



Texas General Land Office
Community Development and Revitalization
Form 11.03
Final Inspection Checklist

Project Information	
GLO's Designated Representative ("GDR") Name: Waggoner	Contract No. and/or WO: 3659466
Applicant Name: fg	Co-Applicant Name:
Physical Address:	
Building Contractor Name:	Floor Plan: BONSAI (BON)
<i>**Must Be Completed Immediately Prior to TREC Inspection**</i>	
General Inspection	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	House numbers installed
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Driveway pad is size 14' x 20.' Connection to street 9' wide, where applicable
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All flatwork (driveway, walks, etc.) level, not cracked/damaged/irregular, pitting, spalling, expansion joints present.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Peepholes on all exterior doors
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Exterior door locks are properly adjusted, deadbolt fully extends into jamb.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	No-step entrance serviced by ramp (if applicable) slope is 1:12 w/ two (2) grip rails
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Top of grip rails at consistent height, 34-38 inches vertically above walking surfaces, stair noses, and ramp surfaces. (ADA 2010, 504.4)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Maximum 4-inch opening on all balusters/rail supports (if applicable).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Accessible route present from street to one entrance door.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	At least one entrance door with standard 36-inch door
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Exterior is free of trash and construction materials.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Foundation cables properly stressed and secured (if applicable).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Porch/decks and ramps cleaned/pressure washed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Hallways at least 36" wide, level & ramped/beveled changes at each door threshold.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Roof is complete with drip edge, all vent boot/caps, shingles straight and level.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All weatherproofing installed at exterior doors.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Building permit, Certificate of Occupancy, Elevation Certificate and Inspection green tags on site and visible.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Termite treatment completed and certificate on hand.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Green (Energy) Standards Certificate on hand.
Inspector Observation Remarks:	



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Exterior Inspection	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All piping/drain lines secured to home and exposed pipes insulated.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Appropriate water main cut-off exists
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Hardie plank installed under house, painted (elevated homes where applicable).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Two (2) hose bibs with vacuum breakers (anti-syphon devices) near front and back.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Check electrostatic grounding of gas lines
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All Siding is free of blemishes. Note any cracks, dents, bows, chips or gaps.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All exposed surfaces painted without visible defects (from 6 feet away).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Silicone caulk present at exterior door sills and windows. All Exterior penetrations are weatherproofed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All screens installed, not damaged/torn
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All roof jacks painted to match
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Gutters, downspouts, diverters, and splash blocks are installed in the required areas.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Finish grade at foundation provides positive drainage away from structure, starting at a min of 6" below finish floor at slab on grade or a min of 6" below pier footings for elevated floor.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Trees are trimmed at least 3 feet from the structure, roof, and ramp. Sod is in the required area.
Interior Inspection	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Inside of home is free from debris and swept(frml)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Operable switches, circuit breakers & thermostat no higher than 48" above floor
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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
N/A	Wall and ceiling sheetrock is free of deficiencies; ridges, bubbling, cracking at tape joints, corners and lines are straight
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Verify all base trim is matching profile. Base appears to be straight; a bow in the base is a visual cue drywall is bowed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Ensure cabinets are straight and line up with the walls properly
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Smoke/CO detectors installed in proper locations and operational.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Ensure paint coverage is acceptable, free from flaws visible from 6 feet away.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Check vinyl flooring for deficiencies such as peeling/lifting, visible gaps/seams, ridges/depressions, scratches, or overall poor workmanship.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Ceramic/porcelain tile – all joints perpendicular & parallel to walls. Installed around outlets, fixtures, pipes/fittings so that plates, escutcheons, and collars overlap cuts



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<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Check for Hot-Cold control reversal in all showers, tubs, and sinks.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Check for leaks in supply and drain lines under sinks.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Toilets flush properly and are firmly seated in place (no movement)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	AC & Heat; check for cold and hot air movement; system in good working order; check thermostat functions.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	AC filter in place; filter panel easily removable.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	AC registers properly installed (no gaps, all screws) and level.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Septic system installed and operational (if applicable).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Well water system installed and operational (if applicable).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Water heater installed, operational. (If located on main floor in construction plans, must be in designated and properly ventilated closet.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Appliances installed, operational.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Anti-tip device installed for the stove/oven range
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Washing machine outlet box, ice maker outlet box, dryer vent box (or trim) present
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Attic - Verify insulation installed, stop, and access door insulation are present
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Windows & doors operate smoothly (hinge screws installed, locks & hardware)

Inspector Observation Remarks:

Electrical Inspection

N/A	Air Conditioner breaker properly sized
N/A	All exhaust fans and ceiling fans are operational, no excessive noise or vibration
N/A	ReHab-AC Condenser location ok, and operable
N/A	AC Condenser location on concrete pad or deck. Water diverter over AC unit
N/A	ReHab-Aluminum wiring is NOT visually apparent. (If aluminum wiring, check "NO"
N/A	Breaker box located on 1st floor, operational parts no higher than 48" from floor
N/A	Check that all required GFCI circuits are present and operating properly
N/A	Check that all required AFCI circuits are present and operating properly
N/A	All circuit breakers clearly labeled
N/A	Check ground and polarity of all receptacles
N/A	Electrical Observation Remarks

Accessibility Inspection (when applicable)

N/A	If lift present, ensure it is operable, and lift gates fasten securely
N/A	Walk-in showers
N/A	Grab bars installed properly
N/A	Toilets exactly at 18 inches (on center) from finished side wall
N/A	Toilet seat height is 17–19 inches from floor
N/A	Inspector Observation Remarks3



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Signatures

Under penalties of perjury, I certify that the information presented in this document 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 document.

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 Printed Name:

Inspector Signature:

Image not found or type unknown

Date:

Superintendent Printed Name: fd

Superintendent Signature:

Date:

Applicant Printed Name: fg

Applicant Signature:

Date:

Co-Applicant Printed Name:

Co-Applicant Signature:

Date:

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