

HTF-2AFI Inspection Request Form

Initial Inspection 25% Inspection 50% Inspection 75% Inspection Final Inspection

HTF FI Number: _____ Date of Request: _____
Sponsor Name: _____ Contact Person: _____
Sponsor Address: _____ Phone #: _____
City, State, Zip: _____ Cell Phone #: _____
Email Address: _____ Fax #: _____

ALTERNATE CONTACT INFORMATION:

Contact Person: _____ Cell Phone #: _____
Email Address: _____

Project Type: Owner-Occupied
Activity Type: Rebuild

Beneficiary Name: _____
Project Address: _____
City, State, Zip: _____
Beneficiary's Phone # or alternate contact information: _____
Project County: _____

Attachments Included:

Inspection Report from: FEMA Insurance Company Or City, County, Building Inspector
 Pictures
 Written Directions

Authority Use Only

Program Coordinator's Name: _____

Inspector's Name: _____

Approved Denied Date Inspected/Reviewed : _____

Remarks:

Inspector's Signature: _____