



Texas Department of Housing and Community Affairs
 Portfolio Management and Compliance
 Attn: Gavin Reid, Inspections Specialist
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FINAL CONSTRUCTION INSPECTION REQUEST FORM

Development Name: _____ TDHCA File No.: _____
 Development Address: _____
 Development City: _____ Development County: _____

NAME and ADDRESS of OWNERSHIP ENTITY			
Name: _____	Contact: _____		
Mailing Address: _____			
City: _____	ST: _____	Zip: _____	
Phone: (____) _____	Ext. _____	Fax: (____) _____	
Email address: _____			

NAME and ADDRESS of ONSITE CONTACT (Authorized Owner's Representative)			
Name: _____	Title: _____		
Phone: (____) _____	Ext.: _____	Fax: (____) _____	
Email address: _____			

Owners are required to submit evidence of construction completion within 30 days of completion. The Department will conduct a final inspection after receipt of this Final Construction Inspection Request Form.

Copies of the following documents must be provided with this report (upon review of the documents the Department may request additional information):

- Copies of the final Application and Certification for Payment, AIA Documents G702 and G703 Continuation Sheet certified by Architect,
- Photographs of the Development (several photos showing interior/exterior construction completion),
- Sections A, B, C, and D of the attached form (page 1 of the Development Inspection Checklist),
- A copy of the final inspection report from inspections performed for the syndicator/owner.

I (we) hereby acknowledge and certify that the project is at least ____% complete, as of _____ (date). Evidence that the Development has placed in service is substantiated by documentation provided which I (we) certify to be true and correct.

By: _____	_____
<i>Signature of Owner</i>	<i>Date</i>
_____	_____
<i>Printed Name</i>	<i>Title</i>

TDHCA Date Stamp

Texas Department of Housing & Community Affairs
Development Inspection Checklist

Department Use	
Date of Inspection: _____	Inspector Name: _____
Inspection Start Time: _____	Inspection Finish Time: _____

Development owner: Complete sections A–D and submit with inspection or plan review request

A. GENERAL INFORMATION	
TDHCA File Number: _____	CMTS: _____
Development Name: _____	
Development Address: _____	Zip Code: _____
Development City: _____	County: _____
Contact at Inspection: _____	Contact #: _____

B. PROGRAM / INSPECTION TYPE							
Single Family <input type="checkbox"/>	HTC	HOME	BOND	HTF	Preservation	CDBG Disaster Recovery	Other _____
Multifamily <input type="checkbox"/>							
Plan Review		<input type="checkbox"/>				<input type="checkbox"/>	
Mid Inspection						<input type="checkbox"/>	
Final Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. DEVELOPMENT INFORMATION							
New Construction <input type="checkbox"/>	2-Plex /Bldg <input type="checkbox"/>	Single Family (pg. 6) <input type="checkbox"/>	No. Residence Bldgs _____				
Rehabilitation <input type="checkbox"/>	3-Plex/Bldg <input type="checkbox"/>	Town house (2-story) <input type="checkbox"/>	Max. No. of Floors _____				
Date of Original (for rehab) Construction _____	4-Plex/Bldg <input type="checkbox"/>	Elevator Bldgs <input type="checkbox"/>	UFAS Accessibility <input type="checkbox"/>				
	5 Plus/Bldg <input type="checkbox"/>	SRO <input type="checkbox"/>	Fair Housing Accessibility <input type="checkbox"/>				
Is rehab conversion of units to full accessibility Y <input type="checkbox"/> N <input type="checkbox"/>	Is rehab renovation of elements in units Y <input type="checkbox"/> N <input type="checkbox"/>	Faucets <input type="checkbox"/>	Is rehab making all common facilities accessible Y <input type="checkbox"/> N <input type="checkbox"/>				
		Cabinets <input type="checkbox"/>					

D. UNIT INFORMATION									
List Each Unit Type* (#Bedroom / #Bathroom)	Unit Type Totals (#of Units of ea. Floor Plan)	Area Per Unit Type (Net Rentable Area sq. ft.)	Department Use (committed)						
			Unit Type		Total #		Area		
			Y	N	Y	N	Y	N	
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