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

**File#: 15- 129276**

**Date of Evaluation: Jun 12, 2015**
**Address: 1642 BLAIR AVE**
**Owner: Dana Demaster**
**Client Name: Marc Anders**
**Client Contact: 612- 963- 5758**
**Evaluator Name: Brice Staeheli American Central In**
**Evaluator Phone: Work: 651- 238- 1314**
**Evaluator Email: brice.staeheli@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 No Open Permits.
This property IS NOT a Registered Vacant Building.

Property address: 1642 Blair Ave

**Rating Key: M** Meets minimum **B** Below minimum **C** See comment **H** Hazardous **Y** Yes **N** No **NV** Not Visible **NA** Not applicable

| | Item # | Comments<br>Specify locations(s), where necessary |
|---|---|---|
| **BASEMENT/CELLAR** | | |
| 1. Stairs and Handrails…… | B | Items marked as "M" are based on what is readily visible at time of Inspection,Home furnishings, belongings and possessions limits view, |
| 2. Basement/cellar floor…… | M | |
| 3. Foundation…….…….. | B | 1 B -Uneven rise and run,Improper guardrail,Low headroom, |
| 4. Evidence of dampness or staining…… | Y. | 3 B - Small cracks,Peeling finish, |
| 5. First floor, floor system…….. | B | 4 C -Evidence of past dampness and/or staining, |
| 6. Beams and columns…… | B | 5 B - Deteriorated joists, |
| | | 6 B - Temporary columns in use, |
| **ELECTRICAL SERVICES(S)** # of Services……..1 | | |
| 7. Service size:<br>Amps : 30___60___100 _X__150___other_____<br>Volts : 115_____115/220___X__ | | |
| **BASEMENT or METER LOCATION(S) ONLY:** | | |
| 8. Electrical service installation /grounding. | M | |
| 9. Electrical wiring, outlets and fixtures… | B | 9 B - Improper routing of romex, |
| **PLUMBING SYSTEM** | | |
| 10. Floor drain(s) (basement)…… | M | |
| 11. Waste and vent piping (all floors)…… | B | 11 B - Improper material and design, |
| 12. Water piping (all floors)…… | M | 13 B - Old brass shutoffs in use, |
| 13. Gas piping (all floors)…… | B | |
| 14. Water heater(s) installation…… | M | 15, 17c H - Venting into attic space, chimney does not penetrate roof line. |
| 15. Water heater(s) venting…… | H | 15 B - Missing screws on flue line, no metal liner, improper venting. |
| 16. Plumbing fixtures (basement)…… | M | |
| **HEATING SYSTEM(S)** # of…… 1 | | |
| 17. Heating plant(s): Fuel: GAS Type: Gravity | | 17a B - Dirty, rusted unit. |
| a. Installation and visible condition | B | |
| b. Viewed in operation (required during heating season) | N | 17c B - Missing screws on flue line, no metal liner, |
| c. Combustion venting…… | H | |

**The Evaluator is not required to operate the heating plant(s) except during the heating season, between October 15 and April 15.**

18. /Additional heating unit(s) Fuel: GAS Type:
    a. Installation and visible condition
    b. Viewed in operation……
    c. Combustion venting……

19. **ADDITIONAL COMMENTS (1 THROUGH 18)…**M

EVALUATOR: American Central Inspections, Brice Staeheli DATE: 06-12-15

**Rating Key: M** Meets minimum **B** Below minimum **C** See comment **H** Hazardous **Y** Yes **N** No **NV** Not Visible **NA** Not applicable

Where there are multiple rooms under same category, the evaluator must specify the room to which the comment is related

| Item # | | Comments |
|---|---|---|
| **KITCHEN** | | |
| 20. Walls and ceiling…… | M | Items marked as "M" are based on what is readily visible at time of Inspection, Home furnishings, belongings and possessions limits view, |
| 21. Floor condition and ceiling height…… | M | |
| 22. Evidence of dampness or staining……. | N | |
| 23. Electrical outlets and fixtures……..... | M | |
| 24. Plumbing systems…….. | M | |
| 25. Water flow…….. | M | |
| 26. Window size and openable area……... | M | |
| 27. Window and door condition…… | B | 27,33,38,47,53,57 B - All Windows have some deterioration, top sashes painted shut. |
| **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…… | B | |
| **HALLWAYS, STAIRS AND ENTRIES** | | |
| 34. Walls, ceilings and floors……..... | M | 36 B - Improper handrail, low headroom. |
| 35. Evidence of dampness or staining……... | N | |
| 36. Stairs and handrails to upper floors…... | B | |
| 37. Electrical outlets and fixtures……... | M | |
| 38. Window and door condition……... | B | |
| 39. Smoke detector(s)…….. | Y | |
| Properly located…… | Y | |
| Hard-wired (HWSD) …… | *Y | |

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

| | | |
|---|---|---|
| **BATHROOMS(S)** | | |
| 40. Walls and ceiling……..... | M | |
| 41. Floor condition……..... | M | |
| 42. Evidence of dampness or staining……... | N | |
| 43. Electrical outlets and fixtures……..... | M | |
| 44. Plumbing fixtures……..... | M | |
| 45. Water Flow…….. ... | M | |
| 46. Window size /openable area or mechanical exhaust | M | |
| 47. Condition of windows/mechanical exhaust/doors ... | B | |
| **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……... | B | 52 B - Windows do not meet the current egress code, |
| 53. Window and door condition……... | B | |
| **ENCLOSED PORCHES AND OTHER ROOMS** | | |
| 54. Walls and floor condition……..... | M | |
| 55. Evidence of dampness or staining……... | N | |
| 56. Electrical outlets and fixtures……... | M | |
| 57. Window and door condition…… | B | |
| **ATTIC SPACE** (Visible Areas) | | |
| 58. Roof boards and rafters…… | B | 58 B - Deteriorated roof boards and rafters |
| 59. Evidence of dampness or staining…… | Y | 59 B - Typical water staining |
| 60. Electrical wiring/outlets/fixtures…… | C | 60 C - None seen from access point. |
| 61. Ventilation…… . | Y | |
| 62. **ADDITIONAL COMMENTS (20 through 61)** CO Detector information reported here | M | |

Property Address: 1642 Blair Ave

**Rating Key: M** Meets minimum **B** Below minimum **C** See comment **H** Hazardous **Y** Yes **N** No **NV** Not Visible **NA** Not applicable

| | | Item # | Comments |
|---|---|---|---|
| **EXTERIOR** (Visible Areas) | | | |
| 63. Foundation…….. | C | | |
| 64. Basement/cellar windows……..... | B | | 63 C -Foundation is not fully visible,Areas covered by finished materials |
| 65. Drainage (grade)…… | B | | 64 B - Light deterioration noted |
| 66. Exterior walls…….. | B | | 65 B - Areas lack drainage/pitch away from home |
| 67. Doors (frames/storms/screens)……..... | M | | 66 B -Chalking paint, Weathered siding, |
| 68. Windows (frames/storms/screens)….. ….. | M | | 69 B - Improper handrail, |
| 69. Open porches, stairways and decks… …..... | B | | 70 B - Weathered in areas, Peeling paint, |
| 70. Cornice and trim…… ….. | B | | 71 B - Weathered/worn roofing, |
| 71. Roof covering and flashing…… ….. | B | | 72 B - Missing leaders, |
| 72. Gutters and downspouts…… ….. | B | | 73 B - Venting into attic space, chimney does not penetrate roof line. |
| 73. Chimneys…… ….. | B | | |
| 74. Outlets, fixtures and service entrance. ….. | M | | |
| **GARAGE (S) / ACCESSORY STRUCTURE (S)** | | | 75-80 No Garage |
| 75. Roof structure and covering……..... | C | | |
| 76. Wall structure and covering…… | C | | |
| 77. Slab condition……..… | C | | |
| 78. Garage doors……..... | C | | |
| 79. Garage opener- (see important notice #6) . | C | | |
| 80. Electric wiring, outlets and fixtures…… | C | | |
| 81. **Additional Comments(63 through 80)** | | | |
| **FIREPLACE/WOODSTOVES # OF** | 0 | | |
| 82. Dampers installed in fireplaces…..... | | | |
| 83. Installation……..... | | | |
| 84. Condition……..... | | | |

**SUPPLEMENTAL INFORMATION –** No determinations made whether item meet minimum standards **(Y/N, N/A, NV, only)**

| | Y/N | Type | Inches/ depth |
|---|---|---|---|
| **INSULATION** | | | |
| 85. Attic insulation…… | V | Celluose | 8” - 10” |
| 86. Foundation insulation…… | N | | |
| 87. Kneewall Insulation…….. | NV | | |
| 88. Rim Joist Insulation…… | N | | |

**I hereby certify that 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 that I have noted all conditions found that do not conform to the minimum standards of maintenance.**

| Evaluator Signature | 651-293-0100 Phone Number | 06-12-15 Date | Page 4 of 4 Rev 3/2009 |
|---|---|---|---|

**Printed** name Brice Staeheli

**IMPORTANT NOTICES**

1. All 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 Division, (651) 266-6234.
2. 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 Saint Paul Ramsey County Public Health, (651) 266-1199.
3. Neither the City of St. Paul nor the Evaluator are not 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.
4. If this building is used for any purpose other that 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.
5. An automatic garage door should reverse upon striking an object. If it does not reverse, it poses a serious hazard and should be repaired or replaced immediately.