

**SC HTF Critical Home Repair
HTF-2 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:

- Scope of Work Inspection Revised Scope of Work Inspection # _____ Quality Control
 Change Order Review # _____ Change of Contractor Request Desk Review 100 % Final Inspection
 Interim Draw Inspection # _____ Percentage Complete % _____ Amount Requested: _____

Attachments:

- HTF-2B Work Write-Up HTF-2C Change Order Request HTF-2D Certification of Work Completed
 HTF-4A Draw Request for Payment HTF-4B Draw Summary Form HTF-4C Certification of Payment
 Scopes of Work/ Quotes Drawings/ Sketches Locality Building Inspectors Report
 Lead Test Kit Documentation Forms Contractor License and Insurance EPA RRP Certifications
 Photographs Paid Invoices Other: _____

Authority Use Only

Program Coordinator: _____ Inspector: _____

Date Processed for Inspection: _____ Date of Inspection: _____

Inspection has been: Approved Denied

Inspectors Signature: _____