

7. Water supply piping8. Plumbing fixtures

13. Gas lines and valves

18. Sleeping room(s)

12.

9. Drain, waste and vent piping

14. Electrical service installation

15. Electrical service size at panel

17. Electrical outlets/fixtures/wiring

10. Heating system installation and operation

Venting system of the heating plant and water heater

11. Water heater installation and operation

16. All circuits indexed at the service panel

## TIME-OF-SALE

South St. Paul, MN 55075	HOUSING EVALUATION REPORT					
☐ INITIAL REPORT						
This Evaluation Report shall be conspicuously displayed on th						
NOTICE – READ ENTIRE RI						
Address of evaluated dwelling	Unit No. of Units					
Owner Name	Nbr of Nbr. Of Bedrooms Baths					
Owner Address						
<ol> <li>This report offers a limited overview of building components and fixtures by the Housing Evaluator and is not technically extensive. Prospective buyers may see additional evaluations from various experts in the inspection field prior to purchase. This report is NOT a warranty or guarantee expressed or implied by the City of South St. Paul, or by the Evaluator, of any building component or fixture.</li> <li>The City Code requires that no person shall exhibit or show a dwelling for sale without first having obtained an Evaluation Report. The original Evaluation Report issued for the dwelling must be displayed on the site and shall be provided to the buyer before or at the time of sale of the Evaluator to the City of South St. Paul within 10 calendar days after the evaluation has been made.</li> <li>This Report is not an FHA or VA inspection or appraisal.</li> <li>This Report is not an FHA or VA inspection or appraisal.</li> <li>This Report is not an FHA or VA inspection or appraisal.</li> <li>This Report covers only the items listed on this form. The Evaluator is not required to evaluate inaccessible, concealed, or unsafe areas; climb up on roofs; or disassemble items. This report does not address lead paint, radon or asbestos.</li> <li>This Report is valid for one year from the date of issue and only to the owner named above.</li> <li>Any questions regarding this Report should be directed to the Housing Evaluator. Any questions regarding the Time-of-Sale program should be directed to the City of South St. Paul at (651) 554-3210.</li> </ol>						
Evaluation Codes:  If an item is non-existent, the word "None" shall be indicated in the comment area. Items marked with an "NA" indicate that this item is not applicable or not relevant. Items marked with an "M" indicate that no problems related to that item were seen at the time of evaluation. The following require commments explaining each item: any "B" (Below minimum requirements); any "C" (Comment);  If an item is non-existent, the word "None" shall be indicated in the Housing Evaluators Standards). Additional comment sheets may be attached if needed. Items marked "H" (Hazardous) must be corrected and reinspected by a separate Licensed Housing Evaluators Occupancy. PERMITS MAY BE REQUIRED FOR CORRECTION OF HAZARDOUS ITEMS.						
None Non- existent M Meets requirements B Below minimum requirements C	Comment H Hazardous NA Not applicable					
INTERIOR: basement	Comments and remarks					
1. Stairs – railings, landings, steps       M         2. Floor       M         3. Foundation Walls       M         4. Columns and beams       M         5. First floor structural systems       M         6. Floor drain and its cleanout       M						

M M

М

Μ

М

М

Μ

Μ

Μ

Μ

M

Μ

AMPS

Address of evaluated dwelling:

	INTERIOR: Rooms on level	1	2	Comments and Remarks	_
19.	Plumbing fixtures	М	NA		_
20.	Gas lines and valves	М	NA		
21.	Electrical outlets/fixtures/wiring	M	NA		
22.	Auxiliary heaters – installation & wiring	M	NA		
23.	Wood burning appliances	M	NA		
24.	Fireplaces	M	NA		
25.	Floors & rooms – construction & dimension	M	NA		
26.	Light & ventilation windows	M	NA		
27.	Sleeping rooms	M	NA		
28.	Smoke & C.O. detectors	M	NA		
29.	Walls & ceiling components	M	NA		
30.	Stairs and railings (upper floors)	M	NA		
50.	Ctairs and rainings (upper noors)	IVI	INA		
	INTERIOR: Attic Space			Comments and Remarks	_
31.	Rafters, sheathing, ventilation		М		_
32.	Evidence of staining or seepage		M		
33.	Electrical outlets/fixtures/wiring	•	M		
	g	•			
	EXTERIOR			Comments and Remarks	_
34.	Electrical outlets/fixtures/overhead service		М		_
35.	Stairs, decks, balconies, porches, railings	•	M		
36.	Walls - siding, trim, etc.	•	M		
37.	Windows (frames/screens/glass)		M		
38.	Doors		M		
39.	Roof covering and flashing		M		
40.	Chimneys and vents		M		
41.	Drainage		M		
42.	Plumbing – backflow prevention	•	M		
	·	•			
	GARAGE			Comments and Remarks	
43.	Roof structure and covering		M		
44.	Wall structure and covering		M		
45.	Overhead garage door-opener  Yes	☐ No	M		
46.	Electrical outlets/fixtures/wiring		M		
47.	Gas lines and valves		M		
48.	Fire separation		M		
49.	Heaters		M		
	MISCELLANEOUS			Comments and Remarks	
50.	Abandoned fuel tanks, house numbers		M		
51.	Sanitation	,	M		
	CERTIFICATION BY LICENSED CONTRACT	OR		Comments and Remarks	
52.	Certification of the heating system required?		<u>N</u>		
53.	Certification of the water heater required?		<u>N</u>		
54.	Certification of the plumbing system required?		<u>N</u>		
55.	Certification of the electrical system required?		N		
56.	Certification of the structural system required?	•	N		
57.	List other certifications required		N		

An immediate hazard as indicated in City of South St. Paul's Housing Evaluators Standards was discovered and is identified herein. Correction and re-inspection of all hazardous items must be completed prior to occupancy by a new owner.  YES  NO							
I hereby certify that this evaluation was done in compliance with South St. Paul City Code, Chapter 106, Article V1, Sections 106-177 to 187 and the City of South St. Paul Housing Evaluators Code of Ethics and Standards.							
	Evaluator's printed name	ouglas D. Hastings					
Evaluator's signature Doug Hastings	952.892.0490	Date:					
I hereby certify that I have re-inspected for hazardous items as shown on this evaluation report and found hazardous items not reported. THIS PROPERTY REQUIRES AN AMENDED FORM AND RE-INSPECTION.							
	Evaluator's printed name						
Evaluator's signature	Phone #:	Issue Date:					
I hereby certify that I have re-inspected all hazardous items as shown on this evaluation report and found these items have been corrected. (Initial by each corrected item.)							
	Evaluator's printed name						
Evaluator's signature	Phone #	Issue Date:					