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Compliance and Asset Oversight – Physical Inspections

Attn: Construction Inspections

P.O. Box 13941 - Austin, Texas 78711-3941

Fax: 512.475.3359

Email: construction.inspections@tdhca.texas.gov

# *2017* FINAL CONSTRUCTION INSPECTION REQUEST FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Development Name: |  | | |  | TDHCA File No.: |  |
| Development Address: |  | | | | | |
| Development City: |  |  | Development County: | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME and ADDRESS of OWNERSHIP ENTITY | | | | | | | | | | |
| Name: |  | | | | | Contact: | |  | |  |
| Phone: | (     ) | | Ext. |  |  | | Fax: | | (     ) |  |
| Email address: | |  | | | | |  | | |  |
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| NAME and ADDRESS of ONSITE CONTACT (Authorized Owner’s Representative) | | | | | | | | | | | | |
| Name: |  | | | | | | | Title: | | |  |  |
| Phone: | (     )      - | |  | Ext.: |  |  | Fax: | | (     )      - | | |  |
| Email Address: | |  | | | | | | | |  | |  |
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Owners are required to submit evidence of construction completion within 30 days of completion. The Department will conduct a final inspection upon receipt and review of this Final Construction Inspection Request Form and once it is verified that all requested documentation has been submitted.

Copies of the following documents must be provided with this form. Please check each box below to indicate that the documentation is included in the submittal package. Specific instructions for the numbered items are provided in the following pages under the title *Instructions for Additional Documentation*. The request package should be submitted electronically (steps for uploading documents in CMTS are included). Upon review of the documents the Department may request additional information.

1) AIA G704 - certificate of substantial completion signed and dated.

2) Completed unit and amenity checklist (blank form attached).

3) Site plan and floor plans for each unit type, common facility, and employee-only facility.

4) Owner’s & architect’s certifications for 2010 ADA play areas. Indicate here  if not applicable.

5) Photographs of clubhouse and site facilities, standard and accessible units, and any 2010 ADA play areas

6) Owner certifications and product information sheets for certain amenities.

7) Architect cert. development was built in compliance with all applicable laws.

8) Engineer (if applicable) or architect cert. development was built in compliance with design requirements.

I (we) hereby acknowledge and certify that the project is at least % complete, as of  (date). Evidence that the Development has been placed in service is substantiated by documentation provided which I (we) certify to be true and correct.

By:

***Signature of Owner Date***

***Printed Name Title***

**2017 Inspection Request Procedures**

**Download a request application**

To download a construction inspection request form, go to the Construction Inspections and Accessibility page of the TDHCA website at: <http://www.tdhca.texas.gov/pmcomp/inspections/construction.htm> . Find the applicable form for the award year of the development to be inspected from the list on this page and select it to bring up a blank application (1-page request form, 3-page instructions, and 3-page checklist).

**When to submit the request**

Prepare a package containing all of the items listed on the request form and submit your request to the Department when construction is 100% complete (owners are required to submit evidence of construction completion within 30 days of completion). Developers are cautioned to not submit a request too early because the focus of much of the inspection is on construction work that is typically completed at the very end of development. Inspections that are attempted even as late as 95% to 97% completion may need to be called off and rescheduled or other lengthy measures may be necessary to conclude the process.

**How to submit the request**

The entire package should be uploaded to the Electronic Document Attachment system through the property’s Compliance Monitoring and Tracking System (CMTS) in as few attachments as possible (15Mb per upload). For instructions on how to use the attachment system, go to the Compliance Monitoring and Tracking System page at: <http://www.tdhca.texas.gov/comp_reporting.htm> and select the Attaching Documents link listed under CMTS User Guidelines. Title the uploaded request package **“Final Inspection Request”** and send it to the attention of **Michael Podoloff**.

**Processing time frame**

The time that staff requires to perform certain steps in the process can vary widely depending on the inspector’s workload at the time and the level of difficulty involved in the preparation of the report. For this reason, it is not possible to know beforehand exactly how long it will take to complete the process for every inspection. Developers, however, can help ensure the quickest results by following the procedures outlined in this request form. Very soon after a complete request package is received, a notice is issued to the inspector assigned to perform the inspection and the inspector will coordinate and schedule a date to conduct the inspection. For developments that have been pre-inspected and are well prepared (see Scope of Inspection below), a final report can be issued in as early as 30 days from the inspection date. Developers are encouraged to call Department staff to resolve any potential problems before the actual inspection takes place.

**What buildings and spaces may be inspected**

When a date and time are set, the inspector will confirm the schedule by written notice to the owner contact by email. The notice states that access to all units and all common use facilities will be required and that the dwelling units to be inspected will be selected by the inspector at random. One standard unit and one accessible unit of each bedroom/bathroom type are typically inspected. Any required corrective action resulting from findings identified in an inspected unit will apply to the same condition in all units of the same type. In some cases, employee-only facilities may be inspected.

**Scope of inspections**

The main focus of the construction inspection is dwelling unit size, number and type; installation of common and unit amenities; and accessibility design. Owners are advised to conduct a pre-inspection walk-through of the property using the checklist that will be used for the inspection. The criteria for compliance are included in the checklist for each inspection item. To download the checklist, go to the Construction Inspections and Accessibility page at: <http://www.tdhca.texas.gov/pmcomp/inspections/construction.htm> to select from the links listed under “Construction Inspection Forms and Information.” It should be noted that the checklist is periodically revised and that it remains the owner’s responsibility to satisfy all application commitments and program requirements regardless of whether an item is addressed in the current checklist.

**Separate NSPIRE report**

In addition to the final construction inspection, a NSPIRE inspection may also be conducted. The NSPIRE inspection is a separate inspection using different protocols and resulting in a separate report. Owner correspondence with inspection staff, including responses to any required corrective action identified in the two reports must be addressed in separate submittals and identified as pertaining to either the construction inspection or the NSPIRE inspection.

**Instructions for Additional Documentation**

Please provide in the inspection request package the following building plans, certifications, and product information cut-sheets:

1. AIA G704. Certificate of substantial completion – AIA Documents G704 certified by Architect to be 100% complete.
2. Unit and amenities checklist. In the attached three-page checklist, complete the appropriate fields and checkboxes in Sections A, B, C and D for development and unit characteristics; and the checkboxes under the heading “Development Owner”` in Sections E, F, and G indicating amenity items provided in the development. These pages are the first pages of the full checklist that the inspector will use in the inspection.
3. Building plans

* Site plan. An as-built or most recent site plan showing the overall accessible route, parking spaces including location of accessible spaces, each common use site amenity, property boundary line, building footprint and the location of each mobility and sensory accessible dwelling unit.
* Floor plans. As-built or most recent floor plans for buildings with common-use and employee-only facilities, and bedroom/bathroom types for each standard and accessible unit.

1. Two certifications for 2010 ADA play area ground surfaces (refer to Rule 102.6 of the Texas Administrative Code for 2010 ADA applicability). #1) Provide a certification of compliance by the certified installer, architect, or engineer responsible for specifying the playground surfacing materials for the following two standards: ASTM F 1951-99 (maximum force needed to propel a wheelchair across the surface); and ASTM F 1292-99/04 (impact attenuation in use zones). #2) Provide a commitment, signed by the owner, ensuring regular and frequent maintenance of protective surfacing materials (especially if loose-fill) in accordance with safety requirements defined in ASTM F1292-99/04 (above), where a user might land when falling from or exiting the play equipment.
2. Photographs. With the exception of photographs of the playground details requested below, only general views of the following buildings and facilities are required.

* ADA play area (if 2010 ADA requirements apply, see above). Multiple photographs showing all ground level play components and any elevated components, ramps, rails and transfer systems taken from different angles and distances. Please label pictures if there are multiple play areas.
* Site. A wide frame of the site showing the leasing office building and entry, including a portion of the parking area, pedestrian walkways, and some exterior common use amenities if possible.
* Clubhouse. Examples of the primary interior common use facilities.
* Units. Examples of kitchens and bathrooms in the standard and accessible units.

1. Product information for unverifiable items. Back-up documentation is used to verify compliance of certain features that cannot be determined by the inspector in the field. Please provide **both** an owner’s certification that the item was provided at the site or in every unit, and provide product information sheets, engineer’s or architect’s certifications, or other forms of verification that the item meets the specifications required in the QAP or Rules. For the following, please provide these specifications as they may apply:

* Energy Star appliances and ceiling fans (mandatory). If an Energy Star logo is not displayed or product literature does not say it is Energy Star “qualified”, provide documentation showing the model number; and an architect’s, engineer’s, or a certified energy rater’s certification of Energy Star equivalency. Certifications must include a comparative analysis of product performance specifications and all applicable Energy Star requirements to provide clear evidence of equivalency in the same terminology used by the Energy Star program so that efficiency comparisons can be determined (note QAP exemption if there is no dishwasher for a USDA or rehab development with no previous dishwasher).
* Insullation (scoring). Provide an architect’s, engineer’s, or energy rater’s certification that the insulation used is energy star qualified.
* 14SEER HVAC or rehab radiant barrier (scoring). For a new or rehab development provide a sample energy use label, or for a rehab development provide photographic evidence showing radiant barrier installation.
* Water conserving devices (mandatory). For fixtures that do not display the water usage, provide product documentation showing specifications in gallons per minute and gallons per flush.
* Communication cabling (mandatory). Provide evidence that new construction dwelling units are wired with CAT3 phone cabling or better and RG-6u cabling or better to each bedroom, dining and living room.
* Rainwater collection system (scoring). Provide an architect’s or engineer’s certification that a rainwater harvesting collection system or locally approved greywater collection system exists
* Native trees and plants for shading (scoring). Provide an architect’s or engineer’s certification that newly installed trees and plants which are appropriate to the development’s soil and microclimate are provided on the property for shading in the summer and heat gain in the winter.
* Healthy finish materials (scoring). Provide evidence showing product specifications regarding volatile organic compound emissions (VOC) for all paints, stains, adhesives and sealants and an architect’s or engineer’s certification that the specifications are consistent with the limits prescribed under Green Seal 11 or other applicable Green Seal standards.
* Green Building certifications (scoring). Provide certification of compliance with a copy of the WaterSense label, Enterprise Green Communities, LEED, or ICC 700 National Green Building Standard
* Recycling Service (scoring). Provide a copy of the provider’s contract for services and a photograph of the collection facilities.
* Free high speed internet service to all units (scoring). Provide a copy of the provider’s contract for services.

Please contact the construction inspection staff with any questions concerning the scope of inspections or specific design requirements. Team Lead Construction Mike Podoloff can be reached at 512/475/1643.

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| **Texas Department of Housing & Community Affairs** | | | | | | | |
| **Development Inspection Checklist** | | | | **2017 Award Year** | | | |
|  | | | | | | | |
| **Shaded Areas for Department Use** Requested within 30 days of completion Y  N | | | | | | | |
| **Inspector:** |  |  |  |  | **CMTS #** |  |  |
| **Site contact:** |  |  |  |  |  | |  |
|  | **Printed Name** |  | **Signature** |  | **Date** | |  |

***Development Owner:*** *Please complete the un-shaded sections of A - G and submit with plan review request or inspection request*

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| **A. GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Development** | | | | | | | | | | | | | | | | | **Development Owner** (shown in CMTS) | | | | | | | | | | | | | | | | | | | |
| Devel. Name: | | |  | | | | | | | | | | | | |  | Owner Entity: | | | | | | |  | | | | | | | | | | | |  |
| Devel. Address: | | |  | | | | | | | | | | | | |  | Owner Contact: | | | | | | |  | | | | | | | | | | | |  |
| City/Zip Code: | | |  | | | | | | | | | | | | |  | Owner Address: | | | | | | |  | | | | | | | | | | | |  |
| Site Contact / #: | | |  | | | | | | | | | | | | |  | City/State/Zip: | | | | | | |  | | | | | | | | | | | |  |
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| **B. INSPECTION TYPE / PROGRAM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Plan Review | | | |  | | | Mid Inspection | | |  | | LIHTC | | | | | | # | | HOME | | | | | | | # | | NSP | | # | | | | | |
| Initial Inspection | | | |  | | | Final Inspection | | |  | | Bond | | | | | | # | | HTF | | | | | | | # | |  | | # | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. DEVELOPMENT CHARACTERISTICS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| New construction | | | | |  | | | Single Family | | | | | |  | | | SRO units | | | | | |  | | Development acreage | | | | | | |  | | | | |
| Rehabilitation | | | | |  | | | Multifamily | | | | | |  | | | Scattered sites | | | | | |  | | Number of residence bldgs. | | | | | | |  | | | | |
| Date of original | | *(rehab)* | | | | | | SF rental subdivision | | | | | |  | | | Twnhs. units | | | | | |  | | Maximum number of floors | | | | | | |  | | | | |
| construction: | |  | | | | | | Supportive Hsg. Develop. | | | | | |  | | | Elderly | | | | | |  | | Number of elevators | | | | | | |  | | | | |
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| **D. UNIT CHARACTERISTICS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Unit Type** | | | | | | **Unit Type Total** | | | | | **Unit Area** | | | | | | | | | | **Shaded Areas for Department Use** | | | | | | | | | | | | | | | |
| ***(Bed/Bath each type)*** | | | | | | ***(#of units of each type)*** | | | | | ***(net rentable area sq. ft.)*** | | | | | | | | | | **Unit Type** Total / Type | | | | | | | **5% Mobility** | | **2% Sensory** | | | **20% SF/Twnhs** *(type round up)* | | | |
|  |  | | |  | |  | | |  |  |  | | | | | | |  |  | |  | | | | | | |  | |  | | |  | | | |
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|  |  | | | | | **Unit Total:** | | |  | | **Sq Ft Total:** | | | | | | |  | | | **# Accessible** *(total round up)* | | | | | | |  | |  | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Accessible Unit Identification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Distribution Unit Type & Site** | | | | | | **Y  N** | | |
| **Unit Type** | **Mobility Accessible Units (Unit ID # / Building # of each)** | | | | | | | | | | | | **Total** | | | | | **Sensory Units (ID # / Bldg. #)** | | | | **Total** | | | | | | **Townhouse or S.F. Units w/ bdrm bthrm FHA 1st flr.** | | | | | | | **Total** | |
| **1-Bed/1-Bath** | # | | | | | | | | | | | | | |  | | | # | | | | | | | |  | | # | | | | | | | | |
| **2-Bed/1-Bath** | # | | | | | | | | | | | | | |  | | | # | | | | | | | |  | | # | | | | | | | | |
| **2-Bed/2-Bath** | # | | | | | | | | | | | | | |  | | | # | | | | | | | |  | | # | | | | | | | | |
| **3-Bed/1-Bath** | # | | | | | | | | | | | | | |  | | | # | | | | | | | |  | | # | | | | | | | | |
| **3-Bed/2-Bath** | # | | | | | | | | | | | | | |  | | | # | | | | | | | |  | | # | | | | | | | | |
| **4-Bed/2-Bath** | # | | | | | | | | | | | | | |  | | | # | | | | | | | |  | | # | | | | | | | | |
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| **E. Unit Amenities** Every unit no extra charge **m** – Mandatory, **s** – Specified option Rehab 3 base pts / Supportive Hsg. 5 base pts  Point value items to be identified in LURA and maintained or substituted with item of equal or higher value | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Points Required to Meet Threshold** | |  | | **Points Verified Plan Review/Inspection** |  | | **Y** | |  | **N** |  |
