



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 06-1278 DE2 PHONE SYSTEM NUMBER 9704693 INTERNET PIN NUMBER 237838 ISSUE DATE 1/06/06
PROJECT NAME WESTARD HO/DEMOLITON SUBDIVISION

PARCEL NO: 162-09-303-003 RANGE-TOWNSHIP-SECTION 61-21-09

SITE ADDRESS: 2900 S LAS VEGAS BLVD TENANT NAME: WESTWARD HO/DEMOLITION TENANT NO:

PROPERTY OWNER: C D P W H ACQUISITION L L C CONTRACTOR: L V I ENVIRONMENTAL OF NEVADA

PERMIT: DEMOLITION/CONTRACT DEMOLITION-COMMERCIAL VALUATION: 0 DEMO HOTEL BUILDINGS INCLUDING FOUND. (NO SITE WORK) DEMO POOLS/3 POOLS & 2 SPAS ***SEE AUTH. LETTER ON FILE FROM OWN.// DEMOLITION BY CONVENTIONAL PROCESS/NO EXPLOSIVES TO BE USED//GVP

UNITS/RMS: 0 SQ FOOTAGE: 0 NO. STORIES: 0 GAA: OCCUPANCY: A1 TYPE OF CONST: 1A SPRINKLER: OCC LD:

Table with 4 columns: FEE SUMMARY, CHARGED, PAID PREV., PAID. Row 1: PERMIT FEE, 2758.48, .00, 2758.48. Row 2: TOTAL PAID, 2758.48. Row 3: PAYMENT TYPE, CHECK. Row 4: NUMBER, 4119.

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 [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 01-06-06

Issued By [Signature]

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



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

ASSESSOR PARCEL NO: 162-09-303-001/-002/-003				APPLICATION NO: 06-1278	
BUILDING ADDRESS: 2900 Las Vegas Blvd				P.I.N. NO:	
SUBDIVISION:				APPLICATION DATE: 1-5-06	
UNIT NO:	LOT NO:	BLOCK NO:	MODEL NO:	BY: <i>flm</i>	
TENANT NO./NAME:					
PROJECT NAME: Westward Ho Demolition					
OWNER NAME: Centex Destination Properties					
MAILING ADDRESS: 901 N Green Valley Parkway				PHONE NO: 990-0400	
CITY: Henderson			STATE: NV	ZIP: 89074	
DESCRIPTION OF WORK: Demolish hotel buildings including foundations (no site work) 27 Total buildings including little Ho					
TYPE OF CONSTRUCTION:		OCCUPANCY:		SPRINKLER SYSTEM:	
SQ. FT:	NO. UNITS:	NO. STORIES:	OCC. LOAD:	QAA REQ'D:	
CONTRACTOR'S DECLARATION			PERMIT FEES		
I hereby certify that I am licensed under the provisions of N.R.S. 624.			Valuation: \$ 775,900		
ST. LIC. NO: 0044001	CLASS: A	CC BUS. LIC. NO: 1006539-240	Permit Fee: \$ 2758.98		
CONTRACTOR NAME: LVI Environmental of Nevada, Inc			Date: _____ Plan Review Fee \$		
MAILING ADDRESS: 4795 Quality Ct.		PHONE NO: 220-4848	Bldg Plan Review Fee/Bal. Due or Credit: \$		
CITY: Las Vegas	STATE: NV	ZIP: 89103	Zoning Plan Review Fee: \$		
CONTRACTOR SIGNATURE: <i>[Signature]</i>	DATE: 1/5/06		Major Project Fee: \$		
APPLICANT	I certify that I have read the 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: <i>[Signature]</i>		DATE: 1/5/06		
	COMMENTS:				
	STANDARD PLAN NO: _____				
	<input checked="" type="checkbox"/> Plans Attached <input type="checkbox"/> Plans on File <input type="checkbox"/> No Plans				
	Zoning Review By: <i>[Signature]</i>		Date: 1-6-06		
	Bldg Plan Review By: <i>[Signature]</i>		Date: 1-6-06		
	TOTAL: \$ 2758.98			<input type="checkbox"/> Cash <input type="checkbox"/> Check No: _____ Issued By: _____ Date: _____	