

CITY OF BELLINGHAM FIRST TIME HOMEBUYER Inspection Order Form

Requested By:		
Program: (check all that apply)		
Kulshan CLT Restricted	I DPA Unrestricted DF	PA □ Resale □
Date:	Initial Inspection \Box	Re-Inspection \square
Loan Officer:	Bank:	
Phone:	Email:	
Real Estate Agent:		
Phone:	Email:	
COB Funds:	WSHFC Funds:	
Total Project Cost:		
Buyer Name:		
Seller Name:		
Property Address:		
Number of Bedrooms:	Build Date:	
Housing Type:		
Single Family Residence \Box	Duplex ☐ Cond	dominium 🗆
Notes:		
For City Use Only		
Received By:	To File □	
Date:	To WSHFC □	
Environmental Review Needed:	CENST □ CAT EX	