

OPEN WALL SITE INSPECTION REQUEST FORM

Multifamily New Construction Program – PON 3319



<Insert project photo or rendering here>		Project Name:				
		Project Address:				
		NYS ECCC:	2014	2016		
		Construction Type:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Gut Rehab		
		Compliance Path:	<input type="checkbox"/> Performance Path	<input type="checkbox"/> Modified Prescriptive Path	<input type="checkbox"/> PHI	<input type="checkbox"/> PHIUS
		Performance Tier:	<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2	<input type="checkbox"/> Tier 3	
Inspection Contacts	Name	Company	Phone #	Email Address	Program Use Only: <i>Attended Inspection</i>	
Partner:					<input type="checkbox"/>	
Owner:					<input type="checkbox"/>	
Contractor:					<input type="checkbox"/>	
On-site Personnel:					<input type="checkbox"/>	
Additional Contact:					<input type="checkbox"/>	
Program Use Only						
Project Manager:					<input type="checkbox"/>	
Case Manager:					<input type="checkbox"/>	
Program Inspector:					<input type="checkbox"/>	
For Partner Use:			Program Use Only:			
I certify that as the Partner for the above referenced building/project, all required inspections and testing have been performed in accordance with this projects version of the System Performance Testing Protocol or Testing and Verification Protocol.			Approval Status: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED with Additional Requirements <input type="checkbox"/> NOT APPROVED with Action Items			
Partner Rep Name:			Inspection Date:			
*Apt. #s Inspected:			*Apt. #s Inspected:			
*Common Areas Inspected:			*Common Areas Inspected:			
Signature:			Completed By:			
Date:			Reviewed By:			
*Enter specific Apartment #s and Common Areas Spaces inspected. "All" is not acceptable as description of the area inspected.			Date:			