

# HTF-2AFI Inspection Request Form

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

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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: \_\_\_\_\_

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Project Type:  Owner-Occupied  
Activity Type:  Rebuild

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

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Attachments Included:

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

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**Authority Use Only**

Program Coordinator's Name: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_

Approved     Denied    Date Inspected/Reviewed : \_\_\_\_\_

Remarks:

Inspector's Signature: \_\_\_\_\_