



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

File#: 15- 131887

Date of Evaluation: June 19, 2015

Address: 2100 STILLWATER AVE

Owner: DIANA LEW

Client Name: Winnie Crosbie

Client Contact: [winniecrosbie@edinarealty.com](mailto:winniecrosbie@edinarealty.com)

Evaluator Name: Roger Pass

Evaluator Phone: Work: 651- 690- 2122

Evaluator Email: [rogerdpass@gmail.com](mailto:rogerdpass@gmail.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, or confirmed problem, known to the Sewer Utility. To obtain more information regarding your private sewer pipe, please call the City of Saint Paul's Sewer Utility Service Desk at 651- 266- 6234 and/or have your private sewer pipe televised.

This property has the following open permits:

PG - 12 069820 - - Inspected

This property IS NOT a Registered Vacant Building.

Property Address: 2100 E. Stillwater Avenue

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 ..... B
- 2. Basement/cellar floor ..... M
- 3. Foundation ..... M
- 4. Evidence of dampness or staining ..... Y
- 5. First floor, floor system ..... M
- 6. Beams and columns ..... M

1B. Improper handrail.

4C. Some slight staining.

**ELECTRICAL SERVICE(S) # of Services** One

7. Service size:

Amps: 30 \_\_\_\_\_ 60 \_\_\_\_\_ 100 X 150 \_\_\_\_\_ Other \_\_\_\_\_

Volts: 115 \_\_\_\_\_ 115/220 X

**BASEMENT or METER LOCATION(S) ONLY:**

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

8B. Service panel is obstructed.

9H. Ungrounded outlet.

**PLUMBING SYSTEM**

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

10C. Could not fully view floor drain.

12B. Shut off valve by water meter has a broken handle.

13B. Stuck gas valve in basement.

16B. Laundry tub faucet leaks.

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

**Forced air** gas

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

**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: None
  - a. Installation and visible condition ..... \_\_\_\_\_
  - b. Viewed in operation ..... \_\_\_\_\_
  - c. Combustion venting ..... \_\_\_\_\_

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

19H. Disconnected dryer duct.

EVALUATOR: Roger D. Pass

DATE: 6-19-15

Property Address: 2100 E. Stillwater Avenue

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

**KITCHEN**

20. Walls and ceiling .....	<u>    M    </u>
21. Floor condition and ceiling height .....	<u>    M    </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 windows/doors/mech. exhaust .....	<u>    M    </u>

**Item #      Comment**

31H. Broken outlet.

33B. Missing door knob.

**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>    B    </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>   NA   </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>    N    </u>
43. Electrical outlets and fixtures .....	<u>    H    </u>
44. Plumbing fixtures .....	<u>    B    </u>
45. Water flow .....	<u>    B    </u>
46. Window size/openable area/mechanical exhaust .....	<u>    M    </u>
47. Condition of windows/doors/mech. exhaust .....	<u>  C,B  </u>

43H. Plug-in light in lower bathroom.

44B. Upper toilet runs and is too confined.

45B. Slow hot water flow in lower sink.

47C. Noisy exhaust fan in upper bathroom.

47B. Lower bathroom door is broken.

**SLEEPING ROOM(S)**

48. Walls and ceiling .....	<u>    M    </u>
49. Floor condition and ceiling height .....	<u>    B    </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>    B    </u>

49B. Low ceiling in lower bedroom.

52B. Lower bedroom lacks required window area for light.

53B. Egress window in lower bedroom is stuck. Broken door in lower bedroom.

**ENCLOSED PORCHES AND OTHER ROOMS**

54. Walls, ceiling, and floor, condition .....	<u>  None  </u>
55. Evidence of dampness or staining .....	<u>          </u>
56. Electrical outlets and fixtures .....	<u>          </u>
57. Window and door condition .....	<u>          </u>

**ATTIC SPACE (Visible Areas) Could not view attic - hatch cover is over stairway.**

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

CO Detector information reported here

EVALUATOR: Roger D. Pass      DATE: 6-19-15



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Item # Comment

EXTERIOR (Visible Areas)

Table with 3 columns: Item #, Rating, Comment. Rows include: 63. Foundation (M), 64. Basement/cellar windows (B), 65. Drainage (grade) (B), 66. Exterior walls (M), 67. Doors (frames/storms/screens) (B), 68. Windows (frames/storms/screens) (M), 69. Open porches, stairways and decks (M), 70. Cornice and trim (M), 71. Roof structure and covering (B), 72. Gutters and downspouts (M), 73. Chimneys (M), 74. Outlets, fixtures and service entrance (H,B). Comments include: 64B. Missing basement window. 65B. Poor grade. 67B. No one inch deadbolt lock on front door. 71B. Worn shingles. 74H. Outlet on front of house is not grounded. 74B. Overhead service wires are too low over roof.

GARAGE(S)/ACCESSORY STRUCTURE(S) No garage.

Table with 3 columns: Item #, Rating, Comment. Rows include: 75. Roof structure and covering (B), 76. Wall structure and covering (B), 77. Slab condition (NA), 78. Garage door(s) (B), 79. Garage opener(s) - (see important notice #6) (NA), 80. Electrical wiring, outlets and fixtures (NA), 81. ADDITIONAL COMMENTS (63 through 80) (B). Comments include: 75B. Bent roof on shed. 76B. Shed is not plumb. 78B. Damaged shed door. 81B. Driveway is in disrepair.

FIREPLACE/WOODSTOVES # of None

Table with 3 columns: Item #, Rating, Comment. Rows include: 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)

Table with 4 columns: Item #, Rating, Type, Inches/Depth. Rows include: 85. Attic Insulation (NV), 86. Foundation Insulation (N), 87. Knee Wall Insulation (NA), 88. Rim Joist Insulation (N), 89. ADDITIONAL COMMENTS (82 through 88) (NA).

I hereby certify I prepared this report in compliance with the Saint 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: [Handwritten Signature] Phone Number: 651-690-2122 Date: 6-19-15

Printed Name: Roger D. Pass

IMPORTANT NOTICES

- 1. All single family residences in Saint 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. (Saint 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 Saint 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.