Clark County Department of Building & Fire Prevention

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000 ~ Fax (702) 221-0630

Manufactured Housing Permit Application

Jerome A. Stueve, P.E., Director
Samuel D. Palmer P.E., Assistant Director • Girard W. Page, Fire Marshal

Assessor Parcel #: _____

Project Name: _____

Park/Estate Name: _____

Project Address: _____ Space/Lot#: _____

Property Owner Name: _____ Property Owner Email: _____

APPLICATION NO.:

CITIZEN ACCESS CONTACT INFORMATION

Name: _____ Company Name: _____

Mailing Address: _____

City: _____ State/Zip: _____ Phone: _____

Email: _____ Contact ID: _____

Applicant Signature: _____

PERMIT TYPE

- ☐ Park
- ☐ Estate
- ☐ Private Property

- ☐ New Install
- ☐ Replacement w/ New Utilities
- ☐ Replacement w/ Existing Utilities

DESCRIPTION OF WORK

DESCRIPTION OF MANUFACTURED BUILDING

Manufacturer: _____

Model/Style: _____

Year: _____ Amps: _____

Size: _____ Sq. Ft.: _____

SERIAL NUMBER

_____

SUBMITTAL REQUIREMENTS

- ☐ (2) Copies of Title/Cert. of Origin/Bill of Sale
- ☐ (3) Site Plans (only 2 required for Park)
- ☐ (3) Floor Plans * ☐ (1) Copy of Deed *
- ☐ (3) Elevations *
- ☐ (3) Copies of Grading Plans Wet Stamped & Signed * OR (3) Copies of Approved Subdivision Grading Plan from Public Works *

*Not Required in Park

CONTRACTOR'S DECLARATION

I hereby certify that I am licensed under the provisions of N.R.S. 624.

ST. LIC. NO.: _____ CLASS: _____ MULTI-JURISD. BUSINESS LIC. #: _____

CONTRACTOR NAME: _____

MAILING ADDRESS: _____ PHONE#: _____

CITY: _____ STATE: _____ ZIP: _____

_____ _____

CONTRACTOR SIGNATURE DATE

OWNER/BUILDER DECLARATION

I hereby certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

_____ _____

PROPERTY OWNER SIGNATURE DATE

Civil Engineering Review By: _____ Date: _____

Zoning Review By: _____ Date: _____

Bldg Plan Review By: _____ Date: _____

REQUIRED AT ISSUANCE

- ☐ Sanitation Receipt or Septic Voucher from SNHD
- ☐ Water Approval (If Applicable)

PERMIT FEES

Permit Fee:	$ _____
Park Tax:	$ _____
MSHCP:	$ _____
MSHCP Report Fee:	$ _____
Transportation Tax:	$ _____
NOV Fee:	$ _____
_____ :	$ _____
TOTAL FEE:	$ _____

Issued By: _____ Date: _____

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