



## KHC Inspection Request

**Date of Request:** \_\_\_\_\_ **Billing Contact:** \_\_\_\_\_

**Developer:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Anticipated Date of Inspection:** \_\_\_\_\_

**Homeowners Name:** \_\_\_\_\_

**Address of Property to be Inspected:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Select Type of Inspection:** \_\_\_\_\_

**Select the Applicable Code for the Project:** \_\_\_\_\_

**Funding Source:** \_\_\_\_\_

**Activity Number:** \_\_\_\_\_

If requesting RD Plan Review, input plan name here: \_\_\_\_\_

### Instructions

Complete a form for each property for which you are requesting KHC to perform an inspection per the terms of the Memorandum of Understanding.

To schedule timely inspections, please submit this form at least five business days before your anticipated inspection date. The inspection will be assigned to the appropriate inspector who will contact you to schedule the inspection.

By submitting this form, you are requesting KHC perform a third-party inspection of your project. Submit this completed form via email to [KHCinspectionRequests@kyhousing.org](mailto:KHCinspectionRequests@kyhousing.org).

Note: If multiple request are being submitted, submit each request as separate attachment.