

39. Smoke detector Information:

Smoke detector(s) Y
Properly located Y
*Hard-Wired *Y

*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: 2150 Nokomis Ave
Addresses without the correct street type and/or direction may be returned and may incur a late fee.

Owner's Name: Cindy Scanlon

Owner's Address: 2150 Nokomis Ave, St. Paul, MN 55119

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:

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. Research 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:

- 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.
- 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).
- 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.
- 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.
- 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: Dan Brausen PHONE: 651-483-8407 DATE: 04/24/2012 Rev 3/2009

Address 2150 NOKOMIS AVE

Date 04 / 24 / 2012

Page 1 of 4

Property Address: 2150 Nokomis Ave

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

BASEMENT/CELLAR

| | |
|-------------------------------------|----------|
| 1. Stairs and handrails | <u>B</u> |
| 2. Basement/cellar floor | <u>M</u> |
| 3. Foundation | <u>B</u> |
| 4. Evidence of dampness or staining | <u>N</u> |
| 5. First floor, floor system | <u>C</u> |
| 6. Beams and columns | <u>M</u> |

ELECTRICAL SERVICE(S) # of Services 1

7. Service size:
Amps: 30 ___ 60 ___ 100 X 150 ___ Other ___
Volts: 115 ___ 115/220 X

BASEMENT ONLY:

| | |
|----------------------------------------------|----------|
| 8. Electrical service installation/grounding | <u>M</u> |
| 9. Electrical wiring, outlets and fixtures | <u>M</u> |

PLUMBING SYSTEM

| | |
|----------------------------------------|----------|
| 10. Floor drain(s) (basement) | <u>M</u> |
| 11. Waste and vent piping (all floors) | <u>M</u> |
| 12. Water piping (all floors) | <u>B</u> |
| 13. Gas piping (all floors) | <u>C</u> |
| 14. Water heater(s), installation | <u>B</u> |
| 15. Water heater(s), venting | <u>B</u> |
| 16. Plumbing fixtures (basement) | <u>M</u> |

HEATING SYSTEM(S) # of 1

17. Heating plant(s): Type: Air Fuel: Gas

| | |
|-----------------------------------------------------|------------|
| a. Installation and visible condition | <u>M</u> |
| b. Viewed in operation (required in heating season) | <u>Y</u> |
| c. Combustion venting | <u>B,H</u> |

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: ___

| | |
|---------------------------------------|----------|
| a. Installation and visible condition | <u>-</u> |
| b. Viewed in operation | <u>-</u> |
| c. Combustion venting | <u>-</u> |

19. ADDITIONAL COMMENTS (1 through 18) -

| Item # | Comments |
|--------|--------------------------------------------------------------------------------------------------------|
| | Specify location(s), where necessary |
| | Stored items/furnishings restrict view in areas. Item ratings reflect only to what is readily visible. |
| 1. | B Low headroom (less than 6' 8"). Handrails do not return to wall at ends. |
| 3. | B Block/mortar cracks. |
| 5. | C Missing joist hangers in areas. |
| 12. | B No backflow preventers at outside sillcocks. |
| 13. | C Unable to view gas line connector at stove. |
| 14. | B Missing cover plate. |
| 15. | B Missing screws on flue. Three per joint required. |
| 17C | B Missing screw(s) on flue. Three per joint req. |
| 17C | H Flue not sealed to chimney. |

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 | <u> M </u> |
| 21. Floor condition and ceiling height | <u> C </u> |
| 22. Evidence of dampness or staining | <u> N </u> |
| 23. Electrical outlets and fixtures | <u> M </u> |
| 24. Plumbing fixtures | <u> M </u> |
| 25. Water flow | <u> M </u> |
| 26. Window size/openable area/mechanical exhaust | <u> M </u> |
| 27. Condition of doors/windows/mech. exhaust | <u> M </u> |

LIVING AND DINING ROOM(S)

| | |
|----------------------------------------|------------------------------|
| 28. Walls and ceiling | <u> M </u> |
| 29. Floor condition and ceiling height | <u> M </u> |
| 30. Evidence of dampness or staining | <u> N </u> |
| 31. Electrical outlets and fixtures | <u> H </u> |
| 32. Window size and openable area | <u> M </u> |
| 33. Window and door condition | <u> M </u> |

HALLWAYS, STAIRS AND ENTRIES

| | |
|------------------------------------------|------------------------------|
| 34. Walls, ceilings, floors | <u> M </u> |
| 35. Evidence of dampness or staining | <u> N </u> |
| 36. Stairs and handrails to upper floors | <u> B </u> |
| 37. Electrical outlets and fixtures | <u> M </u> |
| 38. Window and door condition | <u> M </u> |
| 39. Smoke detector(s) | <u> Y </u> |
| Properly located | <u> Y </u> |
| * Hard-wired (HWSD) | <u> Y </u> |

*if N or H in a single family home then SPFire Dept requires HWSD installation

BATHROOM(S)

| | |
|--------------------------------------------------|--------------------------------|
| 40. Walls and ceiling | <u> M </u> |
| 41. Floor condition and ceiling height | <u> M </u> |
| 42. Evidence of dampness or staining | <u> Y </u> |
| 43. Electrical outlets and fixtures | <u> M </u> |
| 44. Plumbing fixtures | <u> B,C </u> |
| 45. Water flow | <u> M </u> |
| 46. Window size/openable area/mechanical exhaust | <u> M </u> |
| 47. Condition of windows/doors/mech. exhaust | <u> M </u> |

SLEEPING ROOM(S)

| | |
|-----------------------------------------------|------------------------------|
| 48. Walls and ceiling | <u> M </u> |
| 49. Floor condition, area, and ceiling height | <u> M </u> |
| 50. Evidence of dampness or staining | <u> N </u> |
| 51. Electrical outlets and fixtures | <u> M </u> |
| 52. Window size and openable area | <u> B </u> |
| 53. Window and door condition | <u> M </u> |

ENCLOSED PORCHES AND OTHER ROOMS

| | |
|------------------------------------------|-------------------------------|
| 54. Walls, ceiling, and floor, condition | <u> NA </u> |
| 55. Evidence of dampness or staining | <u> NA </u> |
| 56. Electrical outlets and fixtures | <u> NA </u> |
| 57. Window and door condition | <u> NA </u> |

ATTIC SPACE (Visible Areas)

| | |
|------------------------------------------------|-------------------------------|
| 58. Roof boards and rafters | <u> C </u> |
| 59. Evidence of dampness or staining | <u> NA </u> |
| 60. Electrical wiring/outlets/fixtures | <u> NA </u> |
| 61. Ventilation | <u> NA </u> |
| 62. ADDITIONAL COMMENTS (20 through 61) | <u> NA </u> |

CO Detector information reported here

| |
|-----------------------------------------------------------------------------------------|
| 21. C Cracked floor tile noted. |
| 31. H Defective GFCI receptacle in dining area. |
| 36. B Headroom less than 6' 8". Handrails do not return to wall at ends. |
| 39. H. Wiring present but detector removed. |
| 42. Stains in tub/shower grout/caulk locations. |
| 44. B Improper air gap on toilet ballcock assembly. |
| 44. C No shower head. Shower mixer valve operation labored. |
| 52. B Some rooms do not provide 5.7 sq ft openable window area. |
| 58. C No visible attic access. (Vaulted) Knee wall areas not accessible for evaluation. |

| | |
|--------------------------------------------------|------------|
| EXTERIOR (Visible Areas) | |
| 63. Foundation | <u>C</u> |
| 64. Basement/cellar windows | <u>M</u> |
| 65. Drainage (grade) | <u>C,B</u> |
| 66. Exterior walls | <u>M</u> |
| 67. Doors (frames/storms/screens) | <u>M</u> |
| 68. Windows (frames/storms/screens) | <u>M</u> |
| 69. Open porches, stairways and decks | <u>B</u> |
| 70. Cornice and trim | <u>M</u> |
| 71. Roof structure and covering | <u>B</u> |
| 72. Gutters and downspouts | <u>M</u> |
| 73. Chimneys | <u>C</u> |
| 74. Outlets, fixtures and service entrance | <u>M</u> |

