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
04-47689 DE2	8273880	755036	9/29/04

PROJECT NAME: ALGIERS HOTEL/DEMO

SUBDIVISION:

PARCEL NO: 162-09-704-001 RANGE-TOWNSHIP--SECTION 61-21-09

SITE ADDRESS: 2845 S LAS VEGAS BLVD

PROPERTY OWNER: KRYSTLE SANDS L L C

CONTRACTOR: L V I ENVIRONMENTAL OF NEVADA

PERMIT: DEMOLITION/CONTRACT

DEMOLITION--COMMERCIAL

DEMO HOTEL, SHOPS, POOL AND ASPHALT ONLY. SEE LETTER OF AUTHORIZATION ON FILE.

VALUATION: 0

UNITS/RMS: 0 SQ FOOTAGE: 0 NO. STORIES: 0 OAA:

OCCUPANCY: TYPE OF CONST: SPRINKLER: OCC LD:

FEE SUMMARY	CHARGED	PAID PREV	PAID
PERMIT FEE	994.82	.00	994.82

TOTAL PAID 994.82

PAYMENT TYPE CHECK

NUMBER 3671

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 9/29/04 Issued By EB

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.

BUILDING DEPT. COPY

#235,000

DEPARTMENT OF DEVELOPMENT SERVICES
4701 West Russell Road, Las Vegas, NV 89118 * (702) 455-3000
BUILDING PERMIT APPLICATION

ASSESSOR PARCEL NO: 162-09-704-001				APPLICATION NO: 04-47689
BUILDING ADDRESS: 2845 Las Vegas Boulevard South				P.I.N. NO:
SUBDIVISION:				APPLICATION DATE: 9-29
UNIT NO:	LOT NO:	BLOCK NO:	MODEL NO:	BY:
TENANT NO./NAME:				
PROJECT NAME: Algiers Hotel Demolition				
OWNER NAME: Krystle Sands				
MAILING ADDRESS: 727 Highway 98 East				PHONE NO: (850) 654-4884
CITY: Destin			STATE: FL	ZIP: 32541

DESCRIPTION OF WORK:
Demolish hotel, shops, pool & asphalt

TYPE OF CONSTRUCTION:		OCCUPANCY:		SPRINKLER SYSTEM:
SQ. FT:	NO. UNITS:	NO. STORIES:	OCC. LOAD:	QAA REQ'D:

CONTRACTOR'S DECLARATION

CONTRACTOR INFORMATION

I hereby certify that I am licensed under the provisions of N.R.S. 624.

ST. LIC. NO: 0044001	CLASS: A	CC BUS. LIC. NO: 1006539-240
CONTRACTOR NAME: LVI Environmental of NV. Inc.		
MAILING ADDRESS: 4795 Quality Ct.		PHONE NO: 220-4848
CITY: Las Vegas	STATE: NV.	ZIP: 89103
CONTRACTOR SIGNATURE:		DATE: 9/29/04

APPLICANT

I certify that I have read this Application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

APPLICANT SIGNATURE _____ DATE: 9/29/04

COMMENTS:

STANDARD PLAN NO: _____

☒ Plans Attached ☐ Plans on File ☐ No Plans

Zoning Review By: _____ Date: 9/29/04

Bldg Plan Review By: _____ Date: 9/28/04

PERMIT FEES

Valuation:	$ 235,000
Permit Fee:	$
Date: _____ Plan Review Fee $	
Bldg Plan Review Fee/Bal. Due or Credit: $	
Zoning Plan Review Fee:	$
Major Project Fee:	$
Park Fee:	$
Transportation Fee:	$
Water Fee:	$
PFNA Fee:	$
MSHCP Fee:	$
Mitigation Report Fee:	$
Traffic Mitigation Fee:	$
Disaster Report Fee:	$
TOTAL:	$ 994.82

☐ Cash ☐ Check No: _____

Issued By: _____ Date: _____

01/04