

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
PRE-CONSTRUCTION CONFERENCE REPORT

Agency (CAA): _____ Technician Name: _____
_____ Technician Phone: _____
_____ Technician Email: _____

Applicant: _____	Co-Applicant: _____
Property: _____ _____	Contractor: _____

Completed by the Applicant:

I (We), the undersigned have, on this date, participated in a pre-construction conference prior to the signing of a *Construction Contract* for the rehabilitation of my (our) Property at the above referenced address.

I (We) acknowledge that I (we) understand the terms of the *Construction Contract*, the explanation of the work to be performed by the contractor, the roles of the CAA and the Rehab Tech, and our responsibilities during the construction phase. I (We) have been given adequate explanations to our questions, if any, and are aware that assistance will be provided by CAA staff as requested. I (We) further understand and acknowledge that the Home Accessibility and Repair Program assumes no responsibilities for the work performed and does not warrant any work performed.

Applicable to pre-1978 homes only: I (we) further certify that I (we) have been made aware of the dangers of lead based paint, and have received a copy of *Protect Your Family From Lead in Your Home* pamphlet. I (We) understand that all children under 6 years of age must be temporarily relocated until all work is complete and dust wipe clearances are achieved. I (We) have also received a copy of the *Single Family Lead Hazard Presumption Notice*.

Applicant/Owner Signature

Date _____

Co-Applicant/Co-Owner Signature

Date _____

Completed by the Contractor:

Building Permit required: Yes No If yes –copy must be placed in project file.

If No, explain how you know that a permit is not required:

Contact with local CEO Office Other Please Explain: _____

Additional Comments: _____

I, the undersigned, hereby certify that the pre-construction conference was held on this date between the homeowner(s,) Rehab Tech, and myself. I understand the procedures to be followed for change orders and requests for payment and inspections. I understand and agree that the work performed must meet the standards required by the Home Repair Program and established by the job specifications.

Contractor Representative Signature

Date _____

Contractor Representative Name (*printed*)

Completed by the Agency:

I, the undersigned, hereby certify that I participated in a pre-construction conference on this date.

CAA Technician Signature

Date _____