

# HTF-2A Inspection Request Form

- Initial Inspection       Desk Review (Bldg. Permit/Cost Analysis/Plans/Specs)       Quality Control  
 Revised Initial Work Write-Up #: \_\_\_\_\_       Change Order #: \_\_\_\_\_       Interim Inspection With Draw  
 Interim Inspection Without Draw       Final Inspection #: \_\_\_\_\_

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Identifying Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Participant Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Participant 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:  ER Repair       Owner-Occupied       Group Home       Supportive Housing

Total # of Units: \_\_\_\_\_ Closing Date (if applicable): \_\_\_\_\_

Activity Type:  Acquisition/Rehab       New Construction       Rehabilitation

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

### Attachments Included:

- Written Directions (Initial Inspection ONLY!)       Draw Report - GH or SH only (Include related invoices for soft costs/AIA documentation or Building in Progress Report)  
 Local Building Inspector - Approved Inspection Report  
 Pictures      \_\_\_\_\_ % Draw Percentage Requested (GH or SH only)  
 Change Order(s)       Other  
 Paid Invoices for allowable HTF Soft Costs

### Authority Use Only

Approved       Denied

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

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

Date Inspected/Reviewed: \_\_\_\_\_

Remarks:

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