



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:<br>3659466                                                                                                  |
| Applicant Name: wer                                                                                                                                                                                                                                                                                                                                                                | Co-Applicant Name:                                                                                                                  |
| Physical Address:                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |
| Building Contractor Name:                                                                                                                                                                                                                                                                                                                                                          | Floor Plan: BONSAI (BON)                                                                                                            |
| <p><b><i>**Must be Completed Immediately Prior TREC Inspection**</i></b></p> <p><b>Instructions:</b> 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)</p> |                                                                                                                                     |
| General Inspection                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NOS                                                                                                                                                                                                                                                      | <b>All in-scope work (on form 11.17) is performed satisfactorily.</b>                                                               |
| <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.                                                                      |
| <b>Inspector Observation Remarks:</b>                                                                                         |                                                                                                                                     |
|                                                                                                                               |                                                                                                                                     |
| 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.                                                        |
| <b>Inspector Observation Remarks:</b>                                                                                         |                                                                                                                                     |
|                                                                                                                               |                                                                                                                                     |



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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                          |
| <b>Inspector Observation Remarks:</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |
| 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><b>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</b></p> |                                                                        |
| <b>Inspector Printed Name:</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Date:</b>                                                           |
| <b>Inspector Signature:</b><br><div style="text-align: center;">Image not found or type unknown</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |
| <b>Superintendent Printed Name:</b> dgr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Date:</b>                                                           |
| <b>Superintendent Signature:</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |
| <b>Applicant Printed Name:</b> wer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Date:</b>                                                           |
| <b>Applicant Signature:</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |
| <b>Co-Applicant Printed Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Date:</b>                                                           |
| <b>Co-Applicant Signature:</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |

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



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