



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  
2501 E. Sahara Avenue, Suite 204, Las Vegas, NV 89104 702-486-4309 Fax 702-486-4272  
http://mhd.nv.gov

**OWNER-BUILDER APPLICATION FOR PURCHASING A PERMIT**

**NRS 118B.097** - If your manufactured home is located in a Mobile Home Park, **all** repairs requiring a permit, including the installation of the structure, must be performed by someone who is currently licensed with the Manufactured Housing Division.

**NAC 489.411** - The licensed serviceperson is required to obtain the permit.

**NRS 489.411(3)** - If you choose to hire someone to work on your private residence or commercial coach, no matter where it is located, that person must be licensed with the Manufactured Housing Division.

**NRS 489.102(2)(a-c)** A MHD Serviceperson license is not required if:

- a. A licensed manufacturer engaged in the installation, repair or service of a manufactured home, mobile home, manufactured building or commercial coach or factory-built housing that was manufactured by the licensed manufacturer;
- b. The owner or purchaser of a manufactured home, mobile home or manufactured building or factory-built housing who uses the manufactured home, mobile home or manufactured building or factory-built housing as his or her private residence; or
- c. The owner or purchaser of a commercial coach who uses the commercial coach for his or her own industrial, professional or commercial purposes.

**A permit will not be issued unless the registered owner can be verified on the title.**

**LOCATION**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**DESCRIPTION**

Private Residence       Commercial Coach

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Serial #: \_\_\_\_\_ Title #: \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that I have read and understand the statutes  
(Print name of legal owner)  
listed above, am the owner of the property described above, and am aware there may be additional regulations for the local jurisdiction where my residence or commercial coach is located.

Signature of Applicant: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me, \_\_\_\_\_ the undersigned Notary Public,  
(Name of Notary Public)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(Name of person whose signature is being notarized)

\_\_\_\_\_  
(Signature of Notary Public)

Permit Number Assigned to Owner: \_\_\_\_\_



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## Permit Application

**Please submit the Application to the MHD office closest to the inspection site**

Licensee Name: \_\_\_\_\_ MHD License #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address of Job Site: \_\_\_\_\_  
 Property Owner's Name: \_\_\_\_\_  
 Owner/Builder Permit? (Circle) Y N **If Yes, Owner Certification must be attached.**  
 Are there Approved Plans? (Circle) Y N **If Yes, Plan Review # \_\_\_\_\_**  
 Is this a Re-Inspection for a Failed Inspection? (Circle) Y N **If Yes, Corresponding Permit #: \_\_\_\_\_**  
 Are Utilities present? (Circle) Y N Are Utilities on? (Circle) Y N  
 Scope of Work to be done (Brief Description): \_\_\_\_\_  
 \_\_\_\_\_

Type	Total	
*Single Section Home Installation	\$160.00	\$
Multi-Section Home Installation	\$240.00	\$
Commercial Coach Installation (DRY)	\$140.00	\$
Commercial Coach Installation (WET)	\$160.00	\$
Re-Inspection (Use Prior/Failed Permit #)	\$80.00	\$
Pellet/Wood Stove Install	\$90.00	
Re-Roof, Water Heater, Furnace	\$90.00	\$
Basic Inspection: Minor Modifications to Electrical, HVAC, Plumbing, or Gas Systems	\$90.00	\$
**Structural Remodel/Repair/Alterations (Includes Roofs)	\$90.00	\$
**Reconstruction of Electrical, Mechanical, or Plumbing System	\$90.00	\$
**Attached Accessory Structure	\$90.00	\$
Additional Inspection Time (Per 1/2 Hour)	\$40.00	\$
Compliance Label (May require an Inspection)	\$50.00	\$

**\*Single Section installations may require an additional inspection if utilities are unavailable**  
**\*\*Requires Plans and/or Multiple inspections**

Location: (Multi inspections require multiple travel fees)		Total
Travel Fee		\$
Travel Fee		\$

**Total Amount Due \$ \_\_\_\_\_**

**Note: This Permit will expire in 180 Days, unless an inspection is performed**

Permit Number Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Issued by: \_\_\_\_\_ Office Location: \_\_\_\_\_ Carson City \_\_\_\_\_ Las Vegas



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**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  
 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 \_\_\_ 1<sup>st</sup> 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:**