



**City of Saint Paul**  
**Department of Safety Inspections**  
**375 Jackson St, Suite 220**  
**Truth-in-Sale of Housing Program**

File#: 13-205393

Date of Evaluation: Jul 2, 2013

Address: 921 ARMSTRONG AVE

Owner: Houghton And Holm Made Llc

Client Name: David Holm

Client Contact: David Holm

Evaluator Name: A.J. Wrobel A.J. Wrobel Home Insp

Evaluator Phone: Work: 651-276-2055

Evaluator Email: ajwrobelhomeinspections@yahoo.com

## Truth-in-Sale of Housing Disclosure Report

### 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 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 651-266-8989.**

## IMPORTANT NOTIFICATIONS AND WARNINGS

For questions on these items, call the City's information and Complaint line at 651-266-8989.

### Description/Comment:

This property was evaluated as Single Family Dwelling

This property is NOT within a designated historical preservation district, nor is it a specifically designated historical property.

SD Present: Y SD Properly Located: Y SD HardWired: Y

SD Comment: No data entered.

This property has No Moratorium Warning

This property has No Sewer Warning.

This property has the following open permits:

E - 06 008527 - 02/07/2007: Automatically clos - Inactive

E - 13 182720 - - Inspected

B - 13 153240 - The following "Trade" Permits - Inspected

M - 13 175574 - - Inspected

W - 13 176294 - - Inspected

PG - 13 169826 - - Inspected

This property is Category 1 Registered Vacant Building. New owners must re-register the building, pay all outstanding fees and obtain permission for occupancy.

Property Address: 921 Armstrong

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

*Items marked "M": Only readily visible portions evaluated. Fresh paint.*

**BASEMENT/CELLAR**

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

3. C 3-6 Areas finished / concealed, limited review.

**ELECTRICAL SERVICE(S) # of Services .**   1  

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

8. C Panel is not fully indexed. No inspection sticker on panel.

**BASEMENT ONLY:**

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

**PLUMBING SYSTEM**

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

10. C Cover secured, not removed.

13. C Gas line at stove is not visible (appliances are not moved)

14. ,15 C Water heater not installed at time of inspection.

**HEATING SYSTEM(S) # of** .....   1  

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

17A C A heat exchanger test is not preformed.

17B C - Not viewed in operation, non heating season.

**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)**   -

**Item #                      Comments**

**KITCHEN**

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

**LIVING AND DINING ROOM(S)**

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

**HALLWAYS, STAIRS AND ENTRIES**

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

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

**BATHROOM(S)**

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

- 41. *B Missing floor resister cover.*
- 45. *B Water flow was minimal: both tubs.*
- 45. *H Water was off/ no flow to: basement sink.*

**SLEEPING ROOM(S)**

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

- 53. *B Basement egress window sticks at top.*

**ENCLOSED PORCHES AND OTHER ROOMS**

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

**ATTIC SPACE (Visible Areas)**

- 58. Roof boards and rafters ..... C
- 59. Evidence of dampness or staining ..... NA
- 60. Electrical wiring/outlets/fixtures ..... NA
- 61. Ventilation ..... NA

- 58. , 59, 60, 61 *No interior attic access located.*

- 62. **ADDITIONAL COMMENTS (20 through 61)** M  
 CO Detector information reported here

**Item #      Comments**

**EXTERIOR (Visible Areas)**

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

65. B Low grade in areas.  
71,73,75 C Limited review from ground.

**GARAGE(S)/ACCESSORY STRUCTURE(S)**

75. Roof structure and covering	_____	B
76. Wall structure and covering	_____	B
77. Slab condition	_____	B
78. Garage doors(s)	_____	B
79. Garage opener(s) - (see important notice #6)	_____	Y
80. Electrical wiring, outlets and fixtures	_____	H
81. ADDITIONAL COMMENTS (62 through 80)	_____	-

75. B Cut / modified rafters for opener.  
76. B Siding lacks 6" clearance to grade.  
77. B Cracked slab.  
78. B Deteriorated overhead door.  
80. H Ungrounded 3 prong outlet(s). Broken cover plate(s). Missing knockouts at panel Spliced wire outside of jct. boxes.

**FIREPLACE/WOODSTOVES # of**

82. Dampers installed in fireplaces	_____	-
83. Installation	_____	-
84. Condition	_____	-




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

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

89. ADDITIONAL COMMENTS (81 through 88) \_\_\_\_\_

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.

 Evaluator Signature	651-276-2055 Phone Number	07/02/2013 Date	Page <u>4</u> of <u>4</u> Rev 3/2009
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Printed Name: Tony Wrobel

**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.