

# FORM 7

## CREATING HOMES INITIATIVE - 2 PROGRAM

### CERTIFICATION OF COMPLETION AND FINAL INSPECTION

Grantee:	Date 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**

#### 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**

#### CERTIFICATION OF FINAL CODES INSPECTION:

All permits were obtained as required by the local or state jurisdiction. If a local or state permit was obtained, a code compliance inspection was performed 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 or certificate of occupancy is attached, as applicable.** The following permits were obtained and received final inspection:

Building       Electrical       Plumbing       Mechanical

\_\_\_\_\_  
**Signature of CHI- 2 Grant Administrator**

\_\_\_\_\_  
**Date**