



INITIAL REPORT AMENDED REPORT

This Evaluation Report shall be conspicuously displayed on the premise at all times the dwelling is offered for sale.

NOTICE - READ ENTIRE REPORT CAREFULLY

Address of evaluated dwelling 305 5TH AVE SOUTH	Unit No.	No. of Units	1
Owner Name CHARLENE JOHNSON	Nbr. of Bedrooms	Nbr. of Baths	4 1
Owner Address 305 5TH AVE SOUTH, SOUTH ST. PAUL, MN			

- This report offers a limited overview of building components and fixtures by the Housing Evaluator and is not technically extensive. Prospective buyers may see additional evaluations from various experts in the inspection field prior to purchase. **This report is NOT a warranty or guarantee expressed or implied by the City of South St. Paul, or by the Evaluator, of any building component or fixture.**
- The City Code requires that no person shall exhibit or show a dwelling for sale without first having obtained an Evaluation Report. The original Evaluation Report issued for the dwelling must be displayed on the site and shall be provided to the buyer before or at the time of sale of the dwelling. A copy of the Report must be submitted by the Evaluator to the City of South St. Paul within 10 calendar days after the evaluation has been made.
- This Report is not an FHA or VA inspection or appraisal.
- This Report covers only the items listed on this form. The Evaluator is not required to evaluate inaccessible, concealed, or unsafe areas; climb up on roofs; or disassemble items. This report does not address lead paint, radon or asbestos.
- This Report is valid for one year from the date of issue and only to the owner named above.
- Any **questions** regarding this Report should be directed to the Housing Evaluator whose name appears on the last page of this form. Any **complaints** regarding this Report should be directed to the Housing Evaluator. Any questions regarding the Time-Of-Sale program should be directed to the City of South St. Paul at (651) 554-3210.

Evaluation codes:

If an item is non-existent, the word "None" shall be indicated in the comment area. Items marked with an "NA" indicate that this item is not applicable or not relevant. Items marked with an "M" indicate no problems related to that item were seen at the time of evaluation. The following require comments explaining each item: any "B" (Below minimum requirements); any "C" (Comment);

and any "H" (Hazardous as defined in the Housing Evaluators Standards). Additional comment sheets may be attached if needed. **Items marked "H" (Hazardous) must be corrected and reinspected by a separate Licensed Housing Evaluator prior to occupancy. PERMITS MAY BE REQUIRED FOR CORRECTION OF HAZARDOUS ITEMS.**

None Non-existent	M Meets requirements	B Below minimum requirements	C Comment	H Hazardous	NA Not applicable
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INTERIOR: Basement

- | | | |
|--|------|---|
| 1. Stairs - railings, landings, steps | B | 1 B Improper rail(s). |
| 2. Floor | M | |
| 3. Foundation walls | B, C | 3 C Stains in areas. Spalling in areas.
3 B Spalling in areas. |
| 4. Columns and beams | M | |
| 5. First floor structural systems | M | |
| 6. Floor drain and its cleanout | M | |
| 7. Water supply piping | M | |
| 8. Plumbing fixtures | M | |
| 9. Drain, waste, and vent piping | M | |
| 10. Heating system installation and operation | M | |
| 11. Water heater installation and operation | M | |
| 12. Venting system of heating plant & water heater | M | |
| 13. Gas lines and valves | H | 13 H Broken handle on dryer gas valve. |
| 14. Electrical service installation | M | |
| 15. Electrical service size: <u>100</u> AMPS | M | |
| 16. All circuits indexed at panel | M | |
| 17. Electrical outlets/wiring/fixtures | H | 17 H Missing knock out plug electrical box on ceiling in NE corner, Missing coverplate on outlet on post at bottom of stairs. |

Address of Evaluated Dwelling 305 5TH AVE SOUTH

18.	Sleeping room(s)			NA	
	INTERIOR: Rooms - 1st Floor				
19.1	Plumbing fixtures			M	
20.1	Gas lines and valves			M	
21.1	Electrical outlets/fixtures/wiring			M	
22.1	Auxiliary heaters - installation & wiring			NA	
23.1	Wood burning appliances			NA	
24.1	Fireplaces			B, C	24 C Soot prevents full evaluation-have inspected before use by fireplace company. (1st) 24 B Hearth extension less than 16". (1st)
25.1	Floors & rooms - construction/dimensions			M	
26.1	Light & ventilation windows			M	
27.1	Sleeping rooms			M	
28.1	Smoke detectors & CO detectors			H	28 H Inoperable smoke detector bsmt. Missing CO detector,(within 10 ft of all rooms legally used for sleeping) (1st)
29.1	Walls & ceiling components			M	
30.1	Stairs & railings (upper floors)			M	30 B
	INTERIOR: Rooms - 2nd Floor				
19.2	Plumbing fixtures			NA	
20.2	Gas lines and valves			NA	
21.2	Electrical outlets/fixtures/wiring			M	
22.2	Auxiliary heaters - installation & wiring			NA	
23.2	Wood burning appliances			NA	
24.2	Fireplaces			NA	
25.2	Floors & rooms - construction/dimensions			M	
26.2	Light & ventilation windows			M	
27.2	Sleeping rooms			M	
28.2	Smoke detectors & CO detectors			H	28 H Missing CO detector,(within 10 ft of all rooms legally used for sleeping) (2nd) Improperly located smoke detector(s) E bedroom ,missing detector W bedroom. (2nd)
29.2	Walls & ceiling components			M	
30.2	Stairs & railings (upper floors)			B	30 B Guardrail less than 36" in height. (2nd)
	INTERIOR: Attic Space				
31.	Rafters, sheathing, ventilation			C	31 C 32 C. 33 C,Limited view of attic.not fully evaluated
32.	Evidence of staining or seepage			C	32 C Stains in attic
33.	Electrical outlets/fixtures/wiring			C	
	EXTERIOR				
34.	Electrical outlets/fixtures/overhead service			M	
35.	Stairs, decks, balconies, porches, railings			B	35 B no gripable handrailing provided,
36.	Walls - siding, trim, etc.			B	36 B Damaged stucco.
37.	Windows (frames/screens/glass)			B	37 B Bsmt. windows weathered.
38.	Doors			B	38 B weathered door-door components,
39.	Roof covering & flashing			C	39 C Uneven in areas.
40.	Chimneys & vents			B	40 B Chimney has missing mortar.
41.	Drainage			B	41 B Grade does not allow surface water to drain away from building.
42.	Plumbing - backflow prevention			M	
	GARAGE				
43.	Roof structure & covering			M	
44.	Wall structure & covering			H, C	44 H House address not visible from alley- side street (permanent numbers, contrasting colors). 44 C thru 49 locked not evaluated.
45.	Overhead garage door - opener	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	B	45 B Weathered jambs.missing window
46.	Electrical outlets/fixtures/wiring			NA	
47.	Gas lines & valves			NA	
48.	Fire separation			NA	
49.	Heaters			NA	
	MISCELLANEOUS				
50.	Miscellaneous, abandoned fuel tanks			M	
51.	Sanitation			M	

CERTIFICATION BY CONTRACTOR:

- 52. Certification of heating system required? No
- 53. Certification of water heater required? No
- 54. Certification of plumbing system required? No
- 55. Certification of electrical system required? No
- 56. Certification of structural systemr required? No
- 57. List other certifications required: No

X	YES		NO	An immediate hazard as indicated in City of South St. Paul's Housing Evaluators Standards was discovered and is identified herein. Correction and re-inspection of all hazardous items must be completed prior to to occupancy by a new owner.
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I hereby certify that this evaluation was done in compliance with South St. Paul City Code, Chapter 106, Article V1, Sections 106-177 to 187 and the City of South St. Paul Housing Evaluators Code of Ethics and Standards.

Evaluator's signature *M J Moser* Evaluator's printed name M J Moser
Phone No. 651-455-5888 Issue date: 08/17/2009

				I hereby certify that I have re-inspected for hazardous items as shown on this evaluation report and found hazardous items not reported. THIS PROPERTY REQUIRES AN AMENDED FORM AND RE-INSPECTION. Issue date: _____
				Evaluator's printed name _____
				Phone No. _____

I hereby certify that I have re-inspected all hazardous items as shown on this evaluation report and found these items have been corrected. (Initial by each corrected item.) Issue date: _____

Evaluator's printed name _____
Phone No. _____