



INSPECTION REQUEST FORM (Specialty)

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: _____

Owner/Contact: _____ Phone: _____

Park Name: _____

Site Address: _____ City: _____

Directions/Cross Streets/GPS: _____

Installer Company Name: _____ License #: _____

Phone: _____ Cell: _____ Fax: _____

PLEASE INDICATE IF THE REQUESTED INSPECTION IS:

INTERIOR _____ EXTERIOR _____ BOTH _____

ELECTRICAL

CONTINUITY: _____
SWITCHES ON _____
MAIN BRKER _____
A/C BRKER _____
GFI CIRCUITS _____
GRND BONDS _____

DIELECTRIC: _____
SWITCHES ON _____
900-1079 volts, 1 min: _____
1080-1250 volts, 1 sec: _____

ELECTRICAL SERVICE

3' FLEX _____ GROUNDED _____
MAIN BRKER _____
WIRE SIZE _____ AL _____ CU _____
_____ HOT LEGS _____
_____ NEUTRAL _____
_____ GROUND _____
CONDUIT TYPE _____

WATER HEATER

GAS _____ ELECTRIC _____
RATED FOR HOME _____
PRESSURE RELEASE _____
OVERFLOW PIPE _____
(cpvc or rated pipe)
SECURED TO HOME (2) _____
GAS VALVE _____
FLEX _____
VENTS TOP & BOTTOM _____
DRAFT HOOD _____
FIRE STOPPED _____
PAN _____
TREATED BASE _____
D/V _____ STANDARD _____

AIR CONDITIONER

MAX FUSE RATED _____
DISCONNECT RATE _____
BTU RATING _____
DUCT RATING _____
CONNECTIONS _____
PAD _____

FURNACE

RATED _____
GAS VALVE _____
GAS FLEX _____
FIRE STOPPED _____

WATER

3/4" SCHEDULE 40 _____
SUPPORTED _____
FLEXIBLE INSTALL _____
VALVE _____
ANTI SIPHON _____
CROSS OVER INSULATED _____

SEWER CONNECTION

FLEX COUPLER _____
RATED MATERIALS _____
4' SUPPORT _____
1/4" SLOPE _____

GAS TEST (10" TO 14" W.C.)

MANO PRES _____ / _____
INLET SIZE _____
RIGID SUPPORT _____
FLEX _____ VALVE _____
4' STRAPPING _____
COUPLING MATERIAL _____
GAS LINE GROUNDED _____

FIREPLACE / STOVE

RATED FOR HOME _____
HEARTH: 16" sides 8" _____
3-2-10 CHIMNEY _____
SPARK ARRESTER _____
COMBUST AIR INLET _____

NOTES: