

TR PAC MEDICAL OFFICE COMPLEX

(Project Name)

GOHRES CONST

(Contractor)

MARC GONKES

(Contact)

JERRY MICELI

(Unit)

(Project Location)

768-8598

(Phone)

(Job or Subdivision Name)

(No. of Units)

BUILDING PERMIT

GRADING PERMIT ONLY

FOUNDATION PERMIT ONLY

OTHER

SCOPE OF WORK:

MEDICAL OFFICE SHELL

ZONING

4/10/07

(Date In)

5/15/07

(Date Out)

APPLICATIONS: ZC-01-1081

NEW ADDRESS:

LEGAL DESCRIPTION:

P/W 28/32 LOT 2

ZONING: C-P

AE: NH

LD #: 3

PM #:

ASSESSOR #: 162-13 607-007

ACREAGE: 1.14

PFNA: \$

PARK DISTRICT: 1

COMMENTS/USE:

APPROVED: GONO

ZONING (Signature)

CIVIL ENGINEERING DIVISION

COMMENTS: o/s 07-20861

APPROVED: J. Kerb...

CIVIL ENGINEERING (Signature)

12/15/07

DEVELOPMENT SERVICES

1-9-08

(Date In)

(Date Out)

COMMENTS:

APPROVED: BVKE

BUILDING (Signature)

**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 #: 07-17705
City/County: _____

PROPERTY SITE DESCRIPTION

Assessor's Parcel Number(s): 162-13-607-002
OR
Legal Description (Attach Separate Sheet If Required): _____

Legal Description includes: Township _____; Range _____; _____ 1/4 _____ 1/4 _____ 1/4 _____ of Section _____
(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: 1.10 NUMBER OF ACRES WITHIN PARCEL TO BE DISTURBED: 1.10

CITY OR TOWN LOCATION: Pecos - McLeod, T. & M. Co.

PROPERTY OWNER - PRINT NAME: TRAC, LLC SIGNATURE: _____ DATE: 4-6-07

ADDRESS, CITY, STATE, ZIP: 1000 N. GREEN VALLEY PKY Suite 300-172 TELEPHONE NUMBER: 702-375-9440

PROJECT PROPONENT - PRINT NAME: _____ SIGNATURE: _____ DATE: _____

ADDRESS, CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

- FOR OFFICIAL USE ONLY -

| | |
|---|---|
| Acres within Parcel to be developed verified by: <input type="checkbox"/> a. Building Department <input type="checkbox"/> b. Public Works <input checked="" type="checkbox"/> c. Zoning <input type="checkbox"/> d. Health District | Mitigation Fee Assessed: <u>0.00</u> ac. x \$550 - \$ <u>0.00</u> |
| | Compliance Report Fee (Administrative Fee) \$ <u>0.00</u> |
| | TOTAL FEES PAID \$ <u>0.00</u> |
| | |

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

- Tortoise Mitigation Fee Previously Paid: Permit No. 06-55198 (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: 04-27-07

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




Development Services Department

County of Clark, State of Nevada

QUALITY ASSURANCE AGENCY SPECIAL INSPECTION AGREEMENT

PAC # 07-17705

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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) RICHARD W. WASATSUMA

(Print Company Name) TRRAC, LLC



Air Quality & Environmental Management

500 S. Grand Central Parkway, 1st floor
Las Vegas NV · 89155-1776
(702) 455-5942 · Fax (702) 383-9994



CLARK COUNTY · LAS VEGAS · NORTH LAS VEGAS · BOULDER CITY · HENDERSON · MESQUITE

**DUST CONTROL PERMIT FOR CONSTRUCTION ACTIVITIES
INCLUDING SURFACE GRADING AND TRENCHING**

THIS PERMIT DOES NOT EXEMPT THE PERMITTEE FROM COMPLIANCE WITH THE ENDANGERED SPECIES ACT

Permit Number:

PAYMENT INFORMATION:

20078665/8777

33438

Mod: 1

Fee: **\$256.00**

Balance Due: \$

128.00

Permittee and Project Information

Permittee: **Gohres Construction Company Inc**

Permittee Address: **10409 Pacific Palisades Avenue**

City, State, Zip: **Las Vegas NV 89144**

Project Name: **TRRAC Medical Office Complex**

Project Address: **W of Twain Ave & Pecos-McLeod**

Located In: **Township: 21 Range: 61 Section: 13 EO Area: SE**

Acreage This Mod: **1.1 Total Acreage: 1.1**

Cross Streets:

Project Contact(s)

Normal Hours: **Patrick Miceli**

After Hours: **Marc Gohres**

Company: **Gohres Construction Company Inc**

Company: **Gohres Construction Co Inc**

Phone: **(702)612-8901**

Phone: **(702)612-8901**

Issue Date: 03-Jan-2008

Expiration Date: 04-Jan-2009

Effective Date: 1-4-08 *AG*

Notes

RENEWAL

- Request Of Sign Waiver
 Public Works Agreement
 Closure Plan
 Conditional Renewal

DUST CONTROL MEASURES MUST OCCUR 24 HOURS A DAY, 7 DAYS A WEEK

THIS PERMIT IS NOT VALID UNTIL ALL FEES ARE PAID IN FULL AND A COMPLETE COPY IS ON THE PROJECT SITE, INCLUDING CONDITIONS OF PERMIT AND DUST MITIGATION PLAN

It is a condition of the issuance of any operating permit required by the commission or pursuant to any local ordinance for the control of air pollution that the holder of the operating permit agrees to permit inspection of the premises to which the permit relates by any authorized officer of the department at any time during the holder's hours of operation without prior notice. This condition must be stated on each application form and operating permit. NRS 445B.580.

The issuance of this PERMIT does not relieve the PERMITTEE from compliance with all other applicable federal, state, county and local ordinances and regulations. Issuance of this PERMIT shall not be a defense to violations of any applicable ordinances or regulations.

Clark County Water Reclamation District

5857 EAST FLAMINGO ROAD
LAS VEGAS, NEVADA 89122-5598
(702) 458-1180

ACCOUNT
NO. 0703547-001

SYSTEM DEVELOPMENT APPROVAL

CONTRACTOR : GOHRES CONSTRUCTION

OWNER : T R R A C L L C

PROPERTY : 3110 E TWAIN AVE
CONCERNED LAS VEGAS NV 89120

LEGAL : LOT 2 BLOCK PCL # 162-13-607-002
DESCRIPTION LOT 2

TYPE OF : TRACC MEDICAL CTR
UNIT TO BE
CONSTRUCTED

UC LISTING :

| UC | ERUS | UC | ERUS | UC | ERUS | UC | ERUS |
|------------------------|-------|--------------------------------|------|----|------|--------|------|
| 99 | 0.000 | | | | | | |
| TOTAL ERUS ISSUED -> | | 0.000 | | | | | |
| RESERVE APPLIED ---> | | 0.000 | | | | | |
| CHARGEABLE ERUS ---> | | 0.000 X \$1,600.000 ERU RATE = | | | | \$0.00 | |
| <--- TOTAL CHARGE ---> | | | | | | ===== | |
| | | | | | | \$0.00 | |

COMMENT: SITE: 3110 E TWAIN AVE "TRACC MEDICAL CENTER"
OFFICE BLDG SHELL BUILDING ONLY NO PLYMBING BEING INSTALLED
ALL FUTURE TI WILL REQUIRE ADD'L SEWER PERMITS
PAC #07-17705 DGM

REFUNDS WILL ONLY BE PROCESSED UPON WRITTEN REQUEST OF THE OWNER AND
IN ACCORDANCE WITH ALL DISTRICT RULES AND REGULATIONS. ~~_____~~

APPROVED BY: Denise Muscato
CS DESIGNEE

DATE ISSUED: 01/31/08 EXPIRES: 01/31/09 SCH. START OF SERVICE: 01/31/09

Clark County Water Reclamation District

5857 E Flamingo Road
Las Vegas, Nevada 89122-5598
(702) 458-1180

MISCELLANEOUS PAYMENT

10:24:20

1/31/2008

PAYMENT

JE # : 000.5432
TYPE : CHECK# 76356
FOR : SITE: 3110 E TWAIN AVE "TRACC MEDICAL CENTER"
PAID \$50.00 CK #76356 0703547-001
PAC #07-17705 DGM

AMOUNT

DUE : \$50.00
PAID : \$50.00
CHANGE: \$.00

CLARK COUNTY WATER RECLAMATION DISTRICT

APPLICATION FOR SEWER SERVICE PERMIT - SYSTEM DEVELOPMENT APPROVAL

ACCOUNT # 0703547-001

ENGINEERING:
 IS SEWER AVAILABLE? YES ___ NO ___ INTERCEPTOR _____ REFUND # _____
 LIFTSTATION? YES ___ PRESELL? YES ___ NO ___ AVAILABLE CAPACITY: _____ INITIAL & DATE 1/11/08
 CONDITIONS:

ERU CALCULATION: BILLING UNITS/USE CODE 15
 TOTAL ERUs _____ ERU CREDIT/RESERVE APPLIED _____ CHARGEABLE ERUS _____
 SDA PAID \$ 50.00 DATE 1/11/08

PROJECT NAME: TRACC MEDICAL CENTER
 SITE ADDRESS: 3108 E. TWINN BLDG/SUITE/SPACE/UNIT:
 ASSESSOR'S PARCEL NUMBER: 16213601002
 **Note: If housing tract or subdivision, please attach supplemental list with APN#: lots/blocks; addresses

CONTRACTOR/BUILDER NAME: Gohres Construction PAC#(S) 107-
 PHONE # _____
 SERVICE INFORMATION:(Mark Appropriate Spaces)
 Residential ___ Commercial New Construction ___ Tenant Improvement/Remodel ___

RULES FOR SEWER SERVICE

All system development approval (SDA) charges are due and payable in advance. SDAs must be obtained and paid for prior to obtaining a building permit. If SDA is for a commercial (non-residential) structure, a copy of construction plumbing/architectural/kitchen plans must be submitted to the Clark County Water Reclamation District (CCWRD). Construction must commence within one (1) year of issuance of the SDA, except in areas covered by presell resolutions where construction must commence within three (3) months of issuance of the SDA, or the SDA becomes void.

All construction must comply with CCWRD Design and Construction Standards. Every separate structure must have a separate connection to the sewer main. Inspection of lateral installation(s) will be required. Release of certificates of occupancy will not be authorized until all discrepancies, if found, are resolved. Under no circumstances will CCWRD authorize release of occupancy permits for property that has not been inspected and had all applicable charges paid.

All facilities which discharge wastewater to the District collection system must comply fully with all Federal, State, and local pretreatment standards. Any on-site pumping facilities must comply with District discharge standards.

CCWRD reserves the right to conduct a physical inspection of all commercial structures upon completion of construction for the purpose of determining actual billing units (ERUs) in place. If the number of ERUs found during inspection differs from those counted from the plans, paid for, an adjustment in system development charges may be made. If SDA fees are based on estimated water usage, additional fees may be required upon verification of actual water usage as determined by the appropriate water provider. Removal of fixtures may be necessary if treatment plant or collection system capacity is limited. If additional ERUs are found, SDA charges will be due and payable upon and shall be paid at the rate in effect at the date of discovery by CCWRD. Additionally, CCWRD may periodically, but is not required to, inspect the premises for any changes of the type of business conducted, quality of wastewater discharged, and to determine the number of billing units/ERUs. All additional ERUs shall be billed to the legal owner of the property.

I AGREE TO ABIDE BY ALL CLARK COUNTY WATER RECLAMATION DISTRICT SERVICE RULES, RULES, AND REGULATIONS.

[Signature] AUTHORIZED SIGNATURE Office Manager TITLE 1-11-08 DATE

CUSTOMER



**POGGEMEYER
DESIGN GROUP**

LETTER OF TRANSMITTAL

Date: January 31, 2008

PDG JOB NO.: 06231-c

To: **Gohres Construction**
3993 Dean Martin Dr.
Las Vegas, NV 89103

Project Name: TRRAC Medical Office Complex

Attention: Mark Gohres

We are forwarding via: _____ **To Be Picked Up**

| No. of Copies | | Description |
|---------------|----------|-----------------------------------|
| 1 | Document | CCFD Acceptance Letter |
| 1 | Document | LVVWD Fee Receipt |
| 1 | Document | LVVWD Meter Receipt |
| 2 | Document | LVVWD Request for Service Removal |
| 2 | Document | LVVWD Request for Service |

This material is sent for:

| | | | |
|-------------------------------------|-------------------------|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Your Information | <input type="checkbox"/> | Approval |
| <input type="checkbox"/> | Review | <input checked="" type="checkbox"/> | As Requested |
| <input type="checkbox"/> | Response | <input type="checkbox"/> | |

Remarks:

If you have any questions, please call (702) 255-8100

Distribution:

By:

Adam Pilarz
Adam Pilarz, EI
Land Development

Received By: _____

Date: _____



CLARK COUNTY FIRE DEPARTMENT

PLAN REVIEW ACCEPTANCE

(An Inspection must be scheduled, please note "IMPORTANT INFORMATION" at the bottom of this document)

Plan Review # C-03450-5-2007 Issue Date 01/30/2008

Code Section _____ Expiration-Final Date _____

Plan Review Type UNDERGROUND FIRE SE

Sub Contractor POGGEMEYER DESIGN GROUP

Major Project TRRAC MEDICAL OFFICE COMPLEX

Sub Project _____

Street Address _____

Bldg/Suite # _____

City LAS VEGAS

Zip 0

Cross Roads TWAIN & PECOS

Assessor's Parcel # 162-13-607-002

Renewal Req'd NO

Assigned Inspector _____

Plans approved for scope of work presented for this submittal:

ONE HYDRANT RELOCATED DUE TO CONFLICT WITH WALL.

THIS DOCUMENT MUST BE ON-SITE AND AVAILABLE FOR INSPECTION AT ALL TIMES.

--- IMPORTANT INFORMATION ---

Plans have been reviewed and accepted by this department. You are authorized to proceed with the installation in accordance with the approved plans.

Your permit cannot be approved/finalized until such time as you schedule a Final Inspection with our office and if necessary, additional inspections. To schedule inspections, please visit our website,

www.accessclarkcounty.com/fire/firedept.htm

Expedite Review Fee \$10.00

Receipt # 20080130113335

Permit/Planscheck Fee \$20.00

Total Fee Paid \$30.00

Payment Method CHECK

Fee Verified By JODEL GOSS

Check # 1132

Fee Collected By CHANDRA ADAIR

Co. Name _____

Approved By KEVIN HOYT

Bal. as of 01/30/2008 \$.00

Comments

EPRF - 1 HYDRANT.

CK ISSUED BY INTEGRATIVE DEVELOPMENT & CONSULTANTS LLC.

LAS VEGAS VALLEY WATER DISTRICT WATER APPLICATION FEE RECEIPT

14085

Acceptance of water plans and fees by the district does not affect the outcome or the requirement to obtain a water commitment for the project. Water plans are submitted at applicant's sole discretion and risk and will be reviewed for conformance to construction standards only. Prior to water plan approval for construction, a water commitment must be obtained from the District through the process described in the Las Vegas Valley Water District Service Rules. The application fees are valid for two (2) years from the time of payment.

