



INSPECTION REQUEST FORM (Commercial Coach)

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 Name: _____ Installer: _____ License #: _____

Customer Name: _____ Contact: _____ Phone: _____

Site Address: _____ City: _____

Address / Directions / GPS: _____

Manufacturer: _____ Year: _____ Size: _____

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

ELECTRICAL TEST:

Wire Sizes: Al / Cu

Switches On: _____ Ground Bonds: _____ Hot Leads: _____

Main Breaker: _____ A/C Breaker: _____ Neutral: _____

Continuity: Pass _____ Fail _____ Ground: _____

OUTSIDE:

Footings: Wood s/f: _____ ABS s/f: _____ Perimeter Required: yes _____ no _____

Piers: Block: _____ Steel: _____ # Main: _____ # Mating: _____

Column Support: _____ Tie-Downs per Side: _____

WATER:

Schedule 40 (3/4"): _____ Flexible Install: _____ Valve: _____

Supported: _____ Cross-Over Insulated: _____ Anti Siphon: _____

SEWER:

4' Support: _____ 1/4" Slope: _____ Flex Coupler: _____

Inspector: _____

Date: _____

NOTES: