

HOPKINS TRUTH-IN-SALE OF HOUSING DISCLOSURE REPORT

(Staple Upper Right Corner)

A

NOTICE - Read Entire Report Carefully

This is not a Buyers Inspection!

Page 1 of 4

Address Of Evaluated Dwelling: 942 Duchess
 Owner Name: Test House Hm _____
 Owner Address: _____ Wk _____
 (City, State, ZIP) Hopkins, MN 55343
 Realtor/Contact: _____ Ph _____ Fax _____

I declare to the best of my knowledge the following information for this property regarding any sewer backup or any evidence of chronic water seepage; any abandoned unused or uncapped well; or any discharge of storm water, ground water, roof runoff, yard drainage, foundation drains or sump pumps into the sanitary sewer: NONE YES, COMMENTS:

Signature of Owner (Disclosure Report Not Valid Without Signature)

Date:

***** SEE ATTACHED PAGES FOR **IMPORTANT** CONSUMER INFORMATION *****

Number of Dwelling Units: 1

Check if: Townhouse or Condo

Present Zoning District: _____

Present Occupancy: Conforming Nonconforming

Reason for Nonconforming Status: _____

Note: If the occupancy is indicated as Nonconforming, the owner shall provide the buyer, prior to closing, settlement, or transfer of ownership, a written and signed verification as to the zoning status by the City Zoning Administrator.

Pending Orders: NO orders YES orders pending from Hopkins Inspections Division.

This property: IS NOT condemned IS condemned (reason):

1. This report offers a limited overview of building components and fixtures by the evaluator and is not technically extensive. Prospective buyers may want to seek additional opinions from various experts in the inspections field prior to purchase. This report is not a warranty or guarantee, expressed or implied, by the City of Hopkins or by the evaluator or of any building component or fixture.
2. This report is not a code compliance inspection. The owner, owner's agent and/or buyer must repair all items marked Repair/Replace. All required Repair/Replace items are enforceable by Hopkins Ordinance Section 406. The Inspections Division will not use all other items as a basis for enforcing Hopkins ordinances.
3. The ordinance requires and places the responsibility on the seller or agent to make sure that this report is publicly displayed on the premises when the house is shown to prospective buyers. Also, the seller or agent must give a copy of this report to the buyer prior to the signing of a Purchase Agreement.
4. This report covers only those items listed on the form. The evaluator is not required to ignite the heating plant, use a ladder to observe the condition of the roofing, evaluate inaccessible or concealed areas or disassemble items. This report does not address formaldehyde, lead paint, any airborne gasses (including radon), asbestos, wood stoves or fireplaces (except for visible venting and clearances), or air conditioners. Gas inserts in fireplaces WILL be evaluated.
5. This report is not an FHA, VA or Section 8 inspection. It is not an appraisal.
6. This report is valid for one year from the date of issue and only for the owner named on the report. It is required for all single-family homes, duplexes, tri-plexes, four-plexes, townhouses, or condominiums offered for sale.
7. Any **questions** regarding this report should be directed to the **evaluator** whose name and phone number appear below. Any **complaints** regarding this report should be directed to the **Program Administrator**, Truth in Housing at (952) 548-6323, Hopkins Inspections Division, 1010 1st Street South, Hopkins, MN 55343.

8. If the buyer intends to rent out any portion of this property a rental housing license is required by City of Hopkins Ordinance Section 407 prior to rental. Please contact the Secretary of the Inspections Division at (952) 548-6320.

I hereby certify that this report is made in compliance with the Hopkins Code of Ordinances, Section 406, and that I utilized care and diligence reasonable and ordinary for one meeting the Certification Standards. The report covers only those problems listed and reasonably visible at the time of my evaluation and does not warrant future useful life of any house component or fixture. I have included all required information pages with this report.

Evaluator Name: (print) _____ Evaluation Date: 09/20/2011

Signed: _____ Telephone Number: _____

THERE ARE REQUIRED REPAIR/REPLACE ITEMS NOTED IN THIS REPORT: YES NO

If "RR" items noted, permits may be required, see attached "Most Common Repair Items."

Hopkins TIHpageA.0304

ADDRESS: 942 DUCHESS

Date: 09 / 20 / 2011

EVALUATION CODES: **M:** = Meets Minimum Requirements **B:** = Below Minimum Requirements **C:** = Comments
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Items marked "**RR**" indicate that the item must be repaired or replaced and a re-inspection must be made by the City of Hopkins Inspector within one year of the evaluation report.

Any item marked "**B**", "**C**", "**SC**" or "**RR**" must have a written comment about the item. "**Y**" or "**N**" must have comments when starred (*). Read "COMMENTS" COLUMN CAREFULLY. Each Item May Have More Than One Code.

Any item with the words "**SEE HANDOUT**" in the comment column refers to the "**MOST COMMON REPAIRS**" handout (rev2003) that should be attached to this report. Contact the evaluator if it is not attached.

Item List	Required RR	Item Number/Comments/Remarks
1. Basement stairs <u>B</u> 1	<u>1</u>	1. B Low headroom. <6'8" above nosing. Uneven riser heights. Greater than 3/8" between risers. Handrail height not 30- 34" or 34-38" with ends returned. Riser heights greater than 8"
2. Basement floor <u>B</u> 2	<u>2</u>	
3. Foundation walls <u>B</u> 3	<u>3</u>	
4. Evidence of dampness or staining		
a) on basement walls (Y* or N) <u>Y,C</u> 4a		
b) on basement floor (Y* or N) <u>Y,C</u> 4b		
c) See owner's statement on page A		
5. Basement sleeping rooms (Y* or N) <u>N,NA</u> 5 (If Yes, see page "C")		2. B-Dirt floor in crawlspace, no vapor barrier.
6. First floor, floor system <u>B</u> 6	<u>6</u>	3. B Block cracks in areas. Missing / damaged mortar.
7. Columns & beams <u>B</u> 7	<u>7</u>	4A C Stained in areas.
8. Floor drains <u>M</u> 8	<u>8</u>	4B C Stains on floor. Dampness on floor by water heater. Posts are damp at the floor.
9. Waste & vent piping <u>B,C</u> 9	<u>RR</u> 9	6. B-Cracked floor framing. Untreated wood members do not have 18" minimum clearance to soil. (crawlspace)
10. Water piping <u>C,B</u> 10	<u>RR</u> 10	7. B-Posts not secured. Untreated wood posts do not have 18" minimum clearance to soil in crawlspace. Improperly supported posts in crawlspace.
11. Gas piping <u>B</u> 11	<u>RR</u> 11	9. B-Unvented laundry drain. No purple primer visible on drain line in crawl space. Improper clamp on waste/vent connection(s). (laundry)
12. Water heater <u>12</u>	<u>RR</u> 12	9. C-Cleanout located behind screwed panel.
13. Water heater venting <u>C</u> 13	<u>RR</u> 13	9. RR-Drain line drains into floor. (laundry sink) Open waste.
14. Basement plumbing fixtures <u>B</u> 14	<u>14</u>	10. B Missing backflow preventer at outside faucet(s)
15. Copper water line visible on the street side of water meter (Y or N*) <u>Y</u> 15 <i>Evaluator assumes no responsibility for copper water line being continuous to street.</i>	<u>15</u>	10. C-Open water line in ceiling. Plugs removed.
16. Electrical service installation / size at panel <u>B</u> 16 Amps: <u>100</u> Volts: <u>115/230</u> 60 Amp suitable for one major 220 volt appliance. <i>The evaluator is not required to disassemble items or evaluate inaccessible areas.</i>	<u>RR</u> 16	10. RR Water off at time of evaluation, Certification or re-inspection required. Broken water line at south sillcock.
17. Smoke detectors properly located <u>M</u> 17	<u>17</u>	11. B Unsupported gas line. (crawl space)
a) Operable <u>M</u> 17a	<u>17a</u>	11. RR-Dryer venting not continuous to outside.
18. Separate 20-amp kitchen circuit indexed at service panel (Y or N*) <u>Y</u> 18		12. RR Gas off, not tested. Reinspection required.
19. Basement electrical outlets/fixtures <u>B</u> 19	<u>RR</u> 19	
20. Electrical outlet for laundry indexed at service panel (Y or N*) <u>Y</u> 20		
21. Heating plant installation <u>C</u> 21 Type: <u>Forced Air</u> Fuel: <u>Natural Gas</u> <i>Heat exchanger evaluated only if readily visible. Evaluator is not required to light the pilot.</i>	<u>21</u>	
22. Heating plant viewed in operation (Y or N*) <u>N</u> 22	<u>RR</u> 22	
23. Heating plant combustion venting <u>B</u> 23	<u>RR</u> 23	
24. Auxiliary/additional heating units (Y or N) <u>N</u> 24		
a) Installation <u>NA</u> 24a	<u>24a</u>	
b) Viewed in operation (Y or N*) <u>N,NA</u> 24b	<u>24b</u>	
c) Combustion venting <u>NA</u> 24c	<u>24c</u>	
d) Location(s)_ (include attic or garage heater) <u>NA</u> 24d	<u>24d</u>	

Evaluator: (print) _____ Date 09/20/2011

If "**RR**" items noted, permits may be required, see attached "Most Common Repair Items."