|  | | | |  | | | | | | | |
| **Development Owner** | | | | **Inspector** | | | | | **Dept. Use** | | |
| Check the *Yes* column if the item is provided in plans or final construction | | | **Yes** | Verify ***M*** & ***S*** and planned or owner-claimed items are present | | | | **Verified** | | | |
|  | | | |  | | | | | | | |
| **Security** | | | | | | | | | | | |
| 1. **Fire sprinklers** in all units | | |  |  | | | | |  | **s** |  |
| 1. **Smoke** **alarms** | | |  |  | | | | |  | **Required** | |
| 1. **Keyless deadbolt** | | |  |  | | | | |  | **Required** | |
|  | | |  |  | | | | |  |  | |
| **Flooring/ Siding** | | | | | | | | | | | |
| 1. **Carpeting, Vinyl flooring** | % | |  |  | | % | | |  | **s** |  |
| 1. **Ceramic tile** | % | |  |  | | % | | |  | **s** |  |
| 1. **Stucco or masonry >30%** (excl cementitious siding) | % | |  |  | | % | | |  | **2** |  |
| **Kitchen** | | | | | | | | | | | |
| 1. **Dishwasher** **E-Star**  (N/A rehab if not original, USDA or SRO) | | |  |  | | | | |  | **m** |  |
| 1. **Disposal** required in rehabs effective 8/1/22 | | |  |  | | | | |  | **m** |  |
| 1. **Faucet-low flow** **< 2.20 gpm** | | |  |  | | | | |  | **m** |  |
| 1. **Microwave** **oven** | | |  |  | | | | |  | **.5** |  |
| 1. **Oven/range** (excl SRO) | | |  |  | | | | |  | **m** |  |
| 1. **Oven** **self-cleaning** or continuous cleaning | | |  |  | | | | |  | **.5** |  |
| 1. **Refrigerator w/ice** **maker** | | |  |  | | | | |  | **.5** |  |
| 1. **Refrigerator** **E-Star** (not SRO) | | |  |  | | | | |  | **m** |  |
| **Bath** | | | | | | | | | | | |
| 1. **Commode** **< 1.28 gpf** | | |  |  | | | | |  | **m** |  |
| 1. **Exhaust fan** vent to outside (new const) | | |  |  | | | | |  | **m** |  |
| 1. **Faucet -** **low flow** **< 2.20 gpf** | | |  |  | | | | |  | **m** |  |
| 1. **Shower** **low flow** **< 2.50 gpf** | | |  |  | | | | |  | **m** |  |
| **Miscellaneous Features** | | | | | | | | | | | |
| 1. **Ceiling fan** **E-Star** min one/unit (N/A SRO) | | |  |  | | | | |  | **m** |  |
| 1. **Covered entries** | | |  |  | | | | |  | **.5** |  |
| 1. **Covered patios or balconies** | | |  |  | | | | |  | **.5** |  |
| 1. **Desk or computer nook** (recessed into wall) | | |  |  | | | | |  | **.5** |  |
| 1. **High speed internet** **service** | | |  |  | | | | |  | **1** |  |
| 1. **HVAC** **central unit** (SRO package thermal OK) | | |  |  | | | | |  | **m** |  |
| 1. **HVAC/SEER >14** (new const.) **Radiant barrier** (rehab attic) | | |  |  | | | | |  | **1.5** |  |
| 1. **Laundry connect** (new const, excl SRO if common laundry) | | |  |  | | | | |  | **m** |  |
| 1. **Laundry equipment** **E-star** (front-loading in mobility units) | | |  |  | | | | |  | **2** |  |
| 1. **Lighting E-Star** CFL, LED, fluorescent, or E-star | | |  |  | | | | |  | **m** |  |
| 1. **Netwk TV/RG-6u COAX** bdrm, dining, living (new const) | | |  |  | | | | |  | **m** |  |
| 1. **Netwk Phone/Cable/Cat3** bdrm, dining, living (new const) | | |  |  | | | | |  | **m** |  |
| 1. **Nine foot ceilings** bdrm, living (every story) | | |  |  | | | | |  | **.5** |  |
| 1. **Parking** **min.** local code or if none 1/unit-elderly, 1.5 non-elderly | | |  |  | | | | |  | **m** |  |
| 1. **Parking covered – 1 per unit** carport or garage | | |  |  | | | | |  | **1.5** |  |
| 1. **Roofing** metal or 30 yr. architectural shingles (excludes TPO) | | |  |  | | | | |  | **.5** |  |
| 1. **Storage ≥9 sq ft** on property (in addition to bdrm, entry, linen) | | |  |  | | | | |  | **.5** |  |
| 1. **Blinds or window coverings** on all windows | | |  |  | | | | |  | **m** |  |
| 1. **Window screens** on all operable windows | | |  |  | | | | |  | **m** |  |
| 1. **Walk in closet master bedroom** | | |  |  | | | | |  | **.5** |  |
| 1. **Breakfast bar** (btwn kitchen and dining w/ seating) | | |  |  | | | | |  | **.5** |  |
