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# *Certificate of Approval*

**8411 W 100TH ST**

Zoning District:  
Additional Zoning:  
Flood Zone:  
Comprehensive Plan:  
Map Panel Number: 2752300C E

HALL JUSTIN D  
CLEMENT CASEY A  
8411 W 100TH ST  
BLMGTN MN 55438

This is to certify that the above referenced property has been inspected pursuant to City Code requirements and that any immediate hazards identified in the Time-of-Sale Evaluation Report have been corrected.

Time-of-Sale Housing Inspections are required by the City in an effort to maintain Bloomington's quality of housing and to improve the overall housing stock in the city. The housing inspection Evaluation Report and this certificate are not guarantees or warranties to any individual buyer, seller, or renter regarding the condition of the individual dwelling; nor is the inspection, Evaluation Report or this certificate intended for the special benefit of any individual.

The City does not assume any responsibility or liability in connection with the inspection addressed herein or in connection with the issuance of this Certificate of Approval.

Issued By: **Duke Johnson**

Date: 07/14/2009

**A duplicate of this certification shall be made available  
to the buyer of the property listed above.**

Any questions about the Time-of-Sale Housing Evaluation Program, the Evaluation Report, or this Certificate may be directed to the City of Bloomington Review Evaluator at 1800 West Old Shakopee Road, Bloomington MN 55431-3027,  
Phone: (952) 563-8930 TDD: (952) 563-8740, FAX (952) 563-8949



RECEIVED

JUL 10 2009

# Time-Of-Sale Housing Evaluation Report

City of Bloomington

**Notice - Read entire report carefully**

|                               |  |          |              |
|-------------------------------|--|----------|--------------|
| Address of evaluated dwelling | 8411 W. 100th St., Bloomington, MN 55438 | Unit no. | No. of units |
| Owner name                    | Justin D. & Casey A. Hall                |          |              |
| Owner address                 | See above                                |          |              |

- This Report offers a limited overview of building components and fixtures by the Evaluator and is not technically extensive. Prospective buyers may seek 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 Bloomington, or by the Evaluator, or of any building component or fixture.**
- The Ordinance 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 to the City of Bloomington within 7 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 City of Bloomington or the Evaluator whose name appears on the back of this form. Any complaints regarding this Report should be directed to the City of Bloomington Review Evaluator at City Hall, 1800 West Old Shakopee Road, phone 952-563-8930 (TTY: 952-563-8740).

### Evaluation codes:

If an item is non-existent, the word "None" shall be indicated in the comment area. Items marked with a "NA" indicate that this item is not applicable or not relevant. Items marked with a "M" indicate that 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 City Code). Additional comment sheets may be attached if needed. Items marked "H" (Hazardous) must be corrected and inspected by a City Inspector 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 |
|------|--------------|---|--------------------|---|----------------------------|---|---------|---|-----------|----|----------------|

| Interior: basement                                       | Item number/comments and remarks  |
|--|---|
| 1. Stairs - railings, landings, steps                    | B 1. Handrail is at 32 inches above step nose, should be 34 to 38 inches. |
| 2. Floor   | M-C 2. Vertical members of steel railings exceed 4 inches apart.          |
| 3. Foundation walls                                      | M-C 3. 2, 3, 4 & 5C. Meet standard where visible                          |
| 4. Columns and beams                                     | M-C 4. mostly finished lower level.                                       |
| 5. First floor structural systems                        | M-C 5.  |
| 6. Floor drain and its cleanout                          | M 6.  |
| 7. Water supply piping                                   | M 7.  |
| 8. Plumbing fixtures                                     | M 8.  |
| 9. Drain, waste and vent piping                          | M 9.  |
| 10. Heating system installation and operation            | M 10.   |
| 11. Water heater installation and operation              | M 11.   |
| 12. Venting system of the heating plant and water heater | M 12.   |
| 13. Gas lines and valves                                 | M 13.   |
| 14. Fireplaces   | None 14.  |
| 15. Electrical service. Service size at panel: 100 AMPS  | M 15.   |
| 16. Electrical outlets/fixtures/wiring                   | B 16. Outlet in bathroom is not GFCI.                                     |
| 17. Smoke detectors                                      | M 17.   |
| 18. Sleeping room(s)                                     | None 18.  |

