



Texas General Land Office
Community Development and Revitalization
Form 11.10
Progress Inspection Checklist

Project Information	
GLO's Designated Representative ("GDR") Name: Waggoner	Contract No. and/or WO: 3659466
Applicant Name: sdfsd	Co-Applicant Name:
Physical Address:	
Building Contractor Name:	Floor Plan: BONSAI (BON)
<i>**Must be Completed Immediately Prior to Insulation and Drywall**</i>	
General Inspection	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Confirm which Green Standard applies.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Resilient roof photos verified: 1) Taped decking seams 2) Button cap nails used.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Building permit and green tags in place and visible.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Confirm foundation municipal tag and engineer's report is issued (with the plans) and available (if applicable).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Verify it's framed according to plans, correct number of rooms, bathrooms, windows and double check elevation (option selection), roof, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	At least one 36-inch entrance door on an accessible route served by no-step entrance or ramp.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Check finished slab surface complete/plumbing entry points patched and cured.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	No subfloor areas of unevenness exceeding 3/8 inch per 36 inches.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Confirm rough opening for interior passage doors will accommodate a 32-inch door, unless the door provides access only to closet of less than 15 sq. ft. in area.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Each hallway has a width of at least 36 inches and is level.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Anchor bolts, washer, nuts, all tightened (if applicable).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	2x6 joist hangers are installed at attic/all areas, with appropriate number of nails.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Check AC drain installed and visually clear of debris.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Gas and electric meter location reasonably near home.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Poly spray foam at slab and roof baffles done as required.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All trade nail guards in place.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Framing is free from irregularities such as excessive mud, mildew, knots or flaws notching or scabbing, or overall damage. Note unusual nail patterns/usage.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Inside of home is free from debris and swept.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All trash is picked up and placed in trash area/dumpster.
Inspector Observation Remarks:	



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Interior Inspection	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Each bathroom is reinforced with blocking for potential grab bar installation as required. (32- 38" High Minimum, ADA 2010).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Verify water source located on a short wall, control is on either long or short wall of rollin shower when a permanent seat is present (if applicable) ADA 2010.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Check plan on sizes of ceiling joists and rafters. Check doubles around openings.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Studs are installed at 16 inches on center.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Check windstorm clips are present.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All receptacles (electric outlets) at least 15 inches above floor.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Light switches, fan switches and thermostat no higher than 48 inches from floor.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Each breaker box is located not higher than 48 inches above the floor inside the building on the first floor in the utility room or garage; unless the applicable building code or codes do not prescribe another location for the breaker boxes.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Check all electrical clears door casings, and that it is not behind door swing.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Smoke detector and carbon monoxide detector locations wired.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All walls and corners are plumb.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Toilets at 17-19 inches on center from side wall.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Space is provided on both sides of doors for casing.
Inspector Observation Remarks:	
Windows and Doors	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Verify windows are compliant with windstorm/Green Standard requirements.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Door and window headers are sized properly, load-bearing and non load-bearing.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	House wrap is installed in all window and door openings prior to installation of windows/doors.
Inspector Observation Remarks:	
Exterior Inspection	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Exterior walls are plumb and straight (no bows).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Lap Siding: 'HZ10' Hardie Plank, 6 1/4", smooth or textured finish, pre-primed. (Installed measurement 5" visible).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All siding is free of deficiencies. Note any cracked, dented, bowed, or chipped siding that requires replacement.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All butt-joints are less than 1/8 inch, both siding and trim.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Use trim nails on 1x4 Hardie trim (siding).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All roof jacks installed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Every door and window location and size are confirmed.



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<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Window and door openings are plumb.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Sheathing on the house is cut tight, straight, without gaps or holes, and nailed per plan specifications.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Two exterior hose bibs (front/back).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Verify minimum ½ inch expansion gap: between siding and porch floor, and between ramp and siding.

Inspector Observation Remarks:

Roof/Attic

<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	HVAC ductwork in place properly installed, no gaps or openings.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	AC intakes/returns are on the main floor.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	All windstorm/fortified appurtenances are in place.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Roof sheathing is flat, no valleys or high places. Radiant barrier installed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Roof decking is installed with small gap 1/16–1/8 inch on all end joints.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Roof sheathing is nailed per plan and windstorm requirements.

Inspector Observation Remarks:

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:	Date:
Inspector Signature: Image not found or type unknown	
Superintendent Printed Name: fdg	Date:
Superintendent Signature:	