



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

Project Information	
GLO's Designated Representative ("GDR") Name: Waggoner	Contract No. and/or WO: 3659466
Applicant Name: wer	Co-Applicant Name:
Physical Address:	
Building Contractor Name:	Floor Plan: BONSAI (BON)
<i>**Must be Completed Immediately Prior TREC Inspection**</i> Instructions: Check Yes, No, or N/A; in addition, check items that are deficiencies that were NOT included in the Builder's Original Scope on the 11.17 Form or Change Orders. These are not Builder's Deficiencies (will not be reflected on the Builder Scoring). NOS= "Not on Scope"	
General Inspection	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	All in-scope work (on form 11.17) is performed satisfactorily.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Building permit and green tags in place and visible.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Exterior door locks properly adjusted, deadbolt fully extends into jamb
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Top surface of gripping handrails at 34-38 inches vertically above walking surfaces, stair noses, and ramp surfaces (if applicable)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Maximum 4-inch opening on all balusters/rail supports (if applicable). Not missing required balusters.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	All weatherproofing installed at exterior doors.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Roof complete including drip edge, all vent boots/caps, shingles straight & level.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Inside of home is free from construction debris, swept and clean.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Exterior free of trash and construction materials.
Inspector Observation Remarks:	
Exterior Inspection	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	House numbers in place, visible.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	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 <input type="checkbox"/> NOS	Appropriate water main cut-off exists, accessible.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Check electrostatic grounding of gas lines.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	All flatwork (driveway, walks, etc.) free of tripping hazards (if not replace).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Siding free of bowing, loose pieces, cracks, dents or chips.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Verify minimum ½ inch expansion gap between siding and porch floor, and between siding and ramp.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	All exposed surfaces painted, and exterior paint complete without visible defects (from 6 feet away).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Silicone caulk present at exterior door sills and windows. Exterior penetrations are weatherproofed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Existing gutters, splash blocks, water diverters, not damaged or detached.
Inspector Observation Remarks:	



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Interior Inspection	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Switches, receptacles, circuit breakers & thermostat are functional..
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	All switch and receptacle plates level, flush, and without defects.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Walls and drywall are visually free of blemishes.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Verify all base trim is properly installed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Smoke/CO detectors installed in proper locations and operational.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	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 <input type="checkbox"/> NOS	Carpet is properly installed, not missing sections.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Check vinyl flooring for deficiencies such as peeling/lifting, visible gaps/seams, ridges/depressions, or overall poor workmanship.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Check for Hot-Cold faucet & controls reversal in all showers, tubs, and sinks.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Check for leaks in supply and drain lines under sinks.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	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 <input type="checkbox"/> NOS	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 <input type="checkbox"/> NOS	AC filter in place; filter panel removable.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	AC registers properly installed (no gaps, all screws) and level.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Septic system installed and operational (if applicable).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Well water system installed and operational (if applicable).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Hot water heater installed, operational.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Appliances installed, operational.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Anti-tip device installed for the stove/oven range.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Insulation stop at attic access.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Attic insulation is installed properly.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Attic access door insulated and closes properly.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Windows & doors are operable (all locks & hardware operate smoothly).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	All window screens installed, NOT excessively torn or missing.
Inspector Observation Remarks:	
Electrical Inspection	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Air Conditioner breaker properly sized.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	All exhaust fans and ceiling fans are operational, no excessive noise or vibration.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	AC Condenser location ok, and operable
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Aluminum wiring is NOT visually apparent.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Check that all required GFCI circuits are present and operating properly.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Check that all required AFCI circuits are present and operating properly.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	All circuit breakers clearly labeled.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Check ground and polarity of all receptacles that are reasonably accessible.
Inspector Observation Remarks:	



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Accessibility Inspection (when applicable)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	If lift present, ensure it is operable, and lift gates fasten securely
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Walk-in shower
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Grab bars installed properly
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Toilets exactly at 18 inches (on center) from finished side wall
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS	Toilet seat height is 17–19 inches from floor
Inspector Observation Remarks:	
Signatures	
<p>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.</p> <p>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</p>	
Inspector Printed Name:	Date:
Inspector Signature: <small>Image not found or type unknown</small>	
Superintendent Printed Name: dgr	Date:
Superintendent Signature:	
Applicant Printed Name: wer	Date:
Applicant Signature:	
Co-Applicant Printed Name:	Date:
Co-Applicant Signature:	

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



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List any additional items that are deficiencies that were NOT included in the Builder's Original Scope (items not on the 11.17 From or Change Orders) that should be addressed, researched or followed up. These are NOT Builder's Deficiencies (not to be reflected on the Builder Scoring).

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