

39. Smoke detector Information:

Smoke detector(s) _____

Properly located _____

*Hard-Wired * _____

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

Disclosure Report
Saint Paul Truth-in-Sale of Housing
(Carefully read this entire report)

Office Use, ONLY:

Date Received _____

Payment Ref. _____

Address: _____

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

Owner's Name: _____

Owner's Address: _____

Current Usage of this dwelling:
[] Single Family [] Townhouse [] Condo*
[] Duplex [] Other: _____

*For condominium units, this evaluation includes only those items located within the residential unit and does not include the common use area, or other residential areas of the structure.

Comments: Usage may not be legal. See below.

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 Saint Paul.

According to information provided to Truth-In-Sale of Housing Evaluators by the City of Saint 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 Saint 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:

- 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 a 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 Saint 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.

Date: _____

Page 1 of _____

EVALUATOR: _____ PHONE: _____ DATE: _____

Property Address: _____

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

Item #

Comment

Specify location(s), where necessary

- 1. Stairs and Handrails _____
- 2. Basement/cellar floor _____
- 3. Foundation _____
- 4. Evidence of dampness or staining _____
- 5. First floor, floor system _____
- 6. Beams and columns _____

ELECTRICAL SERVICE(S) # of Services _____

- 7. Service size:
Amps: 30 _____ 60 _____ 100 _____ 150 _____ Other _____
Volts: 115 _____ 115/220 _____

BASEMENT or METER LOCATION(S) ONLY:

- 8. Electrical service installation/grounding _____
- 9. Electrical wiring, outlets and fixtures _____

PLUMBING SYSTEM

- 10. Floor drain(s) (basement) _____
- 11. Waste and vent piping (all floors) _____
- 12. Water piping (all floors) _____
- 13. Gas piping (all floors) _____
- 14. Water heater(s), installation _____
- 15. Water heater(s), venting _____
- 16. Plumbing fixtures (basement) _____

HEATING SYSTEM(S) # of _____

- 17. Heating plant(s): Type: _____ Fuel: _____
 - a. Installation and visible condition _____
 - b. Viewed in operation (required in heating season) _____
 - c. Combustion venting _____

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 _____
 - b. Viewed in operation _____
 - c. Combustion venting _____

19. **ADDITIONAL COMMENTS (1 through 18)** _____

EVALUATOR: _____ DATE: _____

Property Address: _____

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

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

KITCHEN

Item # Comment

- 20. Walls and ceiling _____
- 21. Floor condition and ceiling height _____
- 22. Evidence of dampness or staining _____
- 23. Electrical outlets and fixtures _____
- 24. Plumbing fixtures _____
- 25. Water flow _____
- 26. Window size/openable area/mechanical exhaust . _____
- 27. Condition of windows/doors/mech. exhaust _____

LIVING AND DINING ROOM(S)

- 28. Walls and ceiling _____
- 29. Floor condition and ceiling height _____
- 30. Evidence of dampness or staining _____
- 31. Electrical outlets and fixtures _____
- 32. Window size and openable area _____
- 33. Window and door condition _____

HALLWAYS, STAIRS AND ENTRIES

- 34. Walls, ceilings, floors _____
- 35. Evidence of dampness or staining _____
- 36. Stairs and handrails to upper floors _____
- 37. Electrical outlets and fixtures _____
- 38. Window and door condition _____
- 39. Smoke detector(s) _____
 Properly located _____
 * Hard-Wired (HWSD) _____ *

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

BATHROOM(S)

- 40. Walls and ceiling _____
- 41. Floor condition and ceiling height _____
- 42. Evidence of dampness or staining _____
- 43. Electrical outlets and fixtures _____
- 44. Plumbing fixtures _____
- 45. Water flow _____
- 46. Window size/openable area/mechanical exhaust . _____
- 47. Condition of windows/doors/mech. exhaust _____

SLEEPING ROOM(S)

- 48. Walls and ceiling _____
- 49. Floor condition and ceiling height _____
- 50. Evidence of dampness or staining _____
- 51. Electrical outlets and fixtures _____
- 52. Window size and openable area _____
- 53. Window and door condition _____

ENCLOSED PORCHES AND OTHER ROOMS

- 54. Walls, ceiling, and floor, condition _____
- 55. Evidence of dampness or staining _____
- 56. Electrical outlets and fixtures _____
- 57. Window and door condition _____

ATTIC SPACE (Visible Areas)

- 58. Roof boards and rafters _____
- 59. Evidence of dampness or staining _____
- 60. Electrical wiring/outlets/fixtures _____
- 61. Ventilation _____
- 62. **ADDITIONAL COMMENTS (20 through 61)** _____

CO Detector information reported here

EVALUATOR: _____ DATE: _____

