

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
 Contractor Change Request Final Inspection #: _____ Interim Inspection Without Draw

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: _____

Project Type: ER Repair Owner-Occupied Group Home Supportive Housing

Total # of Units: _____ Closing Date (if applicable): _____

Activity Type: Acquisition/Rehab New Construction Rehabilitation

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

Attachments Included:

- Contractor License(s) and Insurance Information 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 _____ % Draw Percentage Requested (GH or SH only)
 Pictures Other
 Change Order(s)
 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: _____