



KHCInspectionRequest

Date of Request: _____ **Phone #:** _____

Developer: _____

Billing 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: _____

If requesting Final Inspection, we must have the Radon Test Report (if applicable), the Diagnostic Testing Report, and the Termite Inspection Report returned with the Request Form.

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.

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