

39. Smoke detector Information:

Smoke detector(s) N
Properly located N
*Hard Wired * N

Disclosure Report
Saint Paul Truth-In-Sale of Housing
(Carefully read this entire report)

Office Use, ONLY:

Date Received _____
Payment Ref. _____

*if N or H see note on p. 3, item 39

THIS REPORT IS NOT A WARRANTY, BY THE CITY OF ST. PAUL OR EVALUATOR OF THE FUTURE USEFUL LIFE, OR THE FUTURE CONDITION OF ANY BUILDING COMPONENT OR FIXTURE.

Notice: A copy of this Report must be publicly displayed at the premises when the house is shown to prospective buyers, and a copy of this Report must be provided to the buyer prior to the time of signing a Purchase Agreement.

Address of Evaluated Dwelling:

Owner's Name:

Owner's Address:

Current Usage of this dwelling

Single Family

Usage may not be legal. See below

*For condominium units, this evaluation includes only those items located within the residential unit and does not include the common use area, or other residential areas of the structure.

Comments:

PROPERTY LOCATION AND POSSIBLE USE RESTRICTION INFORMATION

If a box is not checked then the information does not apply to this dwelling. This information is not guaranteed by the evaluator nor by the City of Saint Paul.

According to information provided to Truth-In-Sale of Housing Evaluators by the City of Saint Paul this property:

* **IS A Registered Vacant Building. The conditions applicable to a sale are different by Category:**
Even if this box is not now marked this dwelling may **become** a vacant building before the 1 year expiration date of this report.

Cat.1 : New owners must re-register the building and pay all outstanding fees and obtain permission for occupancy.
Written permission from the City of Saint Paul is required before a Cat 2 or Cat 3 VB can be sold.

Cat.2 : Requirements include: 1. register/re-register the building, 2. Pay outstanding fees, 3. obtain a code compliance report, 4. submit for approval a rehab cost estimate from a licensed contractor and a schedule for completion of all code compliance work, 5. submit proof of financial responsibility acceptable to the City.

Cat.3 : All above requirements **AND** obtain a **Certificate of Occupancy** or **Certificate of Code Compliance** before sale.

*** NOTICE:** A VB status and/or category can change at any time. You must contact the City's Vacant Buildings division at 651-266-1900 to be sure you are fully informed of all the conditions and requirements that may affect the sale of this property.

IS located within a Saint Paul **Heritage Preservation District** or is individually designated as a Saint Paul Heritage Preservation site. Review and approval of exterior work (excluding painting), modifications, additions and demolition is required by the Heritage Preservation Commission and city staff. For questions regarding Heritage Preservation call the City's Information line at **651-266-8989**.

HAS Open permits. Go to the DSI website (see below), click on "**Look Up Property Information**" to view information. Completion and/or occupancy restrictions or requirements may apply. Call **651-266-9090** for permit information.

IS a Verified Legal Duplex. If this dwelling is in use as a duplex and this box is **not** checked, contact **DSI Zoning** at **651-266-9008** for the most recent information. Research into a property's history may incur a fee.

You may obtain a printout of all this information by visiting the DSI website, then enter the property address as directed: **www.stpaul.gov>Government>Department of Safety & Inspections, then click on "Look Up Property Information"**.

This Report:

1. is intended to provide basic information to the home buyer and seller prior to the time of sale. This report WILL NOT be used to enforce the requirements of the Legislative Code; however, this evaluation form will be used by the Fire Department to determine if there is compliance with the requirements for a hard-wired smoke detector.
2. is based on the current Truth-in-Sale of Housing Evaluator Guidelines and is based upon different standards than the lender, Federal Housing Administration (FHA) or Veterans Administration (VA).
3. is not warranted, by the City of Saint Paul nor by the evaluator for the condition of the building component, nor of the accuracy of this report.
4. covers only the items listed on the form and only those items **visible at the time of the evaluation**. The Evaluator is not required to operate the heating plant (except during the heating season), use a ladder to observe the condition of the roofing, disassemble items or evaluate inaccessible areas.
5. is valid for one year from the date of issue and only for the owner named on this report.

Questions regarding this report should be directed to the evaluator. Complaints regarding this report should be directed to Department of Safety and Inspections, Truth in Sale of Housing Program, Phone No. 651-266-1900.

EVALUATOR: **Doug Hastings of Cities' Inspection Service, Inc.** PHONE: 952.892.0490

DATE:

Property Address:

Rating Key: M = Meets minimum B = Below minimum C = See Comment H = Hazardous Y = Yes N = No NV = Not Visible/Viewed NA = Not Applicable

BASEMENT/CELLAR

Item#

Comment

- 1. Stairs and Handrails _____ M
- 2. Basement/cellar floor _____ M
- 3. Foundation _____ M
- 4. Evidence of dampness or staining _____ N
- 5. First floor, floor system _____ M
- 6. Beams and columns _____ M

ELECTRICAL SERVICE(S) # of Services ____ 1

7. Service size:

Amps: 60

Volts: 110/220

BASEMENT or METER LOCATION(S) ONLY:

- 8. Electrical service installation/grounding _____ M
- 9. Electrical wiring, outlets and fixtures _____ M

PLUMBING SYSTEM

- 10. Floor drain(s) (basement) _____ M
- 11. Waste and vent piping (all floors) _____ M
- 12. Water piping (all floors) _____ M
- 13. Gas piping (all floors) _____ M
- 14. Water heater(s), installation _____ M
- 15. Water heater(s), venting _____ M
- 16. Plumbing fixtures (basement) _____ M

HEATING SYSTEM(S) # of _____ 1

17. Heating plant(s): Type: AIR Fuel: GAS

- a. Installation and visible condition _____ M
- b. Viewed in operation (required in heating season) ___ N
- c. Combustion venting _____ M

**Evaluator not required to operate heating plant(s), except-
during heating season, between October 15 and April 15.**

18. Additional heat: Type: NONE Fuel: NONE

- a. Installation and visible condition _____ M
- b. Viewed in operation _____ N
- c. Combustion venting _____ M

19. **ADDITIONAL COMMENTS (1 through 18)** _ N

EVALUATOR: **Doug Hastings of Cities' Inspection Service, Inc.**

DATE:

Property Address:

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Where there are multiple rooms to a category, the Evaluator must specify the room to which the Comment is related.

	<u>Item#</u>	<u>Comment</u>
KITCHEN		
20. Walls and ceiling _____	M	
21. Floor condition and ceiling height _____	M	
22. Evidence of dampness or staining _____	N	
23. Electrical outlets and fixtures _____	M	
24. Plumbing fixtures _____	M	
25. Water flow _____	M	
26. Window size/openable area/mechanical exhaust _____	M	
27. Condition of windows/doors/mech. exhaust _____	M	
LIVING AND DINING ROOM(S)		
28. Walls and ceiling _____	M	
29. Floor condition and ceiling height _____	M	
30. Evidence of dampness or staining _____	N	
31. Electrical outlets and fixtures _____	M	
32. Window size and openable area _____	M	
33. Window and door condition _____	M	
HALLWAYS, STAIRS, AND ENTRIES		
34. Walls, ceilings and floors _____	M	
35. Evidence of dampness or staining _____	N	
36. Stairs and handrails to upper floors _____	M	
37. Electrical outlets and fixtures _____	M	
38. Window and door condition _____	M	
39. Smoke detector(s) _____	N	
Properly located _____	N	
*Hard-wired (HWSD) _____	N	
if N or H in <u>single family home</u> SP Fire requires HWSD installed		
BATHROOM(S)		
40. Walls and ceiling _____	M	
41. Floor condition and ceiling height _____	M	
42. Evidence of dampness or staining _____	N	
43. Electrical outlets and fixtures _____	M	
44. Plumbing fixtures _____	M	
45. Water flow _____	M	
46. Window size/openable area/mechanical exhaust _____	M	
47. Condition of windows/doors/mech. exhaust _____	M	
SLEEPING ROOM(S)		
48. Walls and ceiling _____	M	
49. Floor condition and ceiling height _____	M	
50. Evidence of dampness or staining _____	N	
51. Electrical outlets and fixtures _____	M	
52. Window size and open able area _____	M	
53. Window and door condition _____	M	
ENCLOSED PORCHES AND OTHER ROOMS		
54. Walls, ceiling, and floor condition _____	M	
55. Evidence of dampness or staining _____	N	
56. Electrical outlets and fixtures _____	M	
57. Window and door condition _____	M	
ATTIC SPACE (Visible Areas)		
58. Roof boards and rafters _____	M	
59. Evidence of dampness or staining _____	N	
60. Electrical wiring/outlets/fixtures _____	M	
61. Ventilation _____	N	
62. ADDITIONAL COMMENTS (20 through 61)	N	
CO Detector information reported here		

Property Address:

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Item# Comment

EXTERIOR (Visible Areas)

- 63. Foundation _____ M
- 64. Basement/cellar windows _____ M
- 65. Drainage (grade) _____ M
- 66. Exterior walls _____ M
- 67. Doors (frames/storms/screens) _____ M
- 68. Windows (frames/storms/screens) _____ M
- 69. Open porches, stairways and decks _____ M
- 70. Cornice and trim _____ M
- 71. Roof structure and covering _____ M
- 72. Gutters and downspouts _____ M
- 73. Chimneys _____ M
- 74. Outlets, fixtures and service entrance _____ M

GARAGE(S) / ACCESSORY STRUCTURE(S)

- 75. Roof structure and covering _____ M
- 76. Wall structure and covering _____ M
- 77. Slab condition _____ M
- 78. Garage door(s) _____ M
- 79. Garage opener(s) - (see important notice #6) _____ N
- 80. Electrical wiring, outlets and fixtures _____ M
- 81. **ADDITIONAL COMMENTS (63 through 80)** _____ N

FIREPLACE/WOODSTOVES # of 0

- 82. Dampers installed in fireplaces _____ N
- 83. Installation _____ M
- 84. Condition _____ M

SUPPLEMENTAL INFORMATION

No determination is made whether items meet minimum standards (Y/N, NA, NV only)

INSULATION

- 85. Attic: inches _____ N
- 86. Foundation: inches _____ N
- 87. Knee Wall: inches _____ N
- 88. Rim Joist: inches _____ N
- 89. **ADDITIONAL COMMENTS (82 through 88)** _____ N

I hereby certify I prepared this report in compliance with the Saint Paul Evaluator Guidelines and all other applicable policies and procedures of the Truth-in-Sale of Housing Board. I have utilized reasonable and ordinary care and diligence and I have noted all conditions found that do not conform to the minimum standards of maintenance.

Evaluator Signature: Doug Hastings  Phone Number: 952.892.0490 Date: _____ Page 4 of 4

Doug Hastings of Cities' Inspection Service, Inc.

Rev 3/2009

IMPORTANT NOTICES

1. Any single family residences in Saint Paul must have at least one smoke detector connected to the electrical system (hard wired). The detector must be located near sleeping rooms. For more information call Fire Prevention, (651) 266-9090. (Saint Paul Legislative Code, Chapter 58.)
2. Rainleaders connected to the sanitary sewer system must be disconnected. For more information call Public Works, Sewer Utility, (651) 266-6234.
3. A house built before 1978 may have lead paint on/in it. If children ingest lead paint, they can be poisoned. For more information call Ramsey County Public Health, (651) 266-1199.
4. Neither the City of Saint Paul nor the Evaluator is responsible for the determination of the presence of airborne particles such as asbestos, noxious gases such as radon, or other conditions of air quality that may be present, nor the conditions which may cause the above.
5. If this building is used for any purpose other than a single family dwelling, it may be illegally zoned. To help you determine legal uses under the zoning ordinance, contact the Zoning Administrator at (651) 266-9008.
6. An automatic garage doors should reverse upon striking an object. If it does not reverse it poses a serious hazard and should be immediately repaired or replaced. Evaluator has not tested opener for proper operation.