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| **Project Information** | | | |
| **Authorized Representative of Subrecipient/State:** | | | **Contract No. and/or WO:** |
| **Applicant’s Name:** | | **Co-Applicant’s Name:** | |
| **Physical Address:** | | | |
| **City:** | | **State: Texas** | **ZIP Code:** |
| **Builder Name:** | | | |
| ***\*\*Must Be Completed Immediately Prior to TREC Inspection\*\**** | | | |
| **General Inspection** | | | |
| **Green Building Standards Used (specify):** | | | |
| Yes No N/A | Building meets all applicable elevation standards for development in the floodplain. | | |
| Yes No N/A | House numbers are installed. | | |
| Yes No N/A | Accessible route present from street to one entrance door. | | |
| Yes No N/A | At least one (1) entrance door, with standard 36” door. | | |
| Yes No N/A | No step entrance or serviced by ramp (if ramp is present the slope is 1:12) &  handrails (if applicable) per ADA 2010. | | |
| Yes No N/A | Building permit and green tags in place and visible. | | |
| Yes No N/A | Termite treatment complete. | | |
| Yes No N/A | Green Standards Certification (Energy) certificate complete and on hand. | | |
| Yes No N/A | Accessible route throughout home. | | |
| Yes No N/A | Each hallway 36” level, with ramped or beveled changes at each door threshold. | | |
| Yes No N/A | Exterior door locks properly adjusted, deadbolt fully extends into jamb. | | |
| Yes No N/A | 36-inch height on stair handrails (measured at front of stair nose). | | |
| Yes No N/A | Maximum 4-inch opening on all balusters/rail supports (if applicable). | | |
| Yes No N/A | All weatherproofing installed at exterior doors. | | |
| Yes No N/A | Roof complete including drip edge, all vent boots/caps, shingles straight & level. | | |
| Yes No N/A | Inside of home is free from debris, swept and clean. | | |
| Yes No N/A | Exterior free of trash and construction materials. | | |
| Yes No N/A | Porch/decks and ramps cleaned/pressure washed. | | |
| **Inspector Observation Remarks:** | | | |
| **Exterior Inspection** | | | |
| Yes No N/A | All piping/drain lines secured to home and exposed pipes insulated. | | |
| Yes No N/A | Appropriate water main cut-off exists. | | |
| Yes No N/A | Check electrostatic grounding of gas lines. | | |
| Yes No N/A | All flatwork (driveway, walks, etc.) level, not cracked/damaged/irregular, pitting,  spalling, expansion joints present. | | |
| Yes No N/A | Siding not cracked, dented or chipped (if so replace it). | | |
| Yes No N/A | Verify minimum ½ inch air gap between siding and porch floor, and where sidewalks/driveways abut to house foundations. | | |
| Yes No N/A | All exposed surfaces painted, and exterior paint complete without visible defects (from 6 feet away). | | |
| Yes No N/A | Silicone caulk present at exterior door sills and windows. | | |
| Yes No N/A | All screens installed, not damaged/torn. | | |
| Yes No N/A | Gutters, splash blocks, water diverters, etc., are in place. | | |
| Yes No N/A | Finish Grade at house foundation provides positive drainage away from structure and shall start a minimum of 6 inches below finish floor at slab on grade or a minimum of 6 inches below pier footings for elevated floor. | | |
| Yes No N/A | Trees trimmed at least 3 feet from the structure/roof, and Sod is in required area. | | |
| **Inspector Observation Remarks:** | | | |
| **Interior Inspection** | | | |
| Yes No N/A | Operable switches, circuit breakers & thermostat no higher than 48” above floor. | | |
| Yes No N/A | All switches and receptacles properly installed and operable; switch plates level, flush, and without defects. Each receptacle/plug is at least 15” above the floor. | | |
| Yes No N/A | Visually inspect wall for deficiencies; a level may be utilized to determine if defect is more than 1/4 inch within 32 inches in either direction. Note ridges, bubbling, cracking at tape joints and/or if ceiling lines are not straight. | | |
| Yes No N/A | Verify all base is matching profile. Base appears to be straight; a bow in the base is a visual cue drywall is bowed. | | |
| Yes No N/A | Smoke/CO2 detectors installed in proper locations and operational. | | |
| Yes No N/A | Ensure paint coverage is acceptable, free from flaws visible from 6 feet away. | | |
| Yes No N/A | Ensure interior doors are at least standard 32” door, unless the door provides access only to closet of less than 15 square feet in area. | | |
| Yes No N/A | Check vinyl flooring for deficiencies such as peeling/lifting, visible gaps/seams, ridges/depressions, or overall poor workmanship. | | |
| Yes No N/A | Carpet properly installed. | | |
| Yes No N/A | Check ceramic or porcelain tile joints (vertical and horizontal), all joints perpendicular and parallel to walls. Installed around outlets, pipes, fixtures, and fittings so that plates, escutcheons, and collars overlap cuts. | | |
| Yes No N/A | Check for Hot-Cold control reversal in all showers, tubs, and sinks. | | |
| Yes No N/A | Check for leaks in supply and drain lines under sinks. | | |
| Yes No N/A | Toilets flush properly and are firmly seated in place (no movement). | | |
| Yes No N/A | AC & Heat — check for cold and hot air movement; system in good working order. Check thermostat functions. | | |
| Yes No N/A | AC filter in place; filter panel easily removable. | | |
| Yes No N/A | AC registers properly installed (no gaps, all screws) and level. | | |
| Yes No N/A | Septic system installed and operational (if applicable). | | |
| Yes No N/A | Well water system installed and operational (if applicable). | | |
| Yes No N/A | Hot water heater installed, operational. | | |
| Yes No N/A | Appliances installed, operational. | | |
| Yes No N/A | Anti-tip device installed for the stove/oven range. | | |
| Yes No N/A | Insulation stop at attic access. | | |
| Yes No N/A | Insulation in attic properly installed. | | |
| Yes No N/A | Check windows & doors for operability (all hinge screws installed, locks & hardware operate smoothly). | | |
| Yes No N/A | Check to ensure cabinets are straight and line up with the walls properly. | | |
| **Electrical Inspection** | | | |
| Yes No N/A | Air Conditioner breaker properly sized. | | |
| Yes No N/A | All exhaust fans and ceiling fans are operational, no excessive noise or vibration. | | |
| Yes No N/A | AC Condenser location ok, and on concrete pad. | | |
| Yes No N/A | Breaker box located on 1st floor, operational parts no higher than 48” from floor. | | |
| Yes No N/A | Check that all required GFCI circuits are present and operating properly. | | |
| Yes No N/A | Check that all required AFCI circuits are present and operating properly. | | |
| Yes No N/A | All circuit breakers clearly labeled. | | |
| Yes No N/A | Check ground and polarity of all receptacles. | | |
| **Inspector Observation Remarks:** | | | |

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| **Accessibility Inspection (when applicable)** | | | | |
| Yes No N/A | | If lift present, ensure it is operable, and lift gates fasten securely. | | |
| Yes No N/A | | Walk-in shower. | | |
| Yes No N/A | | Grab bars installed properly. | | |
| Yes No N/A | | Toilet 18 inches (on center) from finished side wall. | | |
| Yes No N/A | | Toilet seat height is 17–19 inches from floor. | | |
| **Inspector Observation Remarks:** | | | | |
| **Visitability Waiver** | | | |
| * I/We understand that the external accessibility/visitability features listed below are waived on my disaster impacted home. * I/We further understand that the waiver will not be granted if a member of my household has a disability. * The external visitability changes are explained: | | | |
| GLO has reviewed the request and has made the following determination: | | | Approved Denied N/A |
| **Lead Based Paint** | | | |
| Yes  No  N/A | I have received a copy of the “Protect Your Family From Lead in Your Home” pamphlet. | | |
| Yes  No  N/A | I have received a copy of the “Lead-safe Certified Guide to ‘Renovate Right’”. | | |

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| **Signatures** | |
| Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in Programs that will accept this Affidavit. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. | |
| **Inspector’s Printed Name:** | **Date:** |
| **Inspector’s Signature:** |
| **Superintendent’s Printed Name:** | **Date:** |
| **Superintendent’s Signature:** |
| **Applicant’s Printed Name:** | **Date:** |
| **Applicant’s Signature:** |
| **Co-Applicant’s Printed Name:** | **Date:** |
| **Co-Applicant’s Signature:** |
| **Builder’s Printed Name:** | **Date:** |
| **Builder’s Signature:** |

\*\*Based upon IRC 2012, ADA 2010, HUD Housing Quality Standards and CDR Design Standards.

***Disclaimer:*** *The Texas General Land Office has made every effort to ensure the information contained on this form is accurate and in compliance with the most up-to-date CDBG-DR and/or CDBG-MIT federal rules and regulations, as applicable. It should be noted that the Texas General Land Office assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised federal rules and regulations and the Texas General Land Office's standard review and update schedule.*