| | |
|---------------|--------------------------------------------------------------------------------|
| Item # | Comments |
| 63. | C Settling cracks noted. Areas concealed by deck/skirting-not fully evaluated. |
| 65. | B Grade in areas does not promote proper drainage. |
| 65. | C Deck/skirting restricts viewing in areas. |
| 69. | B Improper rise/run on steps. Weathered deck components. |
| 71. | B Loose shingles noted in areas. |
| 73. | C No visible metal liner. |
| 76. | B Weathered/damaged in areas. Siding in contact with grade in areas. |
| 77. | C Limited view due to stored items. |
| 78. | B Weathered / damaged door.(s) Damaged / weathered door jambs. |
| 79. | No electronic eye. |

| | |
|-----------------------------------------------------|-----------|
| GARAGE(S)/ACCESSORY STRUCTURE(S) | |
| 75. Roof structure and covering | <u>M</u> |
| 76. Wall structure and covering | <u>B</u> |
| 77. Slab condition | <u>C</u> |
| 78. Garage doors(s)..... | <u>B</u> |
| 79. Garage opener(s) - (see important notice #6) .. | <u>Y</u> |
| 80. Electrical wiring, outlets and fixtures | <u>M</u> |
| 81. ADDITIONAL COMMENTS (62 through 80) | <u>NA</u> |

| | |
|-------------------------------------------|-----------|
| FIREPLACE/WOODSTOVES # of | |
| 82. Dampers installed in fireplaces | <u>0</u> |
| 83. Installation | <u>NA</u> |
| 84. Condition | <u>NA</u> |




SUPPLEMENTAL INFORMATION No determination is made whether items meet minimum standards (Y/N, NA, NV, only)

| INSULATION | Y/N | Type | Inches/Depth |
|---------------------------|------------|-------------|---------------------|
| 85. Attic Insulation | <u>NV</u> | _____ | _____ |
| 86. Foundation Insulation | <u>NV</u> | _____ | _____ |
| 87. Kneewall Insulation | <u>NV</u> | _____ | _____ |
| 88. Rim Joist Insulation | <u>NV</u> | _____ | _____ |

89. **ADDITIONAL COMMENTS (81 through 88)** NA

I hereby certify I prepared this report in compliance with the St. Paul Evaluator Guidelines and all other applicable policies and procedures of the Truth-in-Sale of Housing Board. I have utilized reasonable and ordinary care and diligence and I have noted all conditions found that do not conform to the minimum standards of maintenance.

| | | | |
|-------------------------------------------------------------------------------------|--------------|------------|---------------------------|
|  | 651-483-8407 | 04/24/2012 | Page <u>4</u> of <u>4</u> |
| Evaluator Signature | Phone Number | Date | Rev 3/2009 |

Printed Name: Dan Brausen

IMPORTANT NOTICES

1. Any single family residence in St. Paul must have at least one smoke detector connected to the electrical system (hard-wired). The detector must be located near sleeping rooms. For more information call Fire Prevention, 651-266-9090. (St. Paul Legislative Code, Chapter 58.)
2. Rainleaders connected to the sanitary sewer system must be disconnected. For more information call Public Works, Sewer Utility, (651) 266-6234.
3. A house built before 1978 may have lead paint on/in it. If children ingest lead paint, they can be poisoned. For more information call Ramsey County Public Health, 651-266-1199.
4. Neither the City of St. Paul nor the Evaluator is responsible for the determination of the presence of airborne particles such as asbestos, noxious gases such as radon, or other conditions of air quality that may be present, nor the conditions which may cause the above.
5. If this building is used for any purpose other than a single family dwelling, it may be illegally zoned. To help you determine legal uses under the zoning ordinance, contact the Zoning Administrator at 651-266-9008.
6. An automatic garage door should reverse upon striking an object. If it does not reverse it poses a serious hazard and should be immediately repaired or replaced.