Permission to Occupy Project Mortgages Section 232

U.S. Department of Housing and Urban Development Office of Residential Care Facilities

OMB Approval No. 2502-0605 (exp. 03/31/2018)

Public reporting burden for this collection of information is estimated to average 0.5 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Warning: Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions.

Project Name:		FHA Project Number:
Project Address:		Request Number:
	ion	r) living units identified as e, etc.)
described living units are sui and in operating condition, a water, gas, and sanitary servi have been inspected by the p granted by them as evidence approaches to the site and the	table for occupancy, with the nd are compliant with access ces have been connected and ublic authorities have jurisd d by the certificates attached e aforesaid living units have cricades, walks, lights, and o	ly completed and all of the above- e fixtures and equipment installed sibility requirements. Light, heat, d are available for use. The premises iction and permission to occupy I hereto. Safe and adequate been provided, including temporary ther provisions necessary to the
Borrower:		
Date: MM/DD/YYYY	Signature:	
complete and in accordance described living or service certificates of permission to found same to be in proper or	ts listed above and have f with contract requirements units for the uses intend occupy as issued by publi	found construction to be sufficiently so that owner may occupy the above led. I have examined all required ic authorities having jurisdiction and
Architect:		
Date: MM/DD/YYYY	Signature:	
Contractor's Certification This is to certify that all v	vork or correction necessary	to complete the above-described

9	h the contract requirements and in a manner acceptable to the		
S	on will be performed without delay and at no additional cost		
units.	ditions resulting from the occupancy of the aforesaid living		
Contractor:			
	Signature:		
Lender's Statement			
Federal Housing Administrati			
All insurance risks have been covered in conformity with Federal Housing			
Administration Hazard Insurance requirements issued in connection with this project. The			
above request is acceptable to			
Lender Name, Address, City, S	State, Zip:		
Date: MM/DD/YYYY Signature:			
Date. WIM/DD/ 1 1 1	Signature:		
FHA Inspection Report			
Examination of the living u	units described above, including the available means of access		
therete reveals they are suitable			
mereto, reveals they are suitable	le for occupancy with the exception of those enumerated below,		
	le for occupancy with the exception of those enumerated below, le for occupancy at this time for the reasons stated.		
which are considered unsuitab	le for occupancy at this time for the reasons stated.		
which are considered unsuitable Exceptions:	le for occupancy at this time for the reasons stated.		
which are considered unsuitable Exceptions:	le for occupancy at this time for the reasons stated. YY Signature:		
which are considered unsuitable Exceptions: Inspection Date: MM/DD/YY	YY Signature: ORCF Contract Inspector ORCF Construction Analyst		
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which are considered unsuitable Exceptions: Inspection Date: MM/DD/YY Approved: as reported above Approved Date: MM/DD/YY Permission to Occupy Permission is granted for Inspection Report portion of the second	Alle for occupancy at this time for the reasons stated. YY Signature: ORCF Contract Inspector ORCF Construction Analyst We; as modified by me YY Signature: ORCF Senior Construction Analyst		
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