THE WATER APPLICATION FEE IS NON-REFUNDABLE

Date: 1/30/08 (1/4/08) Accepted By: [Signature]
 Project: Trino Medical Office Complex (#113090)
 Developer: Trino, LLC
 Engineer: Pergen Engineering Group
 Comments: City of Las Vegas

Fees Paid By: _____

| Meter Estimate | Quantity Actual | Meter Size | Fee per Meter Size | Estimate | Actual | Increase (Decrease) |
|---------------------------------|-----------------|--------------------------|--------------------|----------|--------|---------------------|
| | | 5/8" | \$ 140 | | | |
| | | 3/4" | \$ 210 | | | |
| | | 1" | \$ 350 | | | |
| | | 1 1/2" | \$ 700 | | | |
| | | 2" | \$ 1400 | | | |
| | | 3" | \$ 2100 | | | |
| | | 4" | \$ 3500 | | | |
| | | 5" | \$ 7000 | | | |
| | | 6" | \$ 11200 | | | |
| | | 8" | \$ 16100 | | | |
| | | 12" | \$ 28300 | | | |
| | | Fireline | \$ 750 | | | |
| | | Public Fire Hydrant Only | \$ 500 | | | |
| | | Revision Fee | \$ 75 | | | |
| APPLICATION FEE TOTAL | | | | | | |
| DEPOSIT AMOUNT RECEIVED (11300) | | | | | | |
| PAID WITH P.O. # | | | | | | |
| ADJUSTED TOTAL | | | | | | |



Las Vegas Valley Water District METER RECEIPT

No: 18418
Date: 01/30/2008
By: SOMMERED

Contact Material Services at 258-3802, two (2) working days prior to meter pick-up.
Meter pick-up is available 7:00 a.m. to 3:30 p.m. Monday through Friday excluding holidays. This original, validated meter receipt must be presented to pick up meters and all meters listed below will be issued at one time. Copies will not be accepted.

PROJECT NAME: TRRAC MEDICAL OFFICE COMPLEX
AGREEMENT NUMBER: 113090
PROJECT LOCATION: TWAIN W/PECOS-MCLEOD
DEVELOPER: TRRAC, LLC
ADDRESS: 1000 N GREEN VALLEY PKWY, STE 300-172
HENDERSON, NV 89074-
PHONE: (702)375-9440 x
COMMENT:

METERS TO BE ISSUED

| QUANTITY | SIZE | DESCRIPTION |
|-------------------------|--------|-------------|
| 1 | 2 Inch | METER UNIT |
| * 1 TOTAL RECEIPT UNITS | | |

VOID UNLESS VALIDATED BY CASHIER

PAID LUNAR 4/10/40



LAS VEGAS VALLEY WATER DISTRICT PROPERTY OWNER REQUEST FOR SERVICE REMOVAL

PROPERTY OWNER GASLIGHT ENTERPRISES, LLC 10/15/07 (KAL)
 SERVICE ADDRESS 3663 PICUS MULEDD INTERCONNECT
 ACCOUNT NUMBER 118381 LATERAL SIZE 1"
 METER NUMBER 004400 METER SIZE 1" WATER
 SERVICE LOCATION 16 EPWL ON TWARD'S ST
 PROJECT NAME TRAC MEDICAL OFFICE COMPLEX QUAD SHEET 162-1-1 NE
NON 11891

SERVICE TO BE REMOVED BY:

REMOVE AND RELOCATE

DISTRICT - REMOVE ON OR AFTER

PRIVATE CONTRACTOR

PROPERTY OWNER understands and agrees:

- The renewal of service to the property will be subject to obtaining a new water commitment and payment of the established installation charges and applicable fees as set forth in the Service Rules of the Las Vegas Valley Water District.
- All meters are to be removed by, or in the presence of, an authorized representative of the District. In the event a meter is removed by anyone other than the District and is damaged or lost, the Owner agrees to pay the replacement or repair cost for the meter to the District, as well as any other related costs.

[Signature]
Property Owner

Phonny Lita Royal
Print or Type Name and Title

The service shall be removed in conformance with the UDACS and District specifications.

DISTRICT USE ONLY

METER REMOVED BY _____ DATE _____

METER READING _____

WAS METER RELOCATED? YES NO IF YES, LIST NEW ACCOUNT # _____

SERVICE REMOVAL COMPLETED BY _____ DATE _____

- WHITE - Development Services
- YELLOW - Contractor removal - Inspection (Return to Billing Services when complete)
District removal - Distribution (Return to Billing Services when complete)
- PINK - Contractor removal - Inspection - File Copy
District removal - Distribution - File Copy
- GOLDEN - Customer

RECEIVED

JAN 30 2008

Development Services, LVVWD

2

THIS DOCUMENT AND SUBSEQUENT PAYMENT OF FEES DOES NOT AFFECT THE OUTCOME OR THE REQUIREMENT TO OBTAIN A WATER COMMITMENT FOR THE PROJECT. A WATER COMMITMENT MUST BE OBTAINED FROM THE DISTRICT THROUGH THE PROCESS DESCRIBED IN THE DISTRICT SERVICE RULES. THIS DOCUMENT AND PAYMENT OF FEES IS NOT A COMMITMENT FOR WATER SERVICE.

AGREEMENT NO. #113090 SERVICE POINT # _____
 BY: Kelly L. 10/16/2007
 CHECKED BY: _____
 JOB ORDER # _____ F/A# _____ DATE _____

Las Vegas Valley Water District
APPLICATION FOR CONNECTION
AND REQUEST FOR SERVICE

Project Name: TRAC MEDICAL OFFICE COMPLEX
 Service Location(s): Twain Avenue - 3100 Block
 Service Address: 3110 E. Twain Avenue
 Developer: TRAC, LLC (6481)
 Social Security or Tax I.D. No.: 20 5694104
 Billing Address: 6550 S. Pecos Road, Suite 110, Las Vegas, NV 89120
 Telephone No.: 375-9440
 Property Owner: TRAC, LLC

1 of 2

ACKNOWLEDGEMENT

- Developer and Property Owner understand and agree:
1. Water service will be provided in accordance with the Las Vegas Valley Water District Service Rules.
 2. All water delivered through a service connection will be metered and billed to the Developer until the Developer requests that the service be shut off. The use of idlers is prohibited. Meters must be installed by the Developers' contractor before any water is drawn through the service connection.
 3. In the event of abandonment or cessation of construction, prepaid installation and connection charges may be used by the District to pursue completion of all or part of the project.
 4. Location and elevation of service connections to be installed by the District must be identified (staked) by owner prior to installation. The cost of adjustment to location or elevation after installation will be borne by owner.
 5. Service connection(s) identified on this application to be installed or removed on an actual cost basis are subject to audit of final cost. If final costs exceed the deposit amount, the property owner promises to pay the difference within 30 days after receipt of notice.
 6. Failure to pay any charges when due will subject the property to a lien and/or discontinuance of water service.
 7. If box is marked see attached form for special pressure advisement.

Developer: [Signature]
 Signature
R. Howard W. Whittemore III
 Print or Type Name and Title
 Property Owner: [Signature]
 Signature
[Signature]
 Print or Type Name and Title

FEES, CHARGES AND DEPOSITS

SERVICE CONNECTION INSTALLATION
 COMPLETE SERVICE / SERVICE EXCLUDING METER (27301)
 SIZE: _____ \$ _____

METERS ONLY (25700)
 1 STD 2 @ \$ 2354. / ea. \$ 254.
 @ \$ / ea. \$
 @ \$ / ea. \$

AUTOMATED METER READING DEVICE (AMR) (27301 R-7723)
 2 @ \$ 104. / ea. \$ 208.

SERVICES > 2" INSTALLED BY PRIVATE CONTRACTOR
 1 6 TYPE: DCDA \$ -0-
 TYPE: _____ \$ -0-

BACKFLOW PREVENTION (27301) (BY PRIVATE CONTRACTOR)
 1 2 TYPE: RPPA \$ -0-
 TYPE: _____ \$

INSTALLATIONS/REMOVALS ON ACTUAL COST BASIS - DEPOSIT (25703)
 SIZE: _____ TYPE: _____ \$ _____

FACILITIES CONNECTION CHARGE (27312)
 1 STD 2 @ \$ 11,520. / ea. \$ 11,520.
 @ \$ / ea. \$
 @ \$ / ea. \$

FRONTAGE CONNECTION CHARGE*
 165 LF @ \$ 17. / ea. \$ 2,805.
 LF @ \$ / ea. \$
 LF @ \$ / ea. \$

OVERSIZING CHARGE (27313)
 @ \$ / ea. \$
 @ \$ / ea. \$
 @ \$ / ea. \$

APPLICATION FEE (41300)
 @ \$ / ea. \$
 @ \$ / ea. \$
 @ \$ / ea. \$

INSPECTION FEE (41301)
 1 STD 2 @ \$ 185. / ea. \$ 185.
 DCDA @ \$ 550. / ea. \$ 550.
 @ \$ / ea. \$

OTHER CHARGES / CREDITS:

 \$ _____

SUBTOTAL: \$ 15,522.
REGIONAL CONNECTION CHARGE (30601) ADD ONE:
 BY 04/30/2008 \$ _____
 BY 10/26/2008 \$ _____
 BY _____ \$ _____

TOTAL: \$ 71,652.00

General Comments: _____

OFFICE USE

Fees Paid By: _____
 Customer Will Stake By: _____ M/R # 15418
 Cross Street: W/O Pecos McLeod Interconnect
 Cross Street: _____
 Side of Street: NORTH P.Z.: 2055
 O.S.: 102-13 MP Land Use: 14-20-130
 Main Size / Type / Loc / DWG _____
 Service Removal Requested For:
 Service No. _____ Meter Size: _____
 Service No. _____ Meter Size: _____
 Service No. _____ Meter Size: _____

STATUS COMMENTS: _____

***FRONTAGE CONNECTION CHARGE DISTRIBUTION**

| | | |
|-------|--------------------|--------------------------|
| 23113 | \$ _____ | Refundable |
| 27306 | \$ _____ | Retainable SRM NO. _____ |
| 24111 | \$ _____ | |
| 24111 | \$ _____ | |
| 24111 | \$ _____ | |
| 27309 | \$ <u>2,805.00</u> | District |

CASHIER'S VALIDATION

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 JAN 30 2008

PAID LVWD AM 10:40

THIS DOCUMENT AND SUBSEQUENT PAYMENT OF FEES DOES NOT AFFECT THE OUTCOME OF THE REQUIREMENT TO OBTAIN A WATER COMMITMENT FOR THE PROJECT. A WATER COMMITMENT MUST BE OBTAINED FROM THE DISTRICT THROUGH THE PROCESS DESCRIBED IN THE DISTRICT SERVICE RULES. THIS DOCUMENT AND PAYMENT OF FEES IS NOT A COMMITMENT FOR WATER SERVICE.

AGREEMENT NO. NON #113021 SERVICE POINT # _____

BY: Kelly J. 10/16/2007

CHECKED BY: _____

JOB ORDER # _____ F/A# _____ DATE _____

**Las Vegas Valley Water District
APPLICATION FOR CONNECTION
AND REQUEST FOR SERVICE**

Project Name: TRAC MEDICAL OFFICE COMPLEX 2 OF 2

Service Location(s): Twin Avenue - 3100 Block

Service Address: 3663 Pecos McLeod Interconnect

Developer: TRAC, LLC (6481)

Social Security Or Tax I.D. No.: 20-5694104

Billing Address: 6550 S. Pecos Road, Suite 146

Las Vegas, NV 89120

Telephone No. () 375-9440

Property Owner: Gaslight Enterprises, LLC

ACKNOWLEDGEMENT

- Developer and Property Owner understand and agree:
1. Water service will be provided in accordance with the Las Vegas Valley Water District Service Rules.
 2. All water delivered through a service connection will be metered and billed to the Developer until the Developer requests that the service be shut off. The use of idlers is prohibited. Meters must be installed by the Developers' contractor before any water is drawn through the service connection.
 3. In the event of abandonment or cessation of construction, prepaid installation and connection charges may be used by the District to pursue completion of all or part of the project.
 4. Location and elevation of service connections to be installed by the District must be identified (staked) by owner prior to installation. The cost of adjustment to location or elevation after installation will be borne by owner.
 5. Service connection(s) identified on this application to be installed or removed on an actual cost basis are subject to audit of final cost. If final costs exceed the deposit amount, the property owner promises to pay the difference within 30 days after receipt of notice.
 6. Failure to pay any charges when due will subject the property to a lien and/or discontinuance of water service.
 7. If box is marked see attached form for special pressure advisement.

