



INSPECTION REQUEST FORM

State of Nevada

Manufactured Housing Division

Las Vegas Fax: (702) 486-4272

Carson City Fax: (775) 687-5521

Elko Area Fax: (775) 738-6612

PERMIT # _____

Requested Inspection Date: _____

SEAL # IN _____

Local Jurisdiction Permit # _____

Owner/Contact: _____

Phone: _____

Park Name: _____

Site Address: _____ City: _____

Directions/Cross Streets/GPS _____

Installer Company Name _____ License #: _____

Phone: _____ Cell: _____ Fax: _____

SPECIALTY

PLEASE INDICATE IF THE REQUESTED INSPECTION IS:

INTERIOR _____ EXTERIOR _____ BOTH _____

CIRCLE APPROPRIATE DISCIPLINE BELOW

Electrical Air Conditioner Furnace Water Heater Water Sewer Gas Roofing

RESIDENTIAL

Manufacturer: _____ Year: _____ Size: _____

Serial #: _____ HUD Label # _____

ROUGH INSPECTION _____

FINAL INSPECTION _____

COMMERCIAL COACH

Manufacturer: _____ Year: _____ Size _____

Serial #: _____ FH/CC Label # _____ Wet _____ Dry _____

NOTES: