

WVHDF INSPECTION REQUEST FORM

Instructions:

Complete the form as applicable to your request. Save the document under another name (perhaps the property address), which will save the inputted information. E-mail the new document to your program representative.

FAXED COPIES OF THIS FORM WILL NOT BE ACCEPTED; IT MUST BE SUBMITTED ELECTRONICALLY.

- CHDO Rental
 HOME Rental
 MLP
 SALP
 AHFP
 WVPRI
 NCFP
 LIHTC
 Land Development
 FAF
 USDA 538
 NHTF
 Other _____

Contact Person: _____ Phone Number: _____

Organization Requesting: _____ Email: _____

Project Name: _____

Property Address: _____ COUNTY: _____

Property Owner: _____ Applicant(s): _____

REVIEWING FOR:

- Rehabilitation
 New Construction
 Acquisition
 Other _____

PROPERTY DATA:

- Site Only
 Single Family
 Multifamily
 _____ Year House/Building Constructed

Preferred Date: _____ Time: _____ a.m. _____ p.m.

BELOW IS FOR WVHDF USE ONLY

INSPECTION LEVEL--WVHDF Staff Choose Level of Inspection Required for this Request

Level 1	Level 2	Level 3
<ul style="list-style-type: none"> • Verify costs submitted for reimbursement • Verify that work has been performed in a workmanlike manner • Verify percentage of completion • Take pictures • Report safety concerns 	<ul style="list-style-type: none"> • Verify that work is being completed in accordance with the plans and specs submitted to the Fund at the project's inception • Verify costs submitted for reimbursement • Verify that work has been performed in a workmanlike manner • Verify percentage of completion • Take pictures • Report safety concerns 	<ul style="list-style-type: none"> • Inspect to specified code standards (must be specified by program personnel) • Verify that work is being completed in accordance with the plans and specs submitted to the Fund at the project's inception • Verify costs submitted for reimbursement • Verify that work has been performed in a workmanlike manner • Verify percentage completion • Take pictures • Report safety concerns

DIRECTIONS/INSTRUCTIONS

Requestor # _____ County _____ Inspector _____
 Date Received _____ Date Assigned _____ Date Completed _____