Developer: [Signature]
 X Richard W. Waschew
 Signature
 Print or Type Name and Title

Property Owner: [Signature]
 X Michael Powell Royal
 Signature
 Print or Type Name and Title

General Comments:
Existing 1" Meter #104400 to be removed and relocated to new service point and add 1" RPPA.
 AIN: 162 13-607 001

FEES, CHARGES AND DEPOSITS

SERVICE CONNECTION INSTALLATION

COMPLETE SERVICE / SERVICE EXCLUDING METER (27301)
 SIZE: _____ @ \$ _____ / ea. \$ 0.
 (By Private Contractor)

METERS ONLY (25700)
 _____ @ \$ _____ / ea. \$ _____
 _____ @ \$ _____ / ea. \$ _____
 _____ @ \$ _____ / ea. \$ _____

AUTOMATED METER READING DEVICE (AMR) (27301 R-7723)
1 @ \$ 104. / ea. \$ 104.

SERVICES > 2" INSTALLED BY PRIVATE CONTRACTOR
1 @ \$ _____ / ea. \$ - 0 -
 TYPE: DCDA
1 @ \$ _____ / ea. \$ - 0 -
 TYPE: _____

BACKFLOW PREVENTION (27301) (BY PRIVATE CONTRACTOR)
1 @ \$ _____ / ea. \$ 0.
 TYPE: RPPA
 TYPE: _____

INSTALLATIONS/REMOVALS ON ACTUAL COST BASIS - DEPOSIT (25703)
 SIZE: _____ TYPE: _____ \$ _____

FACILITIES CONNECTION CHARGE (27312)
 _____ @ \$ _____ / ea. \$ _____
 _____ @ \$ _____ / ea. \$ _____
 _____ @ \$ _____ / ea. \$ _____

FRONTAGE CONNECTION CHARGE*
 LF @ \$ _____ / ea. \$ _____
 LF @ \$ _____ / ea. \$ _____
 IF @ \$ _____ / ea. \$ _____

OVERSIZING CHARGE (27313)
 _____ @ \$ _____ / ea. \$ _____
 _____ @ \$ _____ / ea. \$ _____
 _____ @ \$ _____ / ea. \$ _____

APPLICATION FEE (41300)
1 @ \$ 350. / ea. \$ 350.

INSPECTION FEE (41301)
1 @ \$ 185. / ea. \$ 185.
1 @ \$ 550. / ea. \$ 550.
 TYPE: DCDA

OTHER CHARGES / CREDITS: (1,120.)

SUBTOTAL: \$ 69.
 REGIONAL CONNECTION CHARGE (30601) ADD ONE:
 BY _____ \$ _____
 BY _____ \$ _____
 BY _____ \$ _____
TOTAL: \$ 69.00

OFFICE USE

Fees Paid By: _____
 Customer Will Stake By: _____ M/R # X
 Cross Street: W/O Pecos McLeod Interconnect
 Cross Street: _____
 Side of Street: W/O P.Z.: 2035
 Q.S.: 10-17-02 Land Use: 14-20-330
 Main Size / Type / Loc / DWG _____
 Service Removal Requested For:
 Service No. 118381 Meter Size: 1"
 Service No. 118382 Meter Size: 6" DC
 Service No. _____ Meter Size: _____

STATUS COMMENTS: _____

***FRONTAGE CONNECTION CHARGE DISTRIBUTION**

| | | | |
|-------|----------|------------|---------------|
| 23113 | \$ _____ | Refundable | |
| 27306 | \$ _____ | Retainable | SRM NO. _____ |
| 24111 | \$ _____ | | |
| 24111 | \$ _____ | | |
| 24111 | \$ _____ | | |
| 27309 | \$ _____ | District | |

CASHIER'S VALIDATION

RECEIVED
 JAN 30 2008

Development Services-LVWD

PAID, LVWD AM 10:41