



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 702-486-4135 Fax 702-486-4309
<http://mhd.nv.gov>

RESIDENTIAL INSPECTION CHECKLIST

MHD Permit # _____	Permit Posted On Job Site YES <input type="checkbox"/> NO <input type="checkbox"/>
Installation Site Address _____	
Manufacturer _____	Year _____ Size _____
Serial # _____	HUD # _____
Local Jurisdiction Permit Number _____	Jurisdiction _____

EXTERIOR	WATER SYSTEM
Pads: Wood <input type="checkbox"/> Concrete <input type="checkbox"/> ABS <input type="checkbox"/> Piers: Block <input type="checkbox"/> Steel <input type="checkbox"/> #Main ___ #Mating ___ Frames Bonded <input type="checkbox"/> Vapor Barrier <input type="checkbox"/> Air duct <input type="checkbox"/> Perimeter Piers _____ Perimeter Wall <input type="checkbox"/> Lateral ties _____ Long Ties _____ Bracing system _____ Dryer Vent: Rigid Smooth <input type="checkbox"/> Correct Slope <input type="checkbox"/> Skirting Ventilation <input type="checkbox"/> No DV Screws <input type="checkbox"/>	3/4" Sched 40 <input type="checkbox"/> Supported <input type="checkbox"/> Flexible Install <input type="checkbox"/> Valve <input type="checkbox"/> Cross-over Insulated <input type="checkbox"/> Water System Pressure Test (30 - 80 psi) _____ Runs water at all faucets <input type="checkbox"/> Hot and Cold on Proper Sides <input type="checkbox"/>

WATER HEATER	DRAIN SYSTEM
Gas <input type="checkbox"/> Electric <input type="checkbox"/> Vent Termination 12" <input type="checkbox"/> Gas Valve <input type="checkbox"/> Flex Line <input type="checkbox"/> Rated for Home <input type="checkbox"/> Secured to Home (X2) <input type="checkbox"/> Press. Release <input type="checkbox"/> Overflow Pipe <input type="checkbox"/> Pan <input type="checkbox"/> Vent Top/Bottom <input type="checkbox"/> Fire Stop <input type="checkbox"/> Holes Sealed <input type="checkbox"/>	Flex Coupler <input type="checkbox"/> 4' Support <input type="checkbox"/> 1/4" Slope <input type="checkbox"/> Drain Test (leaks) <input type="checkbox"/> Glued Connections <input type="checkbox"/>

CONNECTIONS (EXTERIOR)	GAS SYSTEM
Ridge Beam Connection (3/8" Dia. Lag Screws) 24" O/C <input type="checkbox"/> 45% max <input type="checkbox"/> Staggered <input type="checkbox"/> Floor Connection (3/8" Dia. Lag Screws) 24" O/C <input type="checkbox"/> 45% max <input type="checkbox"/> Staggered <input type="checkbox"/> End Walls (#8-4" Screws) 16" O/C <input type="checkbox"/> 3" Penetration <input type="checkbox"/> Or follow manufacturer's instructions <input type="checkbox"/>	Inlet Size _____ Coupling Material _____ Rigid Support <input type="checkbox"/> 4' Strapping <input type="checkbox"/> Gas line Grounded <input type="checkbox"/> Valve <input type="checkbox"/> Flex <input type="checkbox"/> Lo Pres. Test: Begin _____ End _____ High Pres. Test: Begin _____ End _____

DATA PLATE INFO	APPLIANCES
Location _____ Plant # _____ Manuf. Date _____ Roof Load _____ Climate Zone _____ Set-up Manual for Home <input type="checkbox"/> All Install Instructions <input type="checkbox"/> Addendums <input type="checkbox"/> Formaldehyde Notice <input type="checkbox"/> Addendums <input type="checkbox"/> HUD # Confirm <input type="checkbox"/> Serial # Confirm <input type="checkbox"/>	STOVE: Gas <input type="checkbox"/> Electric <input type="checkbox"/> Valve <input type="checkbox"/> Flex <input type="checkbox"/> Vent <input type="checkbox"/> Rain Cap <input type="checkbox"/> DRYER: Gas <input type="checkbox"/> Electric <input type="checkbox"/> Valve <input type="checkbox"/> Flex <input type="checkbox"/> Vent <input type="checkbox"/> 4 Prong <input type="checkbox"/> Furnace: Gas <input type="checkbox"/> Electric <input type="checkbox"/> Valve <input type="checkbox"/> Flex <input type="checkbox"/> Vent <input type="checkbox"/> Rain Cap <input type="checkbox"/> Rated for Home <input type="checkbox"/> Fire Stopped <input type="checkbox"/> All Appliances work <input type="checkbox"/> Smoke Detectors <input type="checkbox"/>



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CONNECTIONS (INTERIOR)	ELECTRICAL (DISTRIBUTION PANEL)
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Interior Walls: Connected <input type="checkbox"/> Gasket <input type="checkbox"/> Roof Connection: (Hinged Roof Only) <input type="checkbox"/>	Main Brkr. Size _____ A/C Brkr Size _____ Ground Bond <input type="checkbox"/> Wire Size ___ AL <input type="checkbox"/> CU <input type="checkbox"/> Isolated Neutral Continuity Test: PASS <input type="checkbox"/> FAIL <input type="checkbox"/> Grounding Continuity Test: PASS <input type="checkbox"/> FAIL <input type="checkbox"/> GFI/Polarity Test All Outlets: PASS <input type="checkbox"/> FAIL <input type="checkbox"/> Dielectric Test (if applicable) <input type="checkbox"/> All Electrical Works: <input type="checkbox"/>
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EGRESS / EXIT OPERATION	SOLID FUEL BURNING APPLIANCE
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WINDOWS: Function <input type="checkbox"/> Rated <input type="checkbox"/> Stairs <input type="checkbox"/> Porch / Landing <input type="checkbox"/> Guardrails <input type="checkbox"/> Handrails <input type="checkbox"/> DOORS: Function <input type="checkbox"/>	Rated for Home <input type="checkbox"/> Hearth: 16" <input type="checkbox"/> Side: 8" <input type="checkbox"/> 3-2-10 Chimney <input type="checkbox"/> Spark Arrester <input type="checkbox"/> Combustion Air <input type="checkbox"/> <i>Or installed according to manufacturer's instructions</i> <input type="checkbox"/>
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1) First Inspection	Inspectors Initials: _____	Date: _____
2) Second Inspection	Inspectors Initials: _____	Date: _____
3) Third Inspection	Inspectors Initials: _____	Date: _____

NOTES:

CORRECTIONS: