

# REQUEST FOR LARGE PROJECT FINAL INSPECTION

PAGE \_\_\_\_\_ of \_\_\_\_\_

(COMPLETE EACH CELL - PREPARE A SEPARATE REQUEST FOR EACH PROJECT)

DECLARATION NO. FEMA _____ -DR- _____	PW NO.	FIPS NO.	DATE:	CATEGORY
APPLICANT:		COUNTY:	DAMAGED FACILITY:	
DATE OF DECLARATION:	DATE OF PROJECT COMPLETETION:	CURRENT PROJECT COMPLETION DEADLINE:		

LIST ANY ADDITIONAL VERSIONS TO THE ORIGINAL PROJECT:

1. TOTAL CLAIMED COST FOR ALL ELIGIBLE PROJECT WORK:	\$
2. TOTAL ELIGIBLE AMOUNT OBLIGATED FOR ALL PROJECT VERSIONS:	\$
3. TOTAL AMOUNT OF OVER-RUN OR UNDER-RUN (LINE1 MINUS LINE 2 = LINE 3):	\$

CHECKLIST:	YES, NO, OR N/A
1. A SUMMARY OF DOCUMENTATION OF EXPENSES CLAIMED FOR ALL WORK IS ATTACHED:	
2. ALL WORK FOR CLAIMED COSTS WAS COMPLETED WITHIN THE ALLOWED TIME PARAMETERS:	
3. ALL WORK FOR CLAIMED COSTS WAS WITHIN THE PROJECT'S ELIGIBLE SCOPE OF WORK:	
4. ALL DOCUMENTATION FOR CLAIMED COSTS IS AVAILABLE AT ONE LOCATION:	
5. THERE ARE NO FURTHER CLAIMS OR ACTIONS PENDING FOR THIS PROJECT:	
6. THERE ARE NO OUSTANDING APPEALS OR UNRESOLVED ISSUES:	
7. AVAILABLE INSURANCE RECOVERY FOR FACILITIES REPAIRED OR REPLACED HAS BEEN OBTAINED:	
8. CERTIFICATE OF COMPLETION AND PROJECT APPROVAL HAS BEEN FORMALIZED:	

PROVIDE A DETAILED DESCRIPTION WITH DOCUMENTED JUSTIFICATION FOR ANY NO ANSWERS. (This must be provided for approval consideration. Add attachments as necessary for a complete request description):

The Final Inspection Report is based on the information provided with this request and subsequent inspection of documentation and/or the site(s) of the project. Any changed conditions should immediately be brought to the attention of the Governor's Authorized Representative. All Large Projects remain subject to previous requirements for accountability and completion.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE:	DATE:
PRINT NAME and POSITION:	CONTACT NUMBER: