STATE OF NEVADA – DEPT OF BUSINESS & INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS

Mechanical Compliance Section

Clear Form

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● 3360 West Sahara Ave., #170, Las Vegas, NV 89102 ● **Phone:** (702) 486-9054 ● **Email:** mcs.LV@dir.nv.gov

APPLICATION FOR PERMIT TO INSTALL A BOILER OR PRESSURE VESSEL

A CONTRACTOR MUST RECEIVE A PERMIT PRIOR TO INSTALLING OR REINSTALLING A BOILER OR PRESSURE VESSEL

Applicants must meet the following provisions before a permit to install is issued:

1. The boiler/pressure vessel must be constructed to meet the standards of the State of Nevada.
2. Provide with this application copies of the following:
   - ☐ Submittal Drawing (ANSI B/ARCH B or larger, or digital format) that shows location of equipment and clearances.
   - ☐ Other technical documents as required.
   - ☐ Nevada Contractors License.

The installing contractor will be invoiced for the permit to install once this application is approved. Acceptable forms of payment are check, cashier's check, or money order. The first operating permit will be invoiced separately upon acceptance of the installation.

ALL ITEMS LISTED BELOW AND ON PAGE 2 OF THIS APPLICATION MUST BE COMPLETED

Owner Name:	**Phone:**
Mailing Address: (Street, City, State, Zip)	
Location Name:	**Phone:**
Installation Address: (Street, City, State, Zip)	**Start Date:**
Is this object(s) replacing an existing object(s)? ☐ **Yes** ☐ **No**	**State ID number of object(s) being replaced:**

Are subcontractors to be utilized on this project? (If Yes, include duties in scope of work): ☐ **Yes** ☐ **No**

Scope of Work: (☐ Check here if there is an addendum)

Anticipated Completion Window: **(Quantity of Objects & Date)**	**First Object(s):**	**Last Object(s):**

National Board Number	Object Description:			Manufacturer Name:	Serial Number:	Size, Volume, Rating:			
	Type:	Use:	MAWP:			PPH or SQ FT	BTU	GAL or Volume	Designator

Installer:	**NV Contractor License:**	
Subcontractors (if any):	**NV Contractor License:**	
Installer Mailing Address: (Street, City, State, Zip)		
Name of Person Submitting Application:	**Title:**	**Date:**
Phone:	**Fax:**	
Email:		