

39. Smoke detector Information:

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

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

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

Office Use, ONLY:

Date Received _____

Payment Ref: _____

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: 10516 Blaisdell Cir
Addresses without the correct street type and/or direction may be returned and may incur a late fee.

Owner's Name: Test House

Owner's Address: _____, St. Paul, MN

Current Usage of this dwelling: **Single Family** **Townhouse** **Condo*** **Duplex** **Other** _____
Usage may not be legal. See below. *For condominium units, this evaluation includes only those items located within the residential units and does not include the common use area, or other residential areas of the structure.

Comments: *Contact LIEP for Permits and Occupancy info*

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 St. Paul.

According to information provided to Truth-In-Sale of Housing Evaluators by the City of St. 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 St. 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. Reseach 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 hard-wired smoke detectors.
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 St. 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: _____ PHONE: _____ DATE: 03/23/2010 Rev 3/2009

Address 10516 BLAISDELL CIR

Date 03 / 23 / 2010

page 1 of 4

Property Address: 10516 Blaisdell Cir

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

		Item #	Comments
			Specify location(s), where necessary
BASEMENT/CELLAR			
1. Stairs and handrails	<u>B</u>	1.	<i>B Improper rail. Improper rise/run. Low headroom (less than 6' 8")</i>
2. Basement/cellar floor	<u>C</u>	2-3-4-5-6	<i>Limited view: finished areas and stored items.</i>
3. Foundation	<u>C</u>	3.	<i>C Sill plates not treated for basement walls.</i>
4. Evidence of dampness or staining	<u>Y</u>	4.	<i>Historic staining noted on foundation walls/floor.</i>
5. First floor, floor system	<u>C</u>	5.	<i>C Stains on laundry room ceiling under kitchen & missing ceiling tile and stains in LL Rec room. Stains on basement ceiling around furnace flue.</i>
6. Beams and columns	<u>NV</u>	6.	
ELECTRICAL SERVICE(S) # of Services <u>1</u>			
7. Service size:			
Amps: 30 ___ 60 ___ 100 ___ 150 <u>X</u> Other ___			
Volts: 115 ___ 115/220 <u>X</u>			
BASEMENT ONLY:			
8. Electrical service installation/grounding	<u>H,B</u>	8.	<i>B Panel not fully indexed. Broken breaker.</i>
9. Electrical wiring, outlets and fixtures	<u>B,H</u>	8.	<i>H Missing clamp at street side of water meter. Missing knockouts at panel front.</i>
PLUMBING SYSTEM			
10. Floor drain(s) (basement)	<u>C</u>	9.	<i>B Unsupported / unanchored wiring under suspended ceiling and mechanical room.</i>
11. Waste and vent piping (all floors)	<u>H</u>	9.	<i>H Missing cover on basement bedroom outlet box.</i>
12. Water piping (all floors)	<u>H,B</u>	10.	<i>C Can't get cover(s) off to evaluate.</i>
13. Gas piping (all floors)	<u>B</u>	11.	<i>H Water off in building: Not able to fully evaluate. Water off in building: Not able to fully evaluate.</i>
14. Water heater(s), installation	<u>H,C</u>	12.	<i>B Unsupported water piping in laundry room.</i>
15. Water heater(s), venting	<u>H</u>	12.	<i>H Water off in building: Not able to fully evaluate.</i>
16. Plumbing fixtures (basement)	<u>H,B</u>	13.	<i>B Unsupported gas lines. Missing drip-T for dryer gas line.</i>
HEATING SYSTEM(S) # of <u>1</u>			
17. Heating plant(s): Type: <u>Air</u> Fuel: <u>Gas</u>			
a. Installation and visible condition	<u>B</u>	14.	<i>C Concealed gas valve above laundry room ceiling. No shut off valve behind stove. No drip "T" at stove gas line.</i>
b. Viewed in operation (required in heating season)	<u>Y</u>	14.	<i>C Proper access to water heater was not provided: 30" minimum.</i>
c. Combustion venting	<u>M</u>	14.	<i>H Water off in building: Not able to fully evaluate.</i>
The Evaluator is not required to operate the heating plant(s), except during heating season, between October 15 and April 15.			
18. Additional heating unit(s) Type: ___ Fuel: ___		15.	<i>H Water off in building: Not able to fully evaluate.</i>
a. Installation and visible condition	<u>-</u>	16.	<i>B "Back-pitched drain @ laundry tub drain.</i>
b. Viewed in operation	<u>-</u>	16.	<i>H Water off in building: Not able to fully evaluate.</i>
c. Combustion venting	<u>-</u>	17A	<i>B No heat source provided for basement room. Missing register grills.</i>
19. ADDITIONAL COMMENTS (1 through 18)	<u>-</u>		

EVALUATOR: _____ DATE: 03/23/2010

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

	Item #	Comments
KITCHEN		
20. Walls and ceiling	M	23. B There is a metal pull chain/switch near a wet fixture in the kitchen.
21. Floor condition and ceiling height	M	23. H Broken bulb in kitchen light. Broken outlet cover.
22. Evidence of dampness or staining	N	Improperly secured electrical connection @ disposal (also ungrounded).
23. Electrical outlets and fixtures	B,H	24. B Improper dishwasher drain installation: lacks high riser loop for air gap.
24. Plumbing fixtures	H,B	Back-pitched waste line at kitchen sink waste.
25. Water flow	H	24. H Water off in building: Not able to fully evaluate.
26. Window size/openable area/mechanical exhaust	M	25. H Water off
27. Condition of doors/windows/mech. exhaust	M	31. H Missing plate for dining room outlet.
LIVING AND DINING ROOM(S)		
28. Walls and ceiling	M	34. B Damaged ceiling between kitchen & family room.
29. Floor condition and ceiling height	M	39. B Improperly located smoke detector in basement bedroom and laundry room.
30. Evidence of dampness or staining	N	H No HW smoke for basement.
31. Electrical outlets and fixtures	H	H Inoperable CO detector.
32. Window size and openable area	M	H Inoperable 1st floor HW smoke detector.
33. Window and door condition	M	42. Ceiling stains @ East bedroom and closet.
HALLWAYS, STAIRS AND ENTRIES		
34. Walls, ceilings, floors	B	44. B No access to basement & 1st floor tub fixture components. Back-pitched waste line at lav sink waste. Loose tub surround at 1st floor bathroom.
35. Evidence of dampness or staining	N	44. H Water off in building: Not able to fully evaluate. Improper air gap for 1st floor toilet.
36. Stairs and handrails to upper floors	M	45. H Water off
37. Electrical outlets and fixtures	M	49. B Low headroom in basement bedroom under 7'.
38. Window and door condition	M	51. B Improperly installed light in basement bedroom. Light fixture is hanging from the wiring. Loose connector at same light.
39. Smoke detector(s)	H	51. H Missing plate / outlet cover.
Properly located	N	52. B Less than required openable window area in 1st floor bedrooms.
* Hard-wired (HWSD)	* H	Egress wells are not large enough for basement bedroom egress indows.
*if N or H in a <u>single family home</u> then SPFire Dept requires HWSD installation		
BATHROOM(S)		
40. Walls and ceiling	M	53. B Damaged door and loose hardware @ basement bedroom door. Loose hinges for 1st floor bedroom door.
41. Floor condition and ceiling height	M	54. B Damaged/decayed wood @ porch floor.
42. Evidence of dampness or staining	Y	54. C Floor out of level. Under side of porch floor was not visible due to restricted access. Not evaluated.
43. Electrical outlets and fixtures	M	57. B Missing closet door in SE basement room. B Entry door at rear screen porch does not fit properly and rubs on the floor.
44. Plumbing fixtures	H,B	57. C No windows in SE basement room.
45. Water flow	H	57. H Cracked/jagged glass in rear screen porch window.
46. Window size/openable area/mechanical exhaust	M	58. B Cracked rafter (7th rafter North of panel) Others not visible.
47. Condition of windows/doors/mech. exhaust	M	58. C Limited viewing: attic viewed from access
SLEEPING ROOM(S)		
48. Walls and ceiling	M	
49. Floor condition, area, and ceiling height	B	
50. Evidence of dampness or staining	N	
51. Electrical outlets and fixtures	B,H	
52. Window size and openable area	B	
53. Window and door condition	B	
ENCLOSED PORCHES AND OTHER ROOMS		
54. Walls, ceiling, and floor, condition	B,C	
55. Evidence of dampness or staining	N	
56. Electrical outlets and fixtures	M	
57. Window and door condition	B,C,H	
ATTIC SPACE (Visible Areas)		
58. Roof boards and rafters	C,B	
59. Evidence of dampness or staining	Y	
60. Electrical wiring/outlets/fixtures	C	
61. Ventilation	Y	
62. ADDITIONAL COMMENTS (20 through 61)	-	
CO Detector information reported here		

EVALUATOR: _____ DATE: 03/23/2010

