

**SC HTF Supportive Housing Single Family Rehabilitation  
HTF-2AA Inspection Request Form**

**Date of Request:** \_\_\_\_\_

SC HTF Award #: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell#: \_\_\_\_\_

Alternate Contact

Contact #2: \_\_\_\_\_ Cell#: \_\_\_\_\_

Contact #3: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Project Information \*List ONLY one (1) address per inspection request.**

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Inspection Type:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preliminary Scope of Work Inspection   | <input type="checkbox"/> Scope of Work Inspection                 |
| <input type="checkbox"/> Quality Control  | <input type="checkbox"/> Revised Scope of Work Inspection # _____ |
| <input type="checkbox"/> Change Order Review # _____  | <input type="checkbox"/> Change of Contractor Request             |
| <input type="checkbox"/> Desk Review  | <input type="checkbox"/> 100 % Final Inspection                   |
| <input type="checkbox"/> Interim Draw Inspection # _____ Percentage Complete % _____ Amount Requested \$: _____ |   |

**Attachments:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> HTF-2B Work Write-Up  | <input type="checkbox"/> HTF-2C Change Order Request         | <input type="checkbox"/> HTF-2D Certification of Work Completed |
| <input type="checkbox"/> HTF-2E SC Housing Essential Property Standards Checklist                            | <input type="checkbox"/> HTF-4A Draw Request for Payment     |   |
| <input type="checkbox"/> HTF-4B Draw Summary Form  | <input type="checkbox"/> HTF-4C Certification of Payment     | <input type="checkbox"/> HTF-4D Draw Schedule Request           |
| <input type="checkbox"/> HTF-1B Hazardous Materials Affidavit  | <input type="checkbox"/> Environmental Inspections           |   |
| <input type="checkbox"/> HTF-5A Receipt of the Small Entity Compliance Guide                                 | <input type="checkbox"/> Environmental Test Results          |   |
| <input type="checkbox"/> HTF-5B Receipt of Pre-Renovation Hazardous Materials Test Results                   | <input type="checkbox"/> Scopes of Work/ Quotes              |   |
| <input type="checkbox"/> HTF- 5C Receipt of EPA's Safe Guide to Renovate Right                               | <input type="checkbox"/> Contractor License and Insurance    |   |
| <input type="checkbox"/> HTF-5D Receipt of Post-Renovation Hazardous Materials Test Results                  | <input type="checkbox"/> Locality Building Inspectors Report |   |
| <input type="checkbox"/> Photographs <input type="checkbox"/> Invoices <input type="checkbox"/> Other: _____ |  |   |

**Authority Use Only**

Program Coordinator: \_\_\_\_\_ Inspector: \_\_\_\_\_

Date Processed for Inspection: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Inspection has been:  Approved  Denied

Inspectors Signature: \_\_\_\_\_