



CITY OF ROBBINSDALE

CERTIFICATE OF COMPLETION

Point Of Sale Housing Evaluation

Property Address: 4316 ABBOTT AVEN

Effective Date: Aug 24, 2015

Tom Marshall, City Clerk

City Of Robbinsdale

4100 Lakeview Ave N Robbinsdale, MN 55422

763-537-4534

Certificate Expires One Year After The Effective Date Shown Above.

ROBBINSDALE POINT-OF-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: 4316 Abbott ave no

Owner Name: Leary/McHugh Hm _____ Wk _____

Owner Address: 3401 York ave no

(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: [X] NONE [] YES, COMMENTS:

Handwritten signature of owner

Signature of Owner (Disclosure Report Not Valid Without Signature)

Date: 8/24/15

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

Number of Dwelling Units: 1

Check if: Townhouse [] or Condo []

Pending Orders: [X] NO orders [] YES orders pending from Robbinsdale Inspections Division.

This property: [X] 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) Don Doty

Evaluation Date: 08/24/2015

Signed:

Telephone Number: 952-544 8141

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

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

ADDRESS: 4316 ABBOTT AVE NO

PID NUMBER: 05-029-24-21-0037

DATE: 08/24/2015

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> 1	<u>1</u>	1. B Low headroom, less than 6' 8".
2. Basement floor <u>M</u> 2	<u>2</u>	4B C Old past stains
3. Foundation walls <u>M</u> 3	<u>3</u>	10. B No back flow valve on outside faucets
4. Evidence of dampness or staining a) on basement walls (Y* or N) <u>Y,NA</u> 4a b) on basement floor (Y* or N) <u>Y,NA</u> 4b c) See owner's statement on page A		15. C Floor covers pipe
5. Basement sleeping rooms (Y* or N) <u>N</u> 5 (If Yes, see page "C")		
6. First floor, floor system <u>M</u> 6	<u>6</u>	
7. Columns & beams <u>M</u> 7	<u>7</u>	
8. Floor drains <u>M</u> 8	<u>8</u>	
9. Waste & vent piping <u>M</u> 9	<u>9</u>	
10. Water piping <u>B</u> 10	<u>10</u>	
11. Gas piping <u>M</u> 11	<u>11</u>	
12. Water heater <u>M</u> 12	<u>12</u>	
13. Water heater venting <u>M</u> 13	<u>13</u>	
14. Basement plumbing fixtures <u>M</u> 14	<u>14</u>	
15. Copper water line visible on the street side of water meter (Y or N*) <u>N,C</u> 15 <i>Evaluator assumes no responsibility for copper water line being continuous to street.</i>		
16. Electrical service installation / size at panel <u>M</u> 16 Amps: <u>100</u> Volts: _____ 60 Amp suitable for one major 220 volt appliance. <i>The evaluator is not required to disassemble items or evaluate inaccessible areas.</i>	<u>16</u>	
17. Smoke detectors properly located <u>M</u> 17	<u>17</u>	
a) Operable <u>M</u> 17a	<u>17a</u>	
18. Separate 20-amp kitchen circuit indexed at service panel (Y or N*) <u>Y</u> 18		
19. Basement electrical outlets/fixtures <u>M</u> 19	<u>19</u>	
20. Electrical outlet for laundry indexed at service panel (Y or N*) <u>Y</u> 20		
21. Heating plant installation <u>M</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>Y</u> 22	<u>22</u>	
23. Heating plant combustion venting <u>M</u> 23	<u>23</u>	
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) <u>NA</u> 24d <i>(include attic or garage heater)</i>	<u>24d</u>	

Evaluator: (print) Don Doty Date 08/24/2015

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		<u>Required</u>	
		<u>RR</u>	<u>Item number / Code / Comments</u>
KITCHEN			
25. Walls & ceiling components	<u>M</u> 25		_____ 25
26. Evidence of dampness or staining (Y* or N)	<u>N,M</u> 26		
27. Floor condition	<u>M</u> 27		_____ 27
28. Window size & openable area	<u>M</u> 28		
29. Window & door condition / Mech. Vent.	<u>M</u> 29		_____ 29
30. Electrical outlets & fixtures	<u>M</u> 30		_____ 30
31. Plumbing fixtures	<u>M</u> 31		_____ 31
32. Water flow	<u>M</u> 32		_____ 32
33. Gas piping	<u>M</u> 33		_____ 33
DINING/LIVING ROOM			
34. Walls & ceiling components	<u>M</u> 34		_____ 34
35. Evidence of dampness or staining (Y* or N)	<u>N,M</u> 35		
36. Floor area & ceiling height	<u>M</u> 36		
37. Floor condition	<u>M</u> 37		_____ 37
38. Window size & openable area	<u>M</u> 38		
39. Window & door condition	<u>M</u> 39		_____ 39
40. Electrical outlets & fixtures	<u>M</u> 40		_____ 40
BATHROOM			
41. Walls & ceiling components	<u>M</u> 41		_____ 41
42. Evidence of dampness or staining (Y* or N)	<u>N,M</u> 42		
43. Floor condition	<u>M</u> 43		_____ 43
44. Window size & openable area/Mech. Vent.	<u>M</u> 44		
45. Window & door condition	<u>M</u> 45		_____ 45
46. Electrical outlets & fixtures	<u>M</u> 46		_____ 46
47. Plumbing fixtures	<u>M</u> 47		_____ 47
48. Water flow	<u>M</u> 48		_____ 48
HALLWAYS/STAIRWELLS			
49. Walls & ceiling components	<u>M</u> 49		_____ 49
50. Evidence of dampness or staining (Y* or N)	<u>N,M</u> 50		
51. Floor condition	<u>M</u> 51		_____ 51
52. Window & door condition	<u>M</u> 52		_____ 52
53. Electrical outlets & fixtures	<u>M</u> 53		_____ 53
54. Stairs (upper floors)	<u>M</u> 54		_____ 54
55. Smoke detectors properly located	<u>M</u> 55		_____ 55
a) Operable	<u>M</u> 55a		_____ 55a
SLEEPING ROOMS			
56. Number of sleeping rooms (include basement)	<u>3</u> 56		
57. Walls & ceiling components	<u>M</u> 57		_____ 57
58. Evidence of dampness or staining (Y* or N)	<u>N,M</u> 58		
59. Floor area & ceiling height	<u>M</u> 59		
60. Floor condition	<u>M</u> 60		_____ 60
61. Window size & openable area	<u>M</u> 61		
62. Window & door condition	<u>M</u> 62		_____ 62
63. Electrical outlets & fixtures	<u>M</u> 63		_____ 63

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		<u>Required</u> <u>RR</u>	<u>Item number / Code / Comments</u>
PORCH/SUNROOM/OTHER ROOM			
64. Walls & ceiling components	<u>NA</u> 64	<u> </u> 64	69. C finished areas
65. Evidence of dampness or staining (Y* or N)	<u>N,NA</u> 65	<u> </u> 65	73. B Weathered window(s) . Cracked window.
66. Floor condition/area/ ceiling height	<u>NA</u> 66	<u> </u> 66	74. C Flat grade around some parts of foundation
67. Window & door condition	<u>NA</u> 67	<u> </u> 67	81. B Mortar missing on areas of chimney. Spauling areas
68. Electrical outlets & fixtures	<u>NA</u> 68	<u> </u> 68	89. C Sag in roof.
ATTIC SPACE (if visible)			
69. Roof boards & rafters / Mech. Vent.	<u>C</u> 69	<u> </u> 69	91. B Weathered / deteriorated service door. Dents in door
a) Attic insulation			
TYPE(s) _____ DEPTH _____			
70. Evidence of dampness or staining (Y* or N)	<u>N,NA</u> 70	<u> </u> 70	
71. Electrical outlets & fixtures	<u>NA</u> 71	<u> </u> 71	
EXTERIOR(Items visible at time of evaluation only)			
72. Foundation	<u>M</u> 72	<u> </u> 72	
73. Basement windows	<u>B</u> 73	<u> </u> 73	
74. Drainage (grade)	<u>C</u> 74	<u> </u> 74	
75. Exterior walls	<u>M</u> 75	<u> </u> 75	
76. Doors (frames/storms/screens)	<u>M</u> 76	<u> </u> 76	
77. Windows (frames/storms/screens)	<u>M</u> 77	<u> </u> 77	
78. Stoops	<u>M</u> 78	<u> </u> 78	
79. Cornice & trim	<u>M</u> 79	<u> </u> 79	
80. Roof covering & flashing	<u>M</u> 80	<u> </u> 80	
81. Chimney	<u>B</u> 81	<u> </u> 81	
82. Electrical outlets/fixtures	<u>M</u> 82	<u> </u> 82	
83. Two-family dwelling egress	<u>NA</u> 83	<u> </u> 83	
OPEN/UNHEATED TYPE PORCHES			
84. Floor	<u>NA</u> 84	<u> </u> 84	
85. Walls	<u>NA</u> 85	<u> </u> 85	
86. Roof /ceiling	<u>NA</u> 86	<u> </u> 86	
87. Doors /screens /windows	<u>NA</u> 87	<u> </u> 87	
88. Electrical outlets / fixtures	<u>NA</u> 88	<u> </u> 88	
GARAGE /Accessory Building			
89. Roof structure & covering	<u>C</u> 89	<u> </u> 89	
90. Wall structure & covering	<u>M</u> 90	<u> </u> 90	
91. Garage doors	<u>B</u> 91	<u> </u> 91	
a) Automatic garage door opener	<u>M</u> 91a	<u> </u> 91a	
92. Electrical outlets & fixtures	<u>M</u> 92	<u> </u> 92	
MISCELLANEOUS			
93. Clutter (egress obstruction)	<u>M</u> 93	<u> </u> 93	
94. Sanitation	<u>M</u> 94	<u> </u> 94	
95. Vermin	<u>M</u> 95	<u> </u> 95	
96. Guards (Walls/guardrails/railings)	<u>M</u> 96	<u> </u> 96	

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) Don Doty Date 08/24/2015

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