0711 W 100 - 10

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

Address of evaluated dwelling 8411 West 100th Street, Bloomington, MN 55438

| Interior: Rooms on level                            |  | 1           | 2 | Item number/comments and remarks |
|---|--|-------------|---|----------------------------------|
| 19. Plumbing fixtures                               |  | <u>M</u>    |   |                                  |
| 20. Gas lines and valves                            |  | <u>M</u>    |   | 20.                              |
| 21. Electrical outlets/fixtures/wiring              |  | <u>M</u>    |   | 21.                              |
| 22. Auxiliary heaters - installation and wiring     |  | <u>None</u> |   | 22.                              |
| 23. Wood burning appliances                         |  | <u>None</u> |   | 23.                              |
| 24. Fireplaces                                      |  | <u>None</u> |   | 24.                              |
| 25. Floors and rooms - construction and dimensions  |  | <u>M</u>    |   | 25.                              |
| 26. Light and ventilation windows                   |  | <u>M</u>    |   | 26.                              |
| 27. Sleeping rooms                                  |  | <u>M</u>    |   | 27.                              |
| 28. Smoke detectors (presence, location, operation) |  | <u>M</u>    |   | 28.                              |
| 29. Walls and ceiling components                    |  | <u>M</u>    |   | 29.                              |
| 30. Stairs and railings (upper floors)              |  | <u>N/A</u>  |   | 30.                              |

| Interior: Attic space                  |  |          |  |     |
|--|--|----------|--|-----|
| 31. Rafters, sheathing, ventilation    |  | <u>M</u> |  | 31. |
| 32. Evidence of staining or seepage    |  | <u>M</u> |  | 32. |
| 33. Electrical outlets/fixtures/wiring |  | <u>M</u> |  | 33. |

| Exterior   |  |          |  |     |
|--|--|----------|--|-----|
| 34. Electrical outlets/fixtures/overhead service |  | <u>M</u> |  | 34. |
| 35. Stairs, decks, balconies, porches, railings  |  | <u>B</u> |  | 35. |
| 36. Walls - siding, trim, etc.                   |  | <u>M</u> |  | 36. |
| 37. Windows (frames/screens/glass)               |  | <u>M</u> |  | 37. |
| 38. Doors  |  | <u>M</u> |  | 38. |
| 39. Roof covering and flashing                   |  | <u>M</u> |  | 39. |
| 40. Chimneys and vents                           |  | <u>M</u> |  | 40. |
| 41. Drainage                                     |  | <u>M</u> |  | 41. |
| 42. Plumbing - backflow prevention               |  | <u>M</u> |  | 42. |

35. Front steps railing has openings exceeding 4 inches.

| Garage                                 |  |             |  |     |
|--|--|-------------|--|-----|
| 43. Roof structure and covering        |  | <u>M</u>    |  | 43. |
| 44. Wall structure and covering        |  | <u>M</u>    |  | 44. |
| 45. Overhead garage door               |  | <u>M</u>    |  | 45. |
| 46. Electrical outlets/fixtures/wiring |  | <u>M</u>    |  | 46. |
| 47. Gas lines and valves               |  | <u>None</u> |  | 47. |
| 48. Fire separation                    |  | <u>M</u>    |  | 48. |
| 49. Heaters                            |  | <u>None</u> |  | 49. |

| Miscellaneous                                     |  |             |  |     |
|---|--|-------------|--|-----|
| 50. Miscellaneous, including abandoned fuel tanks |  | <u>M, C</u> |  | 50. |
| 51. Sanitation                                    |  | <u>M</u>    |  | 51. |

50C. No CO monitors installed.

| Certification by licensed contractor                 |     |             |  |     |
|--|-----|-------------|--|-----|
| 52. Certification of the heating system required?    | Y/N | <u>N</u>    |  | 52. |
| 53. Certification of the water heater required?      | Y/N | <u>N</u>    |  | 53. |
| 54. Certification of the plumbing system required?   | Y/N | <u>N</u>    |  | 54. |
| 55. Certification of the electrical system required? | Y/N | <u>N</u>    |  | 55. |
| 56. Certification of the structural system required? | Y/N | <u>N</u>    |  | 56. |
| 57. List other certifications required:              |     | <u>None</u> |  |     |

An immediate hazard as indicated in Section 14.420 of the Bloomington City Code was discovered and is identified herein. A Certificate of Approval shall be issued by the City prior to occupancy by a new owner. "YES" must be indicated if ANY item has been marked "Hazardous". "NO" must be indicated if NO item has been marked "Hazardous".

Circle one. YES  NO

I hereby certify that this evaluation was done in compliance with Bloomington City Code Sec. 14.419 and the City of Bloomington Housing Standards and Evaluator Guidelines.  
 Evaluator's signature Del Radeztsky Phone no. 952-888-7662 Issue date: July 9, 2009

**Tom Jensen**

STATE FARM INSURANCE

Auto-Life-Health-Home and Business

15750 Venture Lane

Eden Prairie, MN 55344

Office: 952 -941- 5850 Fax: 952- 941- 5851

TO: Countryside West Third Association

FROM: *Tom Jensen*

RE: Insurance Fact Sheet

**Key Information Regarding the Association's Master Policy:**

1. Your Association Board of Directors has obtained master insurance coverage with State Farm Insurance through the Tom Jensen Agency for the policy period of 04/01/09 – 04/01/10.
2. The Association's master policy provides *original specifications* coverage, per your governing documents. The coverage of structures includes all internal fixtures attached to your unit, as they were when they were handed over from the builder, **but does not cover any permanently installed alterations, improvements and betterments to the structure that have been made since the first owner took possession from the builder.**
3. The master policy's property deductible is \$5000.00 per occurrence on all property losses.

**Key Information Regarding Unit Owners' Insurance Needs:**

1. **In order to adequately protect yourself, it is essential that you purchase a Condo/Townhome Owners' (HO-6) policy from your personal agent.** An HO-6 policy is designed to cover your personal possessions, inside fixtures that you are responsible for per your governing documents, your personal liability, and loss assessment coverage.
2. You should advise your personal insurance agent to increase internal real property (Coverage A) on your policy to an amount equivalent to the replacement cost of all permanently installed alterations, improvements or betterments to the unit **that were not original to the unit when built.**
3. In addition, your personal HO-6 policy should carry **Loss Assessment** coverage, which covers Association deductible assessments. We recommend you obtain \$10,000.00 in Loss Assessment coverage. Language in policies may vary; make sure your Loss Assessment coverage includes coverage in the event that the loss did not originate in your home and in the event that your building was not damaged (e.g. wind/hail claim).

## **Claims**

1. If you have a claim, you must first notify Countryside West Third Association AND then your own homeowner's insurance carrier. Claims that involve your personal property and furniture must be submitted only to your homeowner's insurance carrier. To ensure proper management of claims, claims must be reported to State Farm by Countryside West Third Association, or your Property Management Company; homeowners cannot report claims directly to the Tom Jensen Agency.
2. If the claim results in a claim payment under the master policy, the payment is made to your Homeowners Association Board of Directors as insurance trustee.

## **Certificates of Insurance**

A Certificate of Insurance is enclosed. If you have a mortgage and it is incorrectly noted on this certificate, please fax or email us the name and address of your mortgage company plus your loan number.

## **Questions? Please contact:**

Tom Jensen, 952-941-5850; [tom.jensen.b476@statefarm.com](mailto:tom.jensen.b476@statefarm.com); Fax 952-941-5851