

Property Condition Report

City of Coon Rapids and the Coon Rapids Mortgage Assistance Foundation

ReGenerations Down Payment Assistance Loan Program Inspection Report

THIS REPORT IS NOT A WARRANTY BY THE CITY OF COON RAPIDS, THE COON RAPIDS MORTGAGE ASSISTANCE FOUNDATION, OR THE EVALUATOR OF THE FUTURE USEFUL LIFE OR THE FUTURE CONDITIONS OF ANY BUILDING COMPONENT OR FIXTURE. CAREFULLY READ THIS ENTIRE REPORT.

Address of Evaluated Dwelling: _____

Year Built: _____ **Date of Property Inspection:** _____

Owner/Applicant Name: _____

Owner/Applicant Address: _____

Type of Dwelling: Single Family ___ Two-family/duplex ___

Present Zoning District: _____ **Present Occupancy:** Conforming Nonconforming

Reason for Nonconforming Status: _____

Comments:

Property location and possible use restriction information: (Complete if applicable.)

Open permits exist for property. Completion and/or occupancy restrictions or requirements may apply.

Habitable area of dwelling unit limits occupant load to _____ persons if property will be used as rental property.

Signature of the Owner or Representative

Date

This Report:

1. Is intended to provide basic information to the Owner/Applicant prior to occupancy. Minimum standards for this report are contained in the City of Coon Rapids Revised City Code - 1982, and the Minnesota State Building Code and International Building Code as adopted by Revised City Code – 1982. This report will be used to enforce requirements of those codes.
2. Is not a warranty by the City of Coon Rapids of the condition of the building or of any building component. The City does not warranty the accuracy of this report.
3. 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 use a ladder to observe the condition of the roofing, disassemble items or evaluate inaccessible areas.
4. Is valid for six months from the date of issue and only for the Owner/Applicant named on this report.

Questions regarding this report should be directed to the Evaluator.

Complaints regarding this report should be directed to the City of Coon Rapids Community Development Department, Building Inspections Division, 11155 Robinson Drive, Coon Rapids, MN 55433. Phone No.: 763.767-7476.

For this Report:

Remarks:

“M”= Meets minimum requirements – the item complies with the minimum code requirements.

“B”= Below minimum requirements – the item is below minimum code requirements.

“C”= Comments – the item cannot be adequately evaluated or it has some deficiency, but the deficiency is insufficient to make the item below minimum requirements.

“H”= Hazardous – the item in its present condition may endanger the health and safety of the occupant.

“RR”= Repair/Replace – the item requires either repair or replacement.

“Y”= Yes “N”= No “NV”= Not visible/Viewed “NA”= Not Applicable

Any item marked “B”, “C” or “H” must have a written comment about the item. Additional comment sheets may be attached if needed.

	Remarks	Comments
A. BASEMENT/CELLAR		
1. Stairs and handrails		
2. Basement/cellar floor		
3. Foundation		
4. Evidence of dampness or staining		
5. First floor, floor system		
6. Beams and columns		
7. Sump basket/cover		
8. Electrical Service(s)		
a. # of services _____		
b. Amps: 30 60 100 150 Other: _____		
c. Volts: 120 120/240		
9. Electrical service installation/grounding		
10. Electrical wiring, outlets and fixtures		
11. Smoke alarms / CO alarm		
a. Properly located		
b. Hard-wired		
B. PLUMBING SYSTEM		
12. Floor drains		
13. Foundation drainage (sump pump)		
14. Waste and vent piping		
15. Water piping		
16. Vacuum breakers on faucets		
17. Gas piping (all floors)		
18. Water heater(s) installation		
19. Water heater(s) venting		
20. Plumbing fixtures		
C. HEATING SYSTEMS # of _____		
The Evaluator is not required to ignite the heating plant(s).		
21. Heating plant(s) Fuel: _____ Type: _____		
a. Installation and visible condition		
b. Viewed in operation		
c. Combustion venting		
22. Additional heating unit(s) Fuel: _____ Type: _____		
a. Installation and visible condition		
b. Viewed in operation		
c. Combustion venting		
ADDITIONAL COMMENTS Sections A. through C.		
23.		
D. KITCHEN		
24. Wall and ceiling conditions		
25. Ceiling height		
26. Floor condition		
27. Evidence of dampness or staining		
28. Electrical outlets and fixtures		
29. Plumbing fixtures		
30. Water flow		
31. Window size and egress area		
32. Window condition		

	<u>Remarks</u>	<u>Comments</u>
E. LIVING AND DINING ROOM(S)		
33. Wall and ceiling conditions		
34. Ceiling height		
35. Floor condition		
36. Evidence of dampness and staining		
37. Electrical outlets and fixtures		
38. Window size and egress area		
39. Window condition		
F. HALLWAYS, STAIRS AND ENTRIES		
40. Wall and ceiling conditions		
41. Ceiling height		
42. Floor condition		
43. Evidence of dampness and staining		
44. Stairs, handrails and guards to finished floors		
45. Electrical outlets and fixtures		
46. Window condition		
47. Smoke alarm(s) / CO alarm		
a. Properly located		
b. Hard-wired		
G. BATHROOM(S) # of : Full _____ Partial _____		
48. Wall and ceiling conditions		
49. Ceiling height		
50. Floor condition		
51. Evidence of dampness or staining		
52. Electrical outlets and fixtures		
53. Plumbing fixtures		
54. Water flow		
55. Window size and egress area or mechanical exhaust		
56. Condition of windows or mechanical exhaust.		
H. SLEEPING ROOM(S) # of: _____		
57. Wall and ceiling conditions		
58. Ceiling height		
59. Floor condition		
60. Floor area		
61. