

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: _____