

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

OWNER-BUILDER PERMIT AFFIDAVIT

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: _____

PERMIT APPLICATION

Please submit applications to permits@housing.nv.gov or the Housing Division office nearest the job site.

Licensee Name: _____ MHD License #: _____
 Phone: _____ Fax: _____ Email: _____
 Address of Job Site: _____ City _____ St_NV_Zip _____
 Property Owner's Name: _____ Manuf. Home Serial # _____
 Owner/Builder Permit? Yes _____ **If Yes, the Owner Certification must be attached.**
 Are there Approved Plans? Yes _____ **If Yes, Plan Review # _____**
 Is this a Re-Inspection for a Failed Inspection? Yes _____ **If Yes, Original Permit # _____**
 Are Utilities present? Yes _____ Are Utilities on? Yes _____
 Scope of Work to be done (Brief Description required): _____

Type	Total
Single Section Home Installation (may require addl. insp. if utilities are unavailable)	\$160.00 \$
Multi-Section Home Installation	\$240.00 \$
Commercial Coach Installation (DRY)	\$140.00 \$
Commercial Coach Installation (WET)	\$160.00 \$
Re-Inspection (USE ONLY for a failed inspection, original permit # required _____)	\$80.00 \$
Additional Re-Inspection (If you require more than one for the same job)	\$80.00 \$
Pellet/Wood Stove Install	\$90.00 \$
Re-Roof	\$90.00 \$
Water Heater Install/Repair	\$90.00 \$
Furnace Install/Repair	\$90.00 \$
Basic Inspection – Minor Modifications	\$90.00 \$
Basic Inspection – Electrical	\$90.00 \$
Basic Inspection – HVAC	\$90.00 \$
Basic Inspection – Plumbing	\$90.00 \$
Basic Inspection – Gas Systems	\$90.00 \$
Structural Remodel/Repair/Alterations (Requires Plans and/or Multiple Inspections)	\$90.00 \$
Reconstruction of Elect., Mech, or Plumbing System (Requires Plans and/or Multiple insp.)	\$90.00 \$
Attached Accessory Structure (Requires Plans and/or Multiple Inspections.)	\$90.00 \$
Additional Inspection Time (Per ½ Hour)	\$40.00 \$
Compliance Label (May require an Inspection)	\$50.00 \$

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

Total Amount Due \$ _____

I certify that I am the property owner, authorized by the property owner and am licensed with the Division, or an authorized representative of a licensee who is authorized by the property owner and in that capacity will perform all work associated with this permit. I have read this application and state **that all information contained herein is correct and complete.** I agree to comply with all laws of the state of Nevada related to manufactured housing construction and hereby authorize representatives of the state to enter upon the above mentioned property for inspection purposes. By signing this application, I acknowledge that it is **my responsibility** to ensure all progress and final inspections are performed and failure to do so will result in disciplinary action and/or fines.

Signature of applicant _____ Printed Name of applicant _____ Date _____

Note: Permits will expire in 180 Days, unless an inspection is performed

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

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.

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NEVADA HOUSING DIVISION, MANUFACTURED HOUSING

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INSPECTION REQUEST FORM

Please submit requests to 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: 1st 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”

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