| 1. **Recessed or track LED lighting** (kitchen and living areas) | | |  |  | | | | |  | **1** |  |
| 1. **Shelving Units** (recessed into wall) | | |  |  | | | | |  | **.5** |  |
| **Parking** | | | | | | | | | | | |
| 1. **Uncovered** **parking** **spaces** | **#** | |  |  | | **#** | | |  | **s** |  |
| 1. **Covered** **parking spaces** (carport) | **#** | |  |  | | **#** | | |  | **s** |  |
| 1. **Garage** **parking spaces** – attached | **#** | |  |  | | **#** | | |  | **s** |  |
| 1. **Garage** **parking spaces** – detached | **#** | |  |  | | **#** | | |  | **s** |  |
|  | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **F. Common-Use Amenities** Available to all tenants during normal business hrs at no extra charge | | | | | | | | | |
|  | | | | | | | | | |
| **Points Required to Meet Threshold** |  | | **Points Verified Plan Review/Inspection** |  | **Y** | |  | **N** |  |
|  | | |  | | | | | | |
| **Development Owner** | | | **Inspector** | | | | **Dept. Use** | | |
| Check the *Yes* column if the item is provided in plans or final construction | | **Yes** | Verify planned or owner-claimed items are present | | | **Verified** | | | |
|  | | |  | | | | | | |
| 1. **Accessible walking**/**jogging path** separate from sidewalk | |  |  | | | |  | **1** | |
| 1. **BBQ-picnic table** **sets** 1/50 units | |  |  | | | |  | **1** | |
| 1. **Children’s activity center** age-appropriate furnishings, adequate staff after school/vacations | |  |  | | | |  | **3** | |
| 1. **Community dine rm, full or warm kitch** adequate tables seats | |  |  | | | |  | **3** | |
| 1. **Community room** furnished | |  |  | | | |  | **2** | |
| 1. **Community theater** <52”screen, surround, DVD, theater seating | |  |  | | | |  | **3** | |
| 1. **Controlled gate access** vehicle and pedestrian | |  |  | | | |  | **2** | |
| 1. **Dog park/wash area** enclosed, off-leash, tub w/ H&C and drain | |  |  | | | |  | **1** | |
| 1. **Enclosed sun porch or covered porch/patio** | |  |  | | | |  | **1** | |
| 1. **Business/computer** **learning** min. 1 computer /40 units (basic programs; max. 5), min. 1 laser printer/scanner per computer lab | |  |  | | | |  | **2** | |
| 1. **Fitness room** 1 piece/40 units (round down) min. 2, max. 5 req.\* | |  |  | | | |  | **2** | |
| 1. **Full perimeter fencing** (inc. non guest parking and all amenities) | |  |  | | | |  | **2** | |
| 1. **Gazebo with sitting** **area or covered pavilion** | |  |  | | | |  | **1** | |
| 1. **Health screening** **room** | |  |  | | | |  | **1** | |
| 1. **Horseshoe, putting green, pool table, shuffleboard court, video area** (game console w/ variety of games open to all residents) | |  |  | | | |  | **1** | |
| 1. **Laundry room** w/ min. one W/D ea. 40 units | |  |  | | | |  | **3** | |
| 1. **Library** w/ sitting area (not community room) | |  |  | | | |  | **1** | |
| 1. **Shaded rooftop or structural viewing deck** (500 sq ft min.) | |  |  | | | |  | **2** | |
| 1. **Secured bicycle parking 1 per residential building** | |  |  | | | |  | **1** | |
| 1. **Secured entry** bldg main entrance(s) all unit entries inside bldg(s) | |  |  | | | |  | **1** | |
| 1. **Security cameras** monitored 24 hours/7 days each bldg. | |  |  | | | |  | **3** | |
| 1. **Activity** **room** stocked w/ arts/crafts supplies | |  |  | | | |  | **2** | |
| 1. **Service coordinator** **office** in addition to leasing office | |  |  | | | |  | **1** | |
| 1. **Regularly staffed service office** in addition to leasing office | |  |  | | | |  | **3** | |
| 1. **Sport court** tennis, basketball, or volley ball | |  |  | | | |  | **2** | |
| 1. **Splash pad / water feature play area** | |  |  | | | |  | **1** | |
| 1. **Swimming pool** | |  |  | | | |  | **3** | |
| 1. **Wi-Fi in common area** | |  |  | | | |  | **1** | |
| 1. **1 plyscp. 5-12 yr or tot** ( includes canopy shade or awning) | |  |  | | | |  | **2** | |
| 1. **2 plyscps. 5-12, or tot** (includes canopy shade or awning) | |  |  | | | |  | **4** | |
| 1. **Porte-cochere** | |  |  | | | |  | **1** | |

