

# 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: 3426 Zenith ave no

Owner Name: Jim McHugh Hm \_\_\_\_\_

Owner Address: \_\_\_\_\_ 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 / Agent (Disclosure Report Not Valid Without Signature)

Date:

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

Number of Dwelling Units: 1

Check if: Townhouse  or Condo

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) 531-1266, 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 Housing Inspector at (763) 531-1261.

9. If buyer assumes responsibility for repair/replace items, a Buyer's Agreement for the Transfer of Responsibility for Repair / Replace Items From the Seller form must be submitted with required attachments.

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: 03/09/2018

Signed: Don Doty Telephone Number: 952-544 8141

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

If "RR" items noted, permits may be required.

ADDRESS:  
3426 ZENITH AVE NO

08-029-24-21-0036

DATE:  
03 / 09 / 2018

**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.

<u>Item List</u>	<u>Required RR</u>	<u>Item number / Code / Comments</u>
1. Basement stairs <u>B</u> 1	<u>1</u>	1. <b>B</b> Low headroom, less than 6' 8".
2. Basement floor <u>M</u> 2	<u>2</u>	15. <b>C</b> Floor covers pipe
3. Foundation walls <u>M</u> 3	<u>3</u>	
4. Evidence of dampness or staining		
a) on basement walls (Y* or N) <u>Y</u> 4a		
b) on basement floor (Y* or N) <u>Y</u> 4b		
c) See owner's statement on page A		
5. Basement sleeping rooms (Y* or N) <u>N,NA</u> 5 <i>(If Yes, see page "C")</i>		
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>M</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)_(include attic or garage heater) <u>NA</u> 24d	<u>24d</u>	

Evaluator: (print) Don Doty Date 03/09/2018

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

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		<u>Required</u>	<u>RR</u>	<u>Item number / Code / Comments</u>	
<b>KITCHEN</b>					
25. Walls & ceiling components	<u>M</u>	25	_____ 25	<b>33. C Electric stove</b>	
26. Evidence of dampness or staining ( Y* or N )	<u>N,M</u>	26	_____ 26		
27. Floor condition	<u>M</u>	27	_____ 27		
28. Window size & openable area	<u>M</u>	28	_____ 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>C</u>	33	_____ 33		
<b>DINING/LIVING ROOM</b>					
34. Walls & ceiling components	<u>M</u>	34	_____ 34		
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>M</u>	37	_____ 37		
38. Window size & openable area	<u>M</u>	38	_____ 38		
39. Window & door condition	<u>M</u>	39	_____ 39		
40. Electrical outlets & fixtures	<u>M</u>	40	_____ 40		
<b>BATHROOM</b>					
41. Walls & ceiling components	<u>M</u>	41	_____ 41		
42. Evidence of dampness or staining ( Y* or N )	<u>N,M</u>	42	_____ 42		
43. Floor condition	<u>M</u>	43	_____ 43		
44. Window size & openable area/Mech. Vent.	<u>M</u>	44	_____ 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		
<b>HALLWAYS/STAIRWELLS</b>					
49. Walls & ceiling components	<u>M</u>	49	_____ 49		
50. Evidence of dampness or staining ( Y* or N )	<u>N,M</u>	50	_____ 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		
<b>SLEEPING ROOMS</b>					
56. Number of sleeping rooms (include basement)	<u>3</u>	56	_____ 56		
57. Walls & ceiling components	<u>M</u>	57	_____ 57		
58. Evidence of dampness or staining ( Y* or N )	<u>N,M</u>	58	_____ 58		
59. Floor area & ceiling height	<u>M</u>	59	_____ 59		
60. Floor condition	<u>M</u>	60	_____ 60		
61. Window size & openable area	<u>M</u>	61	_____ 61		
62. Window & door condition	<u>M</u>	62	_____ 62		
63. Electrical outlets & fixtures	<u>M</u>	63	_____ 63		

Evaluator: (print) Don Doty Date 03/09/2018

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<b>PORCH/SUNROOM/OTHER ROOM</b>	<u>Required</u> <b>RR</b>	<u>Item number / Code / Comments</u>
64. Walls & ceiling components	<u>NA</u> 64	_____ 64
65. Evidence of dampness or staining ( Y* or N )	<u>N,NA</u> 65	_____ 65
66. Floor condition/area/ ceiling height	<u>NA</u> 66	_____ 66
67. Window & door condition	<u>NA</u> 67	_____ 67
68. Electrical outlets & fixtures	<u>NA</u> 68	_____ 68
<b>ATTIC SPACE (if visible)</b>		
69. Roof boards & rafters / Mech. Vent.	<u>C</u> 69	_____ 69
a) Attic insulation		
TYPE(s) _____ DEPTH _____		
70. Evidence of dampness or staining ( Y* or N )	<u>N,M</u> 70	
71. Electrical outlets & fixtures	<u>M</u> 71	_____ 71
<b>EXTERIOR (Items visible at time of evaluation only)</b>		
72. Foundation	<u>M</u> 72	_____ 72
73. Basement windows	<u>M</u> 73	_____ 73
74. Drainage (grade)	<u>C</u> 74	
75. Exterior walls	<u>M</u> 75	_____ 75
76. Doors (frames/storms/screens)	<u>M</u> 76	_____ 76
77. Windows (frames/storms/screens)	<u>M</u> 77	_____ 77
78. Stoops	<u>M</u> 78	_____ 78
79. Cornice & trim	<u>M</u> 79	
80. Roof covering & flashing	<u>C</u> 80	
81. Chimney	<u>B</u> 81	_____ 81
82. Electrical outlets/fixtures	<u>M</u> 82	_____ 82
83. Two-family dwelling egress	<u>NA</u> 83	
<b>OPEN/UNHEATED TYPE PORCHES</b>		
84. Floor	<u>M</u> 84	_____ 84
85. Walls	<u>M</u> 85	_____ 85
86. Roof /ceiling	<u>C</u> 86	_____ 86
87. Doors /screens /windows	<u>M</u> 87	_____ 87
88. Electrical outlets / fixtures	<u>M</u> 88	_____ 88
<b>GARAGE /Accessory Building</b>		
89. Roof structure & covering	<u>C</u> 89	_____ 89
90. Wall structure & covering	<u>B</u> 90	_____ 90
91. Garage doors	<u>M</u> 91	_____ 91
a) Automatic garage door opener	<u>M</u> 91a	
92. Electrical outlets & fixtures	<u>M</u> 92	_____ 92
<b>MISCELLANEOUS</b>		
93. Clutter (egress obstruction)	<u>M</u> 93	_____ 93
94. Sanitation	<u>M</u> 94	_____ 94
95. Vermin	<u>M</u> 95	_____ 95
96. Guards (Walls/guardrails/railings)	_____ 96	_____ 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 03/09/2018

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



## ROBBINSDALE POINT-OF-SALE OF HOUSING DISCLOSURE REPORT

### SUMMARY OF REPAIR/REPLACE ITEMS

Address of Evaluated Dwelling: 3426 Zenith ave no

Owner Name: Jim McHugh

Owner Address: \_\_\_\_\_

City, State, Zip: Robbinsdale, MN 55422

Summarize all repair/replace items listed in the report.

Evaluator Name Don Doty Phone # 952-544 8141 Date: 03/09/2018