



# Homeowner Rehab Program Permit Inventory Form

## HOMEOWNER INFORMATION

Homeowner: \_\_\_\_\_ Property Address: \_\_\_\_\_

County: \_\_\_\_\_ Homeowner Phone: \_\_\_\_\_

## CONTRACTOR INFORMATION

Contractor Name: \_\_\_\_\_ Contractor License Number: \_\_\_\_\_

Contractor Phone Number: \_\_\_\_\_ Contractor Contact person: \_\_\_\_\_

## SCOPE OF WORK & PERMITS

Check all applicable boxes that correspond to the work being performed and provide the permit number for all applicable work items requiring permits.

Type of Work	Permit #	Final Inspection Pass Date
<input type="checkbox"/> HVAC (Heating, Ventilation, and Air Conditioning)		
<input type="checkbox"/> Structural Alterations		
<input type="checkbox"/> Electrical		
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Roofing		
<input type="checkbox"/> Foundation		
<input type="checkbox"/> Windows/Doors		
<input type="checkbox"/> Interior/Exterior Rehab		
<input type="checkbox"/> Demolition		
<input type="checkbox"/> Landscaping		
<input type="checkbox"/> Other (Specify):		

## REQUIRED DOCUMENTS (ATTACH THE FOLLOWING)

Please include the following as applicable:

- ◆ Site Plan/Blueprints of Existing Structure, if applicable ☐ Yes ☐ No
- ◆ Proposed Plans and Drawings (showing planned alterations), if applicable ☐ Yes ☐ No
- ◆ Historic Preservation Review, if applicable ☐ Yes ☐ No

## CONTRACTOR ACKNOWLEDGEMENTS & SIGNATURES

By signing this document, I acknowledge that I understand that all required permits must be obtained before commencing work and will comply with all applicable codes, regulations, and ordinances related to this residential rehabilitation project. I also understand that inspections may be required at any time during the project.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_