## STATE OF NEVADA - DEPT OF BUSINESS & INDUSTRY - DIVISION OF INDUSTRIAL RELATIONS



## Mechanical Compliance Section

● 4600 Kietzke Ln, Suite F-151, Reno, NV 89502 ● **Phone:** (775) 688-3750 ● **Email:** mcs.reno@business.nv.gov

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## 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 provisi	ons before a permit to install is issued:	
1. The boiler/pressure vessel must be	constructed to meet the standards of the S	tate of Nevada
2. Provide with this application copie		aute of the rudu.
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☐ Submittal Drawing (ANSI B/A	ARCH B or larger, or digital format) that sh	ows location of equipment and clearances.
☐ Other technical documents as r	required	
	equired.	
☐ Nevada Contractors License.		
The installing contractor will be invoiced f	or the permit to install once this application	n is approved. Acceptable forms of payment
	order. The first operating permit will be in	
are eneck, easiner 5 eneck, or money e	installation.	voiced separatery upon acceptance of the
	ilistaliation.	
ALL ITEMS LISTED BELOW	AND ON PAGE 2 OF THIS APPLICA	TION MUST BE COMPLETED
Owner Name:		Phone:
Mailing Address:		
(Street, City, State, Zip)		
(Succei, City, State, Zip)		
<b>Location Name:</b>		Phone:
Education Name.		I none.
Installation Address:		Start Date:
		Start Date:
(Street, City, State, Zip)		C TD
Is this object replacing an existing object	? '''Yes ''''No	State ID number of object being
		replaced:
Are subcontractors to be utilized on this Scope of Work: (□ Check here if there	=	of work): ""Yes" "No
Anticipated Completion Window:	First Object(s):	Last Object(s):
(Overtity of Objects & Date)	rnst Object(s).	Last Object(s).

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

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