

DEPARTMENT OF BUSINESS AND INDUSTRY  
NEVADA HOUSING DIVISION, MANUFACTURED HOUSING

1830 E. College Parkway, Ste. 120, Carson City, NV 89706 Phone 775-684-2949 Fax 775-684-2040  
3300 W. Sahara Avenue, Ste. 320, Las Vegas, NV 89102 Phone 702-486-4135 Fax 702-486-4272

**INSPECTION REQUEST FORM**

Please submit requests to [permits@housing.nv.gov](mailto:permits@housing.nv.gov) or the Housing Division office nearest the job site.

**Incomplete Applications will be rejected, please fill in all applicable information**

**NOTE: Requested Inspection date is not a guarantee. We will make every attempt accommodate if possible.**

**Permit #** \_\_\_\_\_ **Requested Inspection Date** \_\_\_\_\_ **Cont. Name MHD License #** \_\_\_\_\_

Best contact Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St NV Zip \_\_\_\_\_ Mark YES if Owner Builder \_\_\_\_\_

**Type of Inspection requested: Check all that apply**

**Are utilities present? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Are utilities on? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Residential:** 1<sup>st</sup> Inspection \_\_\_\_\_ Final Inspection \_\_\_\_\_ Size \_\_\_\_\_  
 Manufacturer \_\_\_\_\_ Year \_\_\_\_\_  
 Manuf. Serial # \_\_\_\_\_ HUD # \_\_\_\_\_

**Commercial** Size \_\_\_\_\_ Manufacturer \_\_\_\_\_ Year \_\_\_\_\_  
 Manufactured Serial # \_\_\_\_\_ MS/MC/FH/CC # \_\_\_\_\_

Type	Check - X
Residential Home Installation    Single Section ( )    Multi-Section ( ) <i>Check one</i>	
Commercial Coach Installation    DRY ( )    WET ( ) <Check one>    Single Section ( )    Multi-Section ( )	
Pellet/Wood Stove Install	
Re-Roof                                    (A Compliance Affidavit for Roof Sheathing and Underlayment form required)	
Water Heater Install/Repair            (if gas pipe is modified / replaced a manometer test or GAT form is required)	
Furnace Install/Repair                    (if gas pipe is modified / replaced a manometer test or GAT form is required)	
Remodel or Modification to	
Remodel or Modification to – Electrical    Description:	
Remodel or Modification to – Structural    Description:	
Remodel or Modification to – Plumbing    Water Supply ( )    Drain System ( ) <i>Check one</i>	
Remodel or Modification to – Gas Systems    (Gas Line Pressure Test Verification Form)	

**Scope of Work completed:**

**Special Instructions:** For Example – “Call before”, “Request PM Inspection”

**No work can begin until a permit is approved and received.**

**A holder of the permit must maintain the permit on site and provide upon request. NAC 489.411, NAC 489.510, and NAC 489.486.**