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 Any item with the words "**SEE HANDOUT**" in the comment column refers to the "**MOST COMMON REPAIRS**" handout (rev2003) that should be attached to this report. Contact the evaluator if it is not attached. **SEE COMPLETE KEY PAGE "B"**

		<u>Required</u> <u>RR</u>	<u>Item number / Code / Comments</u>
KITCHEN			
25. Walls & ceiling components	<u>C,B</u> 25	_____ 25	13. C Electric water heater, no venting required.
26. Evidence of dampness or staining (Y* or N)	<u>Y,C</u> 26	_____ 26	
27. Floor condition	<u>C,B,SC</u> 27	_____ 27	13. RR Water heater not operating Certification /Reinspection Required.
28. Window size & openable area	<u>M</u> 28	_____ 28	
29. Window & door condition / Mech. Vent.	<u>B</u> 29	_____ 29	
30. Electrical outlets & fixtures	<u>B</u> 30	<u>RR</u> 30	14. B Loose laundry tub. Unvented laundry sink, S trap drain at laundry.
31. Plumbing fixtures	<u>B</u> 31	<u>RR</u> 31	
32. Water flow	_____ 32	<u>RR</u> 32	
33. Gas piping	<u>C</u> 33	_____ 33	16. B Service panel lacks clearance. No ground jumper around water meter. Missing clamp on wire coming into the panel. All circuits are not labeled.
DINING/LIVING ROOM			
34. Walls & ceiling components	<u>B,C</u> 34	_____ 34	16. RR-Missing knockouts on the front of the panel.
35. Evidence of dampness or staining (Y* or N)	<u>N,M</u> 35	_____ 35	
36. Floor area & ceiling height	<u>M</u> 36	_____ 36	
37. Floor condition	<u>C</u> 37	_____ 37	19. B-Unprotected wiring to water heater. Loose romex at ceiling by stairway. Loose ground at water heater.
38. Window size & openable area	<u>M</u> 38	_____ 38	
39. Window & door condition	<u>M</u> 39	_____ 39	
40. Electrical outlets & fixtures	<u>B</u> 40	<u>RR</u> 40	19. RR Missing cover plate(s). (Junction box and dryer outlet) Open knockout on the side of a junction (west wall)
BATHROOM			
41. Walls & ceiling components	<u>M</u> 41	_____ 41	21. C-Rust noted on inside of unit.
42. Evidence of dampness or staining (Y* or N)	<u>N,M</u> 42	_____ 42	22. RR Heating plant not in operation. Safety check / reinspection Required
43. Floor condition	<u>C,B</u> 43	_____ 43	23. B Improper pitch on vent piping.
44. Window size & openable area/Mech. Vent.	<u>B</u> 44	_____ 44	23. RR Heat off, vent not tested.
45. Window & door condition	<u>M</u> 45	_____ 45	25. B Peeling paint. (walls)
46. Electrical outlets & fixtures	<u>B</u> 46	<u>RR</u> 46	26. C-Stains below kitchen sink.
47. Plumbing fixtures	<u>B</u> 47	<u>RR</u> 47	27. B Damaged flooring.
48. Water flow	<u>M</u> 48	_____ 48	27. C Floor out of level.
HALLWAYS/STAIRWELLS			
49. Walls & ceiling components	<u>M</u> 49	_____ 49	27. SC Suggested correction-Floor covering poses trip hazard.
50. Evidence of dampness or staining (Y* or N)	<u>N,M</u> 50	_____ 50	29. B-south window is inoperable.
51. Floor condition	<u>M</u> 51	_____ 51	30. B Light (s) lack globe (s). Unprotected romex in cabinet. Outlet not flush with finish surface of wall. Ceiling light box not flush with finished surface.
52. Window & door condition	<u>M</u> 52	_____ 52	30. RR- Cover plate(s) cracked, or missing. (above doorway)
53. Electrical outlets & fixtures	<u>M</u> 53	_____ 53	31. B-Backpitched drain line after the trap. Disconnected water line under kitchen sink.
54. Stairs (upper floors)	<u>B</u> 54	_____ 54	31. RR-Faucet missing. Water shut off at sink.
55. Smoke detectors properly located	<u>M</u> 55	_____ 55	32. RR Unable to properly test water shut off. Certification /
a) Operable	<u>M</u> 55a	_____ 55a	
SLEEPING ROOMS			
56. Number of sleeping rooms (include basement)	<u>3</u> 56	_____ 56	
57. Walls & ceiling components	<u>B</u> 57	_____ 57	
58. Evidence of dampness or staining (Y* or N)	<u>N,M</u> 58	_____ 58	
59. Floor area & ceiling height	<u>B</u> 59	_____ 59	
60. Floor condition	<u>C</u> 60	_____ 60	
61. Window size & openable area	<u>M</u> 61	_____ 61	
62. Window & door condition	<u>B</u> 62	_____ 62	
63. Electrical outlets & fixtures	<u>B</u> 63	<u>RR</u> 63	

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PORCH/SUNROOM/OTHER ROOM

64. Walls & ceiling components	<u>NA</u> 64
65. Evidence of dampness or staining (Y* or N)	<u>N,NA</u> 65
66. Floor condition/area/ ceiling height	<u>NA</u> 66
67. Window & door condition	<u>NA</u> 67
68. Electrical outlets & fixtures	<u>NA</u> 68

ATTIC SPACE (if visible)

69. Roof boards & rafters / Mech. Vent.	<u>M</u> 69
a) Attic insulation	
TYPE(s) <u>Fiberglass</u> DEPTH <u>8 inches</u>	
70. Evidence of dampness or staining (Y* or N)	<u>Y,C</u> 70
71. Electrical outlets & fixtures	<u>SC,C</u> 71

EXTERIOR (Items visible at time of evaluation only)

72. Foundation	<u>B</u> 72
73. Basement windows	<u>B</u> 73
74. Drainage (grade)	<u>B</u> 74
75. Exterior walls	<u>B</u> 75
76. Doors (frames/storms/screens/deadbolt locks)	<u>B</u> 76
77. Windows (frames/storms/screens)	<u>B</u> 77
78. Stoops	<u>M</u> 78
79. Cornice & trim	<u>B</u> 79
80. Roof covering & flashing	<u>B,C</u> 80
81. Chimney	<u>B,C</u> 81
82. Electrical outlets/fixtures	<u>B</u> 82
83. Two-family dwelling egress	<u>NA</u> 83

OPEN/UNHEATED TYPE PORCHES

84. Floor	<u>C</u> 84
85. Walls	<u>B</u> 85
86. Roof /ceiling	<u>C</u> 86
87. Doors /screens /windows	<u>B</u> 87
88. Electrical outlets / fixtures	<u>B</u> 88

GARAGE /Accessory Building (Automatic garage doors that don't reverse upon striking an object pose a serious deficiency and should be corrected immediately).

89. Roof structure & covering	<u>B</u> 89
90. Wall structure & covering	<u>B,C</u> 90
91. Garage doors	<u>B</u> 91
a) Automatic garage door opener	<u>C</u> 91a
92. Electrical outlets & fixtures	<u>B</u> 92

MISCELLANEOUS

93. Clutter	<u>M</u> 93
94. Sanitation	<u>M</u> 94
95. Vermin	<u>M</u> 95

Required RR	
64	64
65	65
66	66
67	67
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70	70
71	71
72	72
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74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	RR 82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
91a	91a
92	RR 92
93	93
94	94
95	95

Item number / Code / Comments	
	re-inspection required..
33.	Capped off gas line, no stove present.
34.	B Peeling paint.
34.	C-Patched areas.
37.	C Floor out of level.
40.	B- Missing fixture components. (ceiling)
40.	RR Broken receptacle(s) / switch(s). (north) Cracked outlet. (south) Missing cover plate(s).
43.	B Soft spot by toilet.
43.	C Floor out of level.
44.	B Bath fan not operative. (1st)
46.	RR GFCI outlet doesnt function properly. (second floor)
47.	B-Missing flush handle at toilet (2nd floor) Tub faucet located below the spill line of the fixture.
47.	RR Improper ballcock on toilets. Open waste under sink.
54.	B Low guardrail (less than 38". Uneven riser heights. Low handrail. Narrow stairs-less than 36" Headroom less than 6ft 8" Handrail is not continuously grippable for the full length of the stairway.
57.	B-Patching on ceiling. Damaged walls.
59.	B Upper level lacks proper 7' ceiling height. (Rear portion SE)
60.	C Floor out of level.
62.	B-Damaged door edge. (1st floor) One sash does not close. (2nd fl W)
63.	B Missing globe to light fixture. Reverse polarity (1st floor) Lacks required number of outlets. (2 outlets per habitable space) Missing fixture components. (2nd fl E) Incomplete lights both bedrooms. Lacks proper # of outlets, (2nd floor.) Unprotected wires to light in closet (2nd fl

LICENSED CONTRACTOR REQUIRED TO REPAIR OR EVALUATE (safety check or certify) :

Heating System: Yes No Water Heater: Yes No Plumbing System: Yes No
 Electrical System: Yes No Structural System: Yes No Other: _____ Yes

EVALUATOR TO RETURN TO COMPLETE THE EVALUATION DUE TO: utility shut-off, heating plant not on, locked areas, etc. Yes No (The evaluator will charge.)

Evaluator: (print) _____ Date 09/20/2011

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