



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

Project Information		
<b>Subrecipient or State Representative's Name:</b>		<b>Contract No. and/or WO:</b>
<b>Applicant's Name:</b>	<b>Co-Applicant's Name:</b>	
<b>Physical Address:</b>		
<b>City:</b>	<b>State: Texas</b>	<b>ZIP Code:</b>
<b>Builder Name:</b>		
<b><i>**Must Be Completed Immediately Prior to TREC Inspection**</i></b>		
General Inspection		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	House numbers must be installed.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Accessible route present from street to one entrance door.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	At least one (1) entrance door, with standard 36" door.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	No step entrance or serviced by ramp (if ramp is present the slope is 1:12) & handrails (if applicable) per ADA 2010.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Building permit and green tags in place and visible.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Termite treatment complete.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Green Standards Certification (Energy) certificate complete and on hand.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Accessible route throughout home.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Each hallway 36" level, with ramped or beveled changes at each door threshold.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Exterior door locks properly adjusted, deadbolt fully extends into jamb.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	36-inch height on stair handrails (measured at front of stair nose).	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Maximum 4-inch opening on all balusters/rail supports (if applicable).	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All weatherproofing installed at exterior doors.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Roof complete including drip edge, all vent boots/caps, shingles straight & level.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Inside of home is free from debris, swept and clean.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Exterior free of trash and construction materials.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Porch/decks and ramps cleaned/pressure washed.	
<b>Inspector Observation Remarks:</b>		
Exterior Inspection		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All piping/drain lines secured to home and exposed pipes insulated.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Appropriate water main cut-off exists.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check electrostatic grounding of gas lines.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> N/A	Siding not cracked, dented or chipped (if so replace it).	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Verify minimum ½ inch air gap between siding and porch floor, and where sidewalks/driveways abut to house foundations.	



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<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All exposed surfaces painted, and exterior paint complete without visible defects (from 6 feet away).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Silicone caulk present at exterior door sills and windows.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All screens installed, not damaged/torn.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Gutters, splash blocks, water diverters, etc., are in place.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Finish Grade at house foundation provides positive drainage away from structure and shall start a minimum of 6 inches below finish floor at slab on grade or a minimum of 6 inches below pier footings for elevated floor.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Trees trimmed at least 3 feet from the structure/roof, and Sod is in required area.
<b>Inspector Observation Remarks:</b>	
<b>Interior Inspection</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Operable switches, circuit breakers & thermostat no higher than 48" above floor.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Visually inspect wall for deficiencies; a level may be utilized to determine if defect is more than 1/4 inch within 32 inches in either direction. Note ridges, bubbling, cracking at tape joints and/or if ceiling lines are not straight.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Verify all base 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 type="checkbox"/> N/A	Smoke/CO2 detectors installed in proper locations and operational.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 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 type="checkbox"/> N/A	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 type="checkbox"/> N/A	Check ceramic or porcelain tile joints (vertical and horizontal), all joints perpendicular and parallel to walls. Installed around outlets, pipes, fixtures, and fittings so that plates, escutcheons, and collars overlap cuts.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> N/A	Check for leaks in supply and drain lines under sinks.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Toilets flush properly and are firmly seated in place (no movement).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> N/A	AC filter in place; filter panel easily removable.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	AC registers properly installed (no gaps, all screws) and level.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Septic system installed and operational (if applicable).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Well water system installed and operational (if applicable).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Hot water heater installed, operational.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Appliances installed, operational.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Anti-tip device installed for the stove/oven range.



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<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Insulation stop at attic access.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check windows & doors for operability (all hinge screws installed, locks & hardware operate smoothly).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check to ensure cabinets are straight and line up with the walls properly.
<b>Electrical Inspection</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Air Conditioner breaker properly sized.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All exhaust fans and ceiling fans are operational, no excessive noise or vibration.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	AC Condenser location ok, and on concrete pad.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Breaker box located on 1 <sup>st</sup> floor, operational parts no higher than 48" from floor.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check that all required GFCI circuits are present and operating properly.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check that all required AFCI circuits are present and operating properly.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All circuit breakers clearly labeled.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check ground and polarity of all receptacles.
<b>Inspector Observation Remarks:</b>	
<b>Accessibility Inspection (when applicable)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If lift present, ensure it is operable, and lift gates fasten securely.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Walk-in shower.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Grab bars installed properly.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Toilet 18 inches (on center) from finished side wall.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Toilet seat height is 17–19 inches from floor.
<b>Inspector Observation Remarks:</b>	
<b>Signatures</b>	
Under penalties of perjury, I certify that the information presented in this Affidavit 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 Affidavit. 18 U.S.C. Section 1001 states that a person is guilty of a FELONY if he/she knowingly and willfully makes false statements to any department of the United States Government.	
<b>Inspector's Printed Name:</b>	<b>Date:</b>
<b>Inspector's Signature:</b>	
<b>Superintendent's Printed Name:</b>	<b>Date:</b>
<b>Superintendent's Signature:</b>	
<b>Applicant's Printed Name:</b>	<b>Date:</b>
<b>Applicant's Signature:</b>	
<b>Co-Applicant's Printed Name:</b>	<b>Date:</b>
<b>Co-Applicant's Signature:</b>	

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