



DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION

1830 E. College Parkway, Suite 120, Carson City, NV 89706 775-684-2940 Fax 775-684-2949
3300 W. Sahara Avenue, Suite 320, Las Vegas, NV 89102 702-486-4135 Fax 702-486-4272
mhd.nv.gov

INSPECTION REQUEST FORM

Submit this form to the MHD office closest to the inspection site

NOTE: Inspection request submitted after 3:00 PM might not be scheduled for the next business day

Note: Permit will expire 180 days after issuance unless an inspection is performed.

Permit # _____ Date inspection requested _____

Contractor Name _____ License # _____

Phone _____ Cell _____ Fax _____

Is this an Owner/Builder? (Circle) Y N Email _____

Job Site Address _____

Property Owner's Name _____

Are there Approved Plans? (Circle) Y N If Yes, Plan Review # _____

Is this a **Re-Inspection**? (Circle) Y N If Yes, Corresponding Permit # _____

Type of inspection requested: Check all that apply.

Are Utilities present? (Circle) Y N Are Utilities on? (Circle) Y N

Residential: Single section ___ Multi-section ___ 1st inspection ___ Final ___ Size _____
Manufacturer _____ Year _____
Serial # _____ HUD # _____

Commercial Single section ___ Multi-section ___ Wet ___ Dry ___ Size _____
Coach: Manufacturer _____ Year _____
Serial # _____ FH/CC # _____

Water Heater _____ (if gas pipe is modified or replaced a manometer test or GAT form is required)

Furnace _____ (if gas pipe is modified or replaced a manometer test or GAT form is required)

Re-roof _____ (A Compliance Affidavit for Roof Sheathing and Underlayment form required)

A/C install _____

Pellet / wood Stove install _____

****Remodel or** The gas system _____ (Gas Line Pressure Test Verification Form)

Modifications to: Plumbing system _____ water supply _____ drain system _____

Electrical system _____ describe _____

Structural system _____ describe _____

****Provide Scope of Work** _____

Additional Notes: