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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* MID-DEVELOPMENT 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: | | |  | |  |
| Mailing Address: | |  | | | | | | | | | | | |  |
| City: |  | | | | ST: | |  | | | Zip: | | |  |  |
| 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 form G702 and 703 showing percentage of completion no more than 30 days prior to request date.

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

3) Labeled photographs of clubhouse, site facilities, standard and accessible units at all current stages of

completion.

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 Mid-Development Inspection Request Procedures**

**Download a request application** To download a mid-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, 1-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 approximately 25%. This will provide enough advance notice so that the inspection can be scheduled for when the development is 50% to 60% complete. The mid-development inspection should have no effect on the construction process; there is no need to delay any phase of construction while waiting for the Department inspector to schedule or conduct the inspection.

**How to submit the request** The entire request should be uploaded in one package to the Department’s 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. The uploaded request package should be sent to the attention of **Michael Podoloff** and titled **“Mid-Development Inspection Request”**.

**Scheduling the inspection** The amount of time the inspector requires to perform certain steps in the process can vary widely depending on the inspector’s current workload. For this reason, it is not possible to know beforehand exactly how long it will take to complete the process for every inspection. When a request package is received by the Department and verified to be complete, the inspection is assigned to the inspector who will perform the inspection. The inspector then telephones the owner’s contact person listed on the request form to schedule the inspection and to verify the contact information for the person who will meet the inspector at the site. When the date and time are set, the inspector will confirm the schedule by email notice to both the owner contact person and the site contact person.

**What buildings and spaces may be inspected** The inspection confirmation notice to the owner and site contacts states that access will be required to all common facilities, employee-only facilities, and at least one standard unit and at least one accessible unit of each bedroom/bathroom type.

**Scope of inspections** The primary focus of the mid-development inspection is to observe the condition of the completed work and stored materials, and to verify that the percentage of completion at the time of inspection appears to meet the percentages indicated in the current AIA documents G702 and G703.

**Instructions for Additional Documentation** Include the following in your inspection request package:

1. AIA Forms AIA documents G702 Application/Certificate for Payment and G703 Continuation Sheet.
2. Unit and amenities checklist. In the attached 3-page checklist, complete appropriate fields and boxes for unit mix and accessible units, and the *Yes*, *Inc*, or *No* boxes under the heading “Development Owner” indicating whether the listed item have been installed, are not yet installed, or will not be installed.
3. Photographs With the exception of photographs of any playgrounds that may be installed, only general views of the following buildings and facilities are required:

* Site. A wide frame of the site showing the leasing office building.
* Clubhouse Examples of the primary interior common use facilities.
* Units. Examples of kitchens and bathrooms in the standard and accessible units.

Please contact Michael Podoloff at 512-475-1643, with any questions regarding the scope of inspections or specific design requirements.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Development** | | | | | | | | | | | | | | | | | **Development Owner** (shown in CMTS) | | | | | | | | | | | | | | | | | | | |
| Devel. Name: | | |  | | | | | | | | | | | | |  | Owner Entity: | | | | | | |  | | | | | | | | | | | |  |
| Devel. Address: | | |  | | | | | | | | | | | | |  | Owner Contact: | | | | | | |  | | | | | | | | | | | |  |
| City/Zip Code: | | |  | | | | | | | | | | | | |  | Owner Address: | | | | | | |  | | | | | | | | | | | |  |
| Site Contact / #: | | |  | | | | | | | | | | | | |  | City/State/Zip: | | | | | | |  | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | |  |  | | | | | | |  | | | | | | | | | | | |  |
| **B. INSPECTION TYPE / PROGRAM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan Review | | | |  | | | Mid Inspection | | |  | | LIHTC | | | | | | # | | HOME | | | | | | | # | | NSP | | # | | | | | |
| Initial Inspection | | | |  | | | Final Inspection | | |  | | Bond | | | | | | # | | HTF | | | | | | | # | |  | | # | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. DEVELOPMENT CHARACTERISTICS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D. UNIT CHARACTERISTICS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** (N/A rehab if not original, USDA, or SRO) | | |  |  | | | | |  | **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. **Senior 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** |  |
|  | | | | | | | | | | |