



**City of Wharton  
Lower Colorado River Basin Phase I,  
Flood Risk Management Project**

**REPLACEMENT HOUSING INSPECTION**

|   |  |  |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
|---|--|--|--|---|---|-------------------------------|---|---|------------------------------------|---|---|--------------------------------|---|---|-------------------------------------|--|--|---|--|--|---|--|--|---|--------------------------------------|---|---|---------------------------------------|---------------------------------------|--|--|
| Name:   | Tract:   | County:  |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
|   | Comp #   |  |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Address:<br>1302 Linwood Drive<br>Wharton, TX 77488<br>Apt No.: N/A Site No.: N/A   | Displacement Type:<br><input type="checkbox"/> Owner<br><input type="checkbox"/> Tenant  |  |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Number of Displaced Persons in Family:  | Purchase Price or Monthly Rent: \$   |  |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| <b>Replacement Dwelling</b>   |  |  |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| House <input checked="" type="checkbox"/>   | Duplex <input type="checkbox"/>  | Apartment <input type="checkbox"/>                                 |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Mobile Home: Width: N/A Length: N/A   |  | Other: N/A   |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Floor Space: 3,084 sq. ft.  | No. Rooms: 8   | No. Bedrooms: 3  |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| <b>Dwelling Inspection</b>  |  |  |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: center;">Yes <input checked="" type="checkbox"/></td> <td style="width:10%; text-align: center;">No <input type="checkbox"/></td> <td style="width:80%;">1. Meets all applicable building codes</td> </tr> <tr> <td style="text-align: center;">Yes <input checked="" type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> <td>2. Has required potable water</td> </tr> <tr> <td style="text-align: center;">Yes <input checked="" type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> <td>3. Has required kitchen facilities</td> </tr> <tr> <td style="text-align: center;">Yes <input checked="" type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> <td>4. 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| Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/>  | 1. Meets all applicable building codes                             |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/>  | 2. Has required potable water                                      |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/>  | 3. Has required kitchen facilities                                 |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/>  | 4. Has required heating system                                     |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/>  | 5. Has required bathroom facilities                                |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/>  | 6. Has Provisions for artificial lighting in each room             |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/>  | 7. Is structurally sound, in good repair and adequately maintained |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/>  | 8. Has required safe means of egress                               |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/>  | 9. Has required habitable floor space                              |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |
| <u>06/09/2020</u><br>Date of Inspection   | <br>Inspected By - Signature   |  |  |   |   |                               |   |   |                                    |   |   |                                |   |   |                                     |  |  |   |  |  |   |  |  |   |                                      |   |   |                                       |                                       |  |  |

