

**SC HTF Home Repair
HTF-2A 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

Beneficiary Name: _____ Phone/ Cell#: _____

Address: _____ E-mail: _____

City, State, Zip: _____ County: _____

Number of Household Members: _____

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"/> Interim Draw Inspection # _____ Percentage Complete % _____ Amount Requested: _____ | |
| <input type="checkbox"/> Change Order Review # _____ | <input type="checkbox"/> Change of Contractor Request |
| <input type="checkbox"/> Desk Review | <input type="checkbox"/> 100 % Final Inspection |

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"/> Paid 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: _____