FORM 7

#### TN HOUSING TRUST FUND – COMPETITIVE GRANTS PROGRAM

#### CERTIFICATION OF COMPLETION AND FINAL INSPECTION

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| Grantee: | Date of Construction or Rehabilitation Began: |
| Property Address: | Date of Final Inspection: |
| Total Amount of Construction or Rehabilitation  Contract: $ | Final Payment Amount: $ |

**CONTRACTOR CERTIFICATION:**

Construction work on the property identified as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has been satisfactorily completed in accordance with the contract. A Notice of Completion has been filed with the Register’s Office for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I further certify that there are no unpaid claims for materials, supplies or equipment, and no claims of laborers or mechanics for unpaid wages in connection with the performance of this contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Signature of Contractor Date**

**OWNER CERTIFICATION:**

Construction work on my property has been satisfactorily completed in accordance with my contract with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Contractor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Signature of Owner/Applicant Date**

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| **CERTIFICATION OF FINAL CODES INSPECTION:**  All permits were obtained and inspected as required by the local or state jurisdiction. If a local or state permit was obtained, a code compliance inspection was performed at this property by a Tennessee Certified Codes Inspector. The new construction or rehabilitation work has been completed in accordance with code, and the code inspection clearance documentation is attached, if applicable. The following permits were obtained and received final inspection:  Building  Electrical  Plumbing  Mechanical  No Permits Required  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of TN HTF Grant Administrator Date** |

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| **CERTIFICATION OF FINAL INSPECTION OF ALL REPAIRS NOT REQUIRING A PERMIT:**  *Only complete this section if repair work was completed that did not require a permit.*  Final inspection has been made of all repair work not inspected as part of a code compliance inspection. The repair work has been completed in accordance with the specifications and contract.  Print/Type Inspector Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspector # or Inspector Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Certified/Approved Inspector Date** |