

ROBBINSDALE POINT-OF-SALE OF HOUSING DISCLOSURE REPORT

NOTICE - Read Entire Report Carefully

This is not a Buyers Inspection!

Page 1 of 4

Address Of Evaluated Dwelling: 10516 BLAISDELL CIRCLE
 Owner Name: MULTI CITY SPRING 2010 TEST HOUSE Hm _____
 Owner Address: 10516 BLAISDELL CIRCLE Wk _____
 (City, State, ZIP) Robbinsdale, MN 55422
 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

Pending Orders: NO orders YES orders pending from Robbinsdale 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 Robbinsdale 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 Robbinsdale City Code Ordinance Section 435. The Inspections Division will not use all other items as a basis for enforcing Robbinsdale 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, 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**, Point of sale at (763) 531-1268, Robbinsdale Inspections Division, 4100 Lakeview Ave. N., Robbinsdale, MN 55422.
8. If the buyer intends to rent out any portion of this property a rental housing license is required by City of Robbinsdale Ordinance Section 425 prior to rental. Please contact the Secretary of the Inspections Division at (763) 531-1268.

I hereby certify that this report is made in compliance with the Robbinsdale Code of Ordinances, Section 435, 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: 03/23/2010

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."

ADDRESS: 10516 BLAISDELL CIRCLE
 PID NUMBER:
 DATE: 03 / 23 / 2010

EVALUATION CODES: **M:** = Meets Minimum Requirements **B:** = Below Minimum Requirements **C:** = Comments
N/A: = Not Applicable/Does Not Apply **SC:** = Suggested Correction **RR:** = Repair/Replace **Y:** = Yes **N:** = No

Items marked "**RR**" indicate that the item must be repaired or replaced and a re-inspection must be made by the City of Robbinsdale 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 that should be attached to this report. Contact the evaluator if it is not attached.

| Item List | Required | RR | Item number / Code / Comments |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Basement stairs | <u>B</u> | <u>1</u> | Areas concealed / finished off, can't view to fully evaluate. Items marked "M" are only evaluated as to what is readily visible. 1. B Low headroom ,less than 6ft 8 in Improper rail Improper rise & run, 2. C 3,4,5,6,7, Bsmt. is mostly finished & many areas are not visible. 3. B Block cracks in areas. Floor plates on walls are not treated wood. 3. ,4,5,6&7. Basement is mostly finished, areas concealed. limited view in crawl space, 4A C Stained in crawl space areas. 6. B missing ceiling tiles in areas, 6. C Stains on ceiling in laundry room and furnace area 7. C Not visible, areas concealed. 8. C Can't get cover off drain to evaluate. 9. B Waste pipe is backpitched, laundry tub, 9. RR Water supply is shut off can't evaluate. re inspection / certification required. 10. RR Water off at time of evaluation, Certification or re-inspection required. 11. B Gas appliance lacks a drip-tee. Dryer. damaged / improper dryer vent. Unsupported gas line, kinked line Dryer. Improper shut off thru 1st floor to range and to dryer. 12. C limited access to water heater controls, 13. RR Water heater not operating Certification /Reinspection Required. 14. RR Water supply is shut off can't evaluate. Re inspection / certification required. 16. RR Knockouts missing in service panel. No jumper at water meter.broken breaker |
| 2. Basement floor | <u>C</u> | <u>2</u> | |
| 3. Foundation walls | <u>C,B</u> | <u>3</u> | |
| 4. Evidence of dampness or staining | | | |
| a) on basement walls (Y* or N) | <u>Y,C</u> | <u>4a</u> | |
| b) on basement floor (Y* or N) | <u>N</u> | <u>4b</u> | |
| c) See owner's statement on page A | | | |
| 5. Basement sleeping rooms (Y* or N) (If Yes, see page "C") | <u>Y</u> | <u>5</u> | |
| 6. First floor, floor system | <u>C,B</u> | <u>6</u> | |
| 7. Columns & beams | <u>C</u> | <u>7</u> | |
| 8. Floor drains | <u>C</u> | <u>8</u> | |
| 9. Waste & vent piping | <u>B</u> | <u>RR</u> 9 | |
| 10. Water piping | | <u>RR</u> 10 | |
| 11. Gas piping | <u>B</u> | <u>11</u> | |
| 12. Water heater | <u>C</u> | <u>12</u> | |
| 13. Water heater venting | | <u>RR</u> 13 | |
| 14. Basement plumbing fixtures | | <u>RR</u> 14 | |
| 15. Copper water line visible on the street side of water meter (Y or N*) <i>Evaluator assumes no responsibility for copper water line being continuous to street.</i> | <u>Y</u> | <u>15</u> | |
| 16. Electrical service installation / size at panel Amps: <u>150</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 | |
| 17. Smoke detectors properly located | | <u>RR</u> 17 | |
| a) Operable | <u>M</u> | <u>17a</u> | |
| 18. Separate 20-amp kitchen circuit indexed at service panel (Y or N*) | <u>Y</u> | <u>18</u> | |
| 19. Basement electrical outlets/fixtures | <u>B</u> | <u>19</u> | |
| 20. Electrical outlet for laundry indexed at service panel (Y or N*) | <u>Y</u> | <u>20</u> | |
| 21. Heating plant installation Type: <u>Forced air</u> Fuel: <u>gas</u> <i>Heat exchanger evaluated only if readily visible. Evaluator is not required to light the pilot.</i> | <u>B</u> | <u>21</u> | |
| 22. Heating plant viewed in operation (Y or N*) | <u>Y</u> | <u>22</u> | |
| 23. Heating plant combustion venting | <u>M</u> | <u>23</u> | |
| 24. Auxiliary/additional heating units (Y or N) | <u>N</u> | <u>24</u> | |
| a) Installation | <u>NA</u> | <u>24a</u> | |
| b) Viewed in operation (Y or N*) | <u>N,NA</u> | <u>24b</u> | |
| c) Combustion venting | <u>NA</u> | <u>24c</u> | |
| d) Location(s)_(include attic or garage heater) | <u>NA</u> | <u>24d</u> | |

Evaluator: (print) _____ Date 03/23/2010

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 that should be attached to this report. Contact the evaluator if it is not attached. **SEE COMPLETE KEY PAGE "B"**

| | | <u>Required</u> | <u>Item number / Code / Comments</u> |
|-------------------------------------------------|---------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| | | <u>RR</u> | |
| KITCHEN | | | |
| 25. Walls & ceiling components | <u>B</u> 25 | <u>25</u> | 17. RR Improperly located detector(s).bsmt bedroom. laundry room. |
| 26. Evidence of dampness or staining (Y* or N) | <u>N,M</u> 26 | | 19. B Unsupported / loose romex and greenfield in areas, |
| 27. Floor condition | <u>M</u> 27 | <u>27</u> | 21. B Observable heat source lacking in some bsmt rooms. |
| 28. Window size & openable area | <u>M</u> 28 | | 25. B Damaged wall / ceilings |
| 29. Window & door condition / Mech. Vent. | <u>M</u> 29 | <u>29</u> | 30. RR loose exposed wires under kitchen sink (disposal) |
| 30. Electrical outlets & fixtures | <u>30</u> | <u>RR</u> 30 | 31. B dishwasher lacks proper loop under sink, backpitched waste line. |
| 31. Plumbing fixtures | <u>B</u> 31 | <u>RR</u> 31 | 31. RR Water supply is shut off can't evaluate. re inspection / certification required. |
| 32. Water flow | <u>32</u> | <u>RR</u> 32 | 32. RR Unable to properly test water shut off. Certification / re-inspection required.. |
| 33. Gas piping | <u>C</u> 33 | <u>33</u> | 33. C Gas piping is not visible. Hidden from view by stove. |
| DINING/LIVING ROOM | | | |
| 34. Walls & ceiling components | <u>B</u> 34 | <u>34</u> | 34. B Damaged ceiling(s) |
| 35. Evidence of dampness or staining (Y* or N) | <u>N,M</u> 35 | | 39. B loose doors in bsmt storage rm |
| 36. Floor area & ceiling height | <u>M</u> 36 | | 40. RR Missing plates in dining rm, broken bulb in ceiling fixture. dining rm, broken cover plate(s) , living rm. |
| 37. Floor condition | <u>M</u> 37 | <u>37</u> | 41. B loose tub surround 1st floor, |
| 38. Window size & openable area | <u>M</u> 38 | | 47. B No tub plumbing access. bsmt,1st floor. Improper air gap on toilet ballcock. 1st floor, back pitched waste line on sink, 1st floor, |
| 39. Window & door condition | <u>B</u> 39 | <u>39</u> | 47. RR Water supply is shut off can't evaluate. re inspection / certification required. |
| 40. Electrical outlets & fixtures | <u>40</u> | <u>RR</u> 40 | 48. RR Water supply is shut off can't evaluate. re inspection / certification required. |
| BATHROOM | | | |
| 41. Walls & ceiling components | <u>B</u> 41 | <u>41</u> | 52. B Damaged door(s) bsmt hallway. |
| 42. Evidence of dampness or staining (Y* or N) | <u>N</u> 42 | | 55. RR Improperly located detector(s). 1st floor family rm |
| 43. Floor condition | <u>M</u> 43 | <u>43</u> | 55A SC inoperable CO detector 1st floor, |
| 44. Window size & openable area/Mech. Vent. | <u>M</u> 44 | | 58. C Stain on closet ceiling east bedrm, |
| 45. Window & door condition | <u>M</u> 45 | <u>45</u> | 62. B Damaged door(s).bsmt bedroom |
| 46. Electrical outlets & fixtures | <u>M</u> 46 | <u>46</u> | 63. RR Cover plates missing. loose hanging ceiling light (hanging by romex)bsmt bedrm |
| 47. Plumbing fixtures | <u>B</u> 47 | <u>RR</u> 47 | |
| 48. Water flow | <u>48</u> | <u>RR</u> 48 | |
| HALLWAYS/STAIRWELLS | | | |
| 49. Walls & ceiling components | <u>M</u> 49 | <u>49</u> | |
| 50. Evidence of dampness or staining (Y* or N) | <u>N,M</u> 50 | | |
| 51. Floor condition | <u>M</u> 51 | <u>51</u> | |
| 52. Window & door condition | <u>B</u> 52 | <u>52</u> | |
| 53. Electrical outlets & fixtures | <u>M</u> 53 | <u>53</u> | |
| 54. Stairs (upper floors) | <u>M</u> 54 | <u>54</u> | |
| 55. Smoke detectors properly located | <u>55</u> | <u>RR</u> 55 | |
| a) Operable | <u>SC</u> 55a | <u>55a</u> | |
| SLEEPING ROOMS | | | |
| 56. Number of sleeping rooms (include basement) | <u>4</u> 56 | | |
| 57. Walls & ceiling components | <u>M</u> 57 | <u>57</u> | |
| 58. Evidence of dampness or staining (Y* or N) | <u>Y,C</u> 58 | | |
| 59. Floor area & ceiling height | <u>M</u> 59 | | |
| 60. Floor condition | <u>M</u> 60 | <u>60</u> | |
| 61. Window size & openable area | <u>M</u> 61 | | |
| 62. Window & door condition | <u>B</u> 62 | <u>62</u> | |
| 63. Electrical outlets & fixtures | <u>63</u> | <u>RR</u> 63 | |

Evaluator: (print) _____ Date 03/23/2010

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PORCH/SUNROOM/OTHER ROOM

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

ATTIC SPACE (if visible)

| | | |
|-------------------------------------------------|------------|----|
| 69. Roof boards & rafters / Mech. Vent. | <u>C</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>C</u> | 71 |

EXTERIOR (Items visible at time of evaluation only)

| | | |
|-------------------------------------|------------|----|
| 72. Foundation | <u>M</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) | <u>B</u> | 76 |
| 77. Windows (frames/storms/screens) | <u>B</u> | 77 |
| 78. Stoops | <u>B,C</u> | 78 |
| 79. Cornice & trim | <u>B</u> | 79 |
| 80. Roof covering & flashing | <u>C,B</u> | 80 |
| 81. Chimney | <u>M</u> | 81 |
| 82. Electrical outlets/fixtures | <u>M</u> | 82 |
| 83. Two-family dwelling egress | <u>NA</u> | 83 |

OPEN/UNHEATED TYPE PORCHES

| | | |
|-----------------------------------|--|----|
| 84. Floor | | 84 |
| 85. Walls | | 85 |
| 86. Roof/ceiling | | 86 |
| 87. Doors /screens /windows | | 87 |
| 88. Electrical outlets / fixtures | | 88 |

GARAGE /Accessory Building

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

MISCELLANEOUS

| | | |
|----------------------------------------|----------|----|
| 93. Clutter (egress obstruction) | <u>M</u> | 93 |
| 94. Sanitation | <u>M</u> | 94 |
| 95. Vermin | <u>M</u> | 95 |
| 96. Guards (Walls/guardrails/railings) | | 96 |

| <u>Required</u> | |
|-----------------|--------------|
| <u>RR</u> | |
| 64 | 64 |
| 65 | 65 |
| 66 | 66 |
| 67 | 67 |
| 68 | 68 |
| 69 | 69 |
| 70 | 70 |
| 71 | 71 |
| 72 | 72 |
| 73 | 73 |
| 74 | 74 |
| 75 | 75 |
| 76 | 76 |
| 77 | <u>RR</u> 77 |
| 78 | 78 |
| 79 | 79 |
| 80 | 80 |
| 81 | 81 |
| 82 | 82 |
| 83 | 83 |
| 84 | 84 |
| 85 | 85 |
| 86 | 86 |
| 87 | 87 |
| 88 | 88 |
| 89 | 89 |
| 90 | 90 |
| 91 | 91 |
| 91a | 91a |
| 92 | <u>RR</u> 92 |
| 93 | 93 |
| 94 | 94 |
| 95 | 95 |
| 96 | 96 |

| <u>Item number / Code / Comments</u> | |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 66. | C Floor out of level. concealed ,can not view floor support system. |
| 67. | B door rubs on rear porch |
| 69. | C Attic is not safely accessible with step ladder. |
| 70. | C Stains in attic. |
| 71. | C Limited view, can't view to fully evaluate. |
| 73. | B Weathered window(s). Decayed in areas,improperly sealed / finished bsmt. egress window openings , |
| 74. | B Grade in areas does not allow surface water to drain away from building. Damaged , settled garage slab apron area. Downspouts lack proper extension(s). |
| 75. | B some penetrations not properly sealed. |
| 76. | B Missing / improper dead bolt. Damaged / deteriorated storm door(s). Damaged closer(s).door(s) drag / loose hinges, Rot in threshold area |
| 77. | B Missing storms / screens. |
| 77. | RR Broken/jagged glass rear porch window NE. |
| 78. | B Improper rise/run. tread depth less than 9 in at deck. riser over 8 inches. Deck is weathered / deteriorated. High riser. |
| 78. | C can not see under deck / porch to evaluate, |
| 79. | B Weathered trim in areas of shed |
| 80. | B Improper roofing material on low slope / porch.less than 2/12 is shingled. |
| 80. | C Low pitched roof not fully visible. Uneven in areas. Stains / algae in areas. |
| 90. | B Damaged slab. siding lacks 6 inch clearance to grade Damaged block / mortar.cracked rafter,shed lacks drip at door |
| 90. | C stains in garage. shed locked interior not fully evaluated 90 |

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 03/23/2010

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