

# ROBBINSDALE POINT-OF-SALE OF HOUSING DISCLOSURE REPORT

**A**

NOTICE- Read Entire Report Carefully

This is not a Buyers Inspection!

Page \_\_\_\_ of \_\_\_\_

Address Of Evaluated Dwelling: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Hm \_\_\_\_\_

Owner Address: \_\_\_\_\_ Wk \_\_\_\_\_

(City, State, ZIP) \_\_\_\_\_

Realtor/Contact: \_\_\_\_\_ Ph \_\_\_\_\_ Fax \_\_\_\_\_

I declare to the best of my knowledge the following information for this property regarding any sewer backup or any evidence of chronic water seepage; any abandoned unused or uncapped well; or any discharge of storm water, ground water, roof runoff, yard drainage, foundation drains or sump pumps into the sanitary sewer: NONE YES, COMMENTS:

Signature of Owner / Agent (Disclosure Report Not Valid Without Signature)

Date:

\*\*\*\*\* SEE ATTACHED PAGES FOR **IMPORTANT** CONSUMER INFORMATION \*\*\*\*\*

Number of Dwelling Units: \_\_\_\_\_ Check if: Townhouse  or Condo

1. This report offers a limited overview of building components and fixtures by the evaluator and is not technically extensive. Prospective buyers may want to seek additional opinions from various experts in the inspections field prior to purchase. This report is not a warranty or guarantee, expressed or implied, by the City of Robbinsdale or by the evaluator or of any building component or fixture.
2. This report is not a code compliance inspection. The owner, owner's agent and/or buyer must repair all items marked Repair/Replace. All required Repair/Replace items are enforceable by Robbinsdale City Code Ordinance Section 435. The Inspections Division will not use all other items as a basis for enforcing Robbinsdale ordinances.
3. The ordinance requires and places the responsibility on the seller or agent to make sure that this report is publicly displayed on the premises when the house is shown to prospective buyers. Also, the seller or agent must give a copy of this report to the buyer prior to the signing of a Purchase Agreement.
4. This report covers only those items listed on the form. The evaluator is not required to ignite the heating plant, use a ladder to observe the condition of the roofing, evaluate inaccessible or concealed areas or disassemble items. This report does not address formaldehyde, lead paint, any airborne gasses (including radon), asbestos, wood stoves or fireplaces (except for visible venting and clearances), or air conditioners. Gas inserts in fireplaces WILL be evaluated.
5. This report is not an FHA, VA or Section 8 inspection. It is not an appraisal.
6. This report is valid for one year from the date of issue and only for the owner named on the report. It is required for all single-family homes, duplexes, tri-plexes, townhouses, or condominiums offered for sale.
7. Any **questions** regarding this report should be directed to the **evaluator** whose name and phone number appear below. Any **complaints** regarding this report should be directed to the **Program Administrator**, Point of sale at (763) 531-1266, Robbinsdale Inspections Division, 4100 Lakeview Ave. N., Robbinsdale, MN 55422.
8. If the buyer intends to rent out any portion of this property a rental housing license is required by City of Robbinsdale Ordinance Section 425 prior to rental. Please contact the Housing Inspector at (763) 531-1261.
9. If buyer assumes responsibility for repair/replace items, a Buyer's Agreement for the Transfer of Responsibility for Repair / Replace Items From the Seller form must be submitted with required attachments.

I hereby certify that this report is made in compliance with the Robbinsdale Code of Ordinances, Section 435, and that I utilized care and diligence reasonable and ordinary for one meeting the Certification Standards. The report covers only those problems listed and reasonably visible at the time of my evaluation and does not warrant future useful life of any house component or fixture. I have included all required information pages with this report.

Evaluator Name: (print) \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**THERE ARE REQUIRED REPAIR/REPLACE ITEMS NOTED IN THIS REPORT: YES  NO**

If "RR" items noted, permits may be required.

ADDRESS:

DATE:

**EVALUATION CODES:** **M:** = Meets Minimum Requirements **B:** = Below Minimum Requirements **C:** = Comments  
**N/A:** = Not Applicable/Does Not Apply **SC:** = Suggested Correction **RR:** = Repair/Replace **Y:** =Yes **N:** =No

Items marked “**RR**” indicate that the item must be repaired or replaced and a re-inspection must be made by the City of Robbinsdale Inspector within one year of the evaluation report.

Any item marked “**B**”, “**C**”, “**SC**” or “**RR**” must have a written comment about the item. “**Y**” or “**N**” must have comments when starred (\*). Read “COMMENTS” COLUMN CAREFULLY. Each Item May Have More Than One Code.

Any item with the words “**SEE HANDOUT**” in the comment column refers to the “ **MOST COMMON REPAIRS** ” handout that should be attached to this report. Contact the evaluator if it is not attached.

<u>Item List</u>	<u>Required</u>	<u>RR</u>	<u>Item number / Code / Comments</u>
1. Basement stairs	_____1	_____1	
2. Basement floor	_____2	_____2	
3. Foundation walls	_____3	_____3	
4. Evidence of Dampness or staining			
a) on basement walls ( Y* or N )	_____4a		
b) on basement floor ( Y* or N )	_____4b		
c) See owner’s statement on Page A			
5. Basement sleeping rooms ( Y* or N ) ( If Yes, see page “C” )	_____5		
6. First floor, floor system	_____6	_____6	
7. Columns & beams	_____7	_____7	
8. Floor drains	_____8	_____8	
9. Waste & vent piping	_____9	_____9	
10. Water piping	_____10	_____10	
11. Gas piping	_____11	_____11	
12. Water heater	_____12	_____12	
13. Water heater venting	_____13	_____13	
14. Basement plumbing fixtures	_____14	_____14	
15. Copper water line visible on the street side of water meter ( Y or N* ) <i>Evaluator assumes no responsibility for copper water line being continuous to street.</i>	_____15		
16. Electrical service installation / size at panel Amps: _____ Volts: _____ 60 Amp suitable for one major 220 volt appliance. <i>Evaluator is not required to disassemble items or evaluate inaccessible areas.</i>	_____16	_____16	
17. Smoke detectors properly located	_____17	_____17	
a) Operable	_____17a	_____17a	
18. Separate 20-amp kitchen circuit indexed at service panel: ( Y or N* )	_____18		
19. Basement electrical outlets/fixtures	_____19	_____19	
20. Electrical outlet for laundry indexed at service panel: ( Y or N* )	_____20		
21. Heating plant installation Type _____ Fuel _____ <i>Heat exchanger evaluated only if readily visible. Evaluator is not required to light the pilot.</i>	_____21	_____21	
22. Heating plant viewed in operation ( Y or N* )	_____22	_____22	
23. Heating plant combustion venting	_____23	_____23	
24. Auxiliary heating units ( Y or N )	_____24		
a) Installation	_____24a	_____24a	
b) Viewed in operation ( Y or N* )	_____24b	_____24b	
c) Combustion venting	_____24c	_____24c	
d) Location(s)_(include attic or garage heater)	_____24d	_____24d	

Evaluator: (print) \_\_\_\_\_ Date \_\_\_\_\_

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		<u>Required</u> <u>RR</u>	<u>Item number / Code / Comments</u>
<b>KITCHEN</b>			
25. Walls & ceiling components	_____ 25	_____ 25	
26. Evidence of dampness/staining ( Y* or N )	_____ 26		
27. Floor condition	_____ 27	_____ 27	
28. Window size & operable area	_____ 28		
29. Window & door condition / Mech. Vent.	_____ 29	_____ 29	
30. Electrical outlets & fixtures	_____ 30	_____ 30	
31. Plumbing fixtures/mechanical ventilation	_____ 31	_____ 31	
32. Water flow	_____ 32	_____ 32	
33. Gas piping	_____ 33	_____ 33	
<b>DINING/LIVING ROOM</b>			
34. Walls & ceiling components	_____ 34	_____ 34	
35. Evidence of dampness/staining ( Y* or N )	_____ 35		
36. Floor area & ceiling height	_____ 36		
37. Floor condition	_____ 37	_____ 37	
38. Window size & operable area	_____ 38		
39. Window & door condition	_____ 39	_____ 39	
40. Electrical outlets & fixtures	_____ 40	_____ 40	
<b>BATHROOM</b>			
41. Walls & Ceiling Components	_____ 41	_____ 41	
42. Evidence of dampness/staining ( Y* or N )	_____ 42		
43. Floor condition	_____ 43	_____ 43	
44. Window size & operable area / Mech. Ex.	_____ 44		
45. Window & door condition	_____ 45	_____ 45	
46. Electrical outlets & fixtures	_____ 46	_____ 46	
47. Plumbing fixtures	_____ 47	_____ 47	
48. Water flow	_____ 48	_____ 48	
<b>HALLWAYS/STAIRWELLS</b>			
49. Walls & ceiling components	_____ 49	_____ 49	
50. Evidence of dampness/staining ( Y* or N )	_____ 50		
51. Floor condition	_____ 51	_____ 51	
52. Window & door condition	_____ 52	_____ 52	
53. Electrical outlets & fixtures	_____ 53	_____ 53	
54. Stairs (upper floors)	_____ 54	_____ 54	
55. Smoke detectors	_____ 55	_____ 55	
<b>SLEEPING ROOMS</b>			
56. Number of sleeping rooms (include basement)	_____ 56		
57. Walls & ceiling components	_____ 57	_____ 57	
58. Evidence of dampness/staining ( Y* or N )	_____ 58		
59. Floor area	_____ 59		
60. Floor condition	_____ 60	_____ 60	
61. Window size & operable area	_____ 61		
62. Window & door condition	_____ 62	_____ 62	
63. Electrical outlets & fixtures	_____ 63	_____ 63	

Evaluator: (print) \_\_\_\_\_ Date \_\_\_\_\_

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		<u>Required</u>	<u>RR</u>	
				<u>Item number / Code / Comments</u>
<b>PORCH/SUNROOM/OTHER ROOM</b>				
64. Walls & ceiling components	_____ 64	_____	_____ 64	
65. Evidence of dampness/staining ( Y* or N )	_____ 65	_____	_____	
66. Floor condition	_____ 66	_____	_____ 66	
67. Window & door condition	_____ 67	_____	_____ 67	
68. Electrical outlets & fixtures	_____ 68	_____	_____ 68	
<b>ATTIC SPACE (if visible)</b>				
69. Roof boards & rafters / Mech. Vent.	_____ 69	_____	_____ 69	
a) Attic insulation				
TYPE(s) _____ DEPTH _____				
70. Evidence of dampness/staining ( Y* or N )	_____ 70	_____	_____	
71. Electrical outlets & fixtures	_____ 71	_____	_____ 71	
<b>EXTERIOR (Items visible at time of evaluation only)</b>				
72. Foundation	_____ 72	_____	_____ 72	
73. Basement windows	_____ 73	_____	_____ 73	
74. Drainage (grade)	_____ 74	_____	_____	
75. Exterior walls	_____ 75	_____	_____ 75	
76. Doors (frames/storms/screens)	_____ 76	_____	_____ 76	
77. Windows (frames/storms/screens)	_____ 77	_____	_____ 77	
78. Stoops	_____ 78	_____	_____ 78	
79. Cornice & trim	_____ 79	_____	_____	
80. Roof covering & flashing	_____ 80	_____	_____	
81. Chimney	_____ 81	_____	_____ 81	
82. Electrical outlets/fixtures	_____ 82	_____	_____ 82	
83. Two-family dwelling egress	_____ 83	_____	_____	
<b>OPEN/UNHEATED TYPE PORCHES</b>				
84. Floor	_____ 84	_____	_____ 84	
85. Walls	_____ 85	_____	_____ 85	
86. Roof /ceiling	_____ 86	_____	_____ 86	
87. Doors /screens /windows	_____ 87	_____	_____ 87	
88. Electrical outlets / fixtures	_____ 88	_____	_____ 88	
<b>GARAGE /Accessory building</b>				
89. Roof structure & covering	_____ 89	_____	_____ 89	
90. Wall structure & covering	_____ 90	_____	_____ 90	
91. Garage door(s)	_____ 91	_____	_____ 91	
a) Automatic garage door opener	_____ 91a	_____	_____	
92. Electrical outlets & fixtures	_____ 92	_____	_____ 92	
<b>MISCELLANEOUS</b>				
93. Clutter (egress obstruction)	_____ 93	_____	_____ 93	
94. Sanitation	_____ 94	_____	_____ 94	
95. Vermin	_____ 95	_____	_____ 95	
96. Guards (Walls/Guardrails/Railings)	_____ 96	_____	_____ 96	

**LICENSED CONTRACTOR REQUIRED TO REPAIR OR EVALUATE (safety check or certify) :**  
 Heating System: Yes  No  Water Heater: Yes  No  Plumbing System: Yes  No   
 Electrical System: Yes  No  Structural System: Yes  No  Other: \_\_\_\_\_ Yes

**EVALUATOR TO RETURN TO COMPLETE THE EVALUATION DUE TO: utility shut-off, heating plant not on, locked areas, etc.** Yes  No  (The evaluator will charge.)

Evaluator: (print) \_\_\_\_\_ Date \_\_\_\_\_

If "RR" items noted, permits may be required, see attached "Most Common Repair Items."