\* Commercial-grade: Stationary bike, elliptical trainer, treadmill, rowing, universal gym, multi-function weight bench, sauna, stair climber or other similar equip.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **G. 2015 Green Building** Optional for 2017 | | | **Points Verified Plan Review/Inspection** | | |  | **Y** |  | **N** |  |
| #1 (2 pts.) #2, #3 or #4 (4 pts.) | | | **N/A** (less than 41 units) |  | **Dept. Use** | | | | | |
| **Owner**: check *Yes* if the item is provided in plans or final inspection | **Yes** |  | **Inspector**: verify support documents meet request form instructions | | | | | | **Yes** |  |
| 1. **Rainwater/Greywater** harvesting/locally approved collection |  |  | 1. **Native plantings** minimal water, summer shade/winter heat gain | | | | | |  |  |
| 1. **WaterSense label** toilets, bath faucets & shower heads |  |  | 1. **Solar screens all windows** | | | | | |  |  |
| 1. **E-Star W-heaters** or part of E-Star overall package |  |  | 1. **Indiv. water/elect meters** (OK for rehabs if not pre-existing) | | | | | |  |  |
| 1. **Green Seal 11** paint/stain/sealant, other GS #/adhesives |  |  | 1. **Automatic switching** power for all non-security, ext. lighting | | | | | |  |  |
| 1. **Recycling service** / compliance period (city or private contract) |  |  | 1. **Constr. waste mngmt system** (LEED certified) | | | | | |  |  |
| 1. **Dryers vent outside** rehabilitation development |  |  | 1. **Salvage wood** >25% / costfor <41 unit devel. (FSCcertified) | | | | | |  |  |
| 1. **Water heater location** within 20 feet of hot waterfixtures |  |  | 1. **Drip irrigation** system for all non-turf areas | | | | | |  |  |
| 1. **Radiant barrier** decking new devel. or *Cool* roofing (certified) |  |  | 1. **Window shading** permanent device windows w/solar orientation | | | | | |  |  |
| 1. **E-star insulation** (certifiedproducts) |  |  | 1. **Spray foam insulation** in all wall cavities | | | | | |  |  |
| 1. **E-star windows** (certified) |  |  | 1. **Floor Score flooring** (certified products) | | | | | |  |  |
| 1. **Landscape sprinkler system** (*rain sensor* products) |  |  | 1. **Healthy cabinets** no added urea formaldehyde (NAUF certified) | | | | | |  |  |
| 1. **#1 – Limited Green Amenities** (6 of 22 items, a-v above) |  |  | | | | | |  | **2** |  |
| 1. **#2 – Enterprise Green Communities** |  |  | | | | | |  | **4** |  |
| 1. **#3 – LEED** |  |  | | | | | |  | **4** |  |
| 1. **#4 – ICC 700 National Green Bldg. Standard** |  |  | | | | | |  | **4** |  |
|  | | | | | | | | | | |