CITY OF
BLOOMINGTON
MINNESOTA

TIME-OF-SALE HOUSING EVALUATION REPORT

NOTICE - READ ENTIRE REPORT CAREFULLY

Address of Evaluated Dwelling	Unit No.	No. of Units
231 NORMAN RIDGE DRIVE		

Owner Name
DEBBIE KARGUS

Owner Address
231 NORMAN RIDGE DRIVE, ,

1. *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 warranty or guarantee expressed or implied by the City of Bloomington, or by the Evaluator, or of any building component or fixture.***
2. *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 had been made.*
3. *This* Report *is* ***not*** *an FHA or VA inspection or appraisal.*
4. *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.*
5. *This* Report *is valid for one year from the date of issue and only to the owner named above.*
6. *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 Bloomington Civic Plaza, 1800 West Old Shakopee Road 55431-3027, phone 952-563-8930 (TDD: 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.

"H" (Hazardous as defined in the City Code). Additional comment sheets may be attached if needed. **Items marked "H" (hazardous) must be corrected and inspacted 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	NA	1.	
2. Floor	NA	2.	
3. Foundation walls	NA	3.	(NA) NO BASEMENT
4. Columns and beams	NA	4.	
5. First floor structural systems	NA	5.	
6. Floor drain and its cleanout	M	6.	
7. Water supply piping	M	7	
8. Plumbing fixtures	NA	8	
9. Drain, waste and vent piping	MC	9	9. PRIVATE SEWER. PUBLIC WATER, NOT VISIBLE
10. Heating system installation and operation	M	10.	10. FUEL OIL FURNACE
11. Water heater installation and operation	MC	11	10. FURNACE CARBON MONOXIDE AND HEAT
12. Venting system of the heating plant and water heater	M	12	EXCHANGER ARE NOT TESTED
13. Gas lines and valves	NA	13	11. ELECTRIC WATER HEATER
14. Fireplaces	NA	14	
15. Electrical service. Service size panel: 100 AMPS	M	15	
16. Electrical outlets/fixtures/wiring	NA	16	
17. Smoke detectors	NA	17	
18. Sleeping room(s)	NA	18	

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

Building and Inspection
1800 West Old Shakopee Road
Bloomington MN 55431-3096
PH. 952-563-8930
FAX 952-563-8940
(TDD: 952-563-8740).
timeofsale@bloomingtonmn.gov

Viewed on Issue Date: 8/6/2020

Address of Evaluated Dwelling
231 NORMAN RIDGE DRIVE

INTERIOR, Rooms on Level:	1	2	
19. Plumbing fixtures	M		19.
20. Gas lines and valves	NA		20.
21. Electrical outlets/fixtures/wiring	M		21.
22. Auxiliary heaters-installation and wiring	NA		22.
23. Wood burning appliances	NA		23.
24. Fireplaces	NA		24.
25. Floors and rooms-construction and dimension	M		25.
26. Light and ventilation windows	M		26.
27. Sleeping rooms	M		27.
28. Smoke detectors (presence, location, operation)	MC		28.
29. Walls and ceiling components	M		29.
30. Stairs and railings (upper floors)	NA		30.

INTERIOR: Attic Space		
31. Rafters, sheathing, ventilation	C	31.
32. Evidence of staining or seepage	C	32.
33. Electrical outlets/fixtures/wiring	C	33.

EXTERIOR		
34. Electrical outlets/fixtures/overhead service	M	34.
35. Stairs, decks, balconies, porches, railings	B	35.
36. Walls - siding, trim, etc.	B	36.
37. Windows (Frames/Screens/Glass)	B	37.
38. Doors	B	38.
39. Roof covering and flashing	C	39.
40. Chimneys and vents	M	40.
41. Drainage	B	41.
42. Plumbing - Backflow prevention	B	42.

GARAGE		
43. Roof structure and covering	C	43.
44. Wall structure and covering	M	44.
45. Overhead garage door	M	45.
46. Electrical outlets/fixtures/wiring	M	46.
47. Gas line and valves	NA	47.
48. Fire separation	M	48.
49. Heaters	NA	49.

MISCELLANEOUS		
50. Miscellaneous, including abandoned fuel tanks	NV	50.
51. Sanitation	M	51.

CERTIFICATION BY LISCENSED CONTRACTOR		
52. Certification of the Heating System required?	N	52.
53. Certification of the Water Heater required?	N	53.
54. Certification of the Plumbing System required?	N	54.
55. Certification of the Electrical System required?	N	55.
56. Certification of the Structural System required?	N	56.
57. List other certifications required: NA		

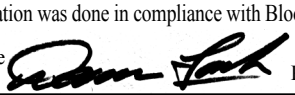
Item Number/Comments and Remarks

28. OLDER SMOKE ALARM
31-32-33. NOT VISIBLE
35. IRREGULAR STEP
36. WOOD ROT
37. WOOD ROT. BROKEN GLASS
38. DAMAGED DOOR
39. WEATHERED ROOF. TARRED FLASHING
41. LOW GROUND. DAMAGED GUTTERS
42. NON-FUNCTIONAL VALVE

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  Phone No. 612-729-6973 Viewed on Issue Date: 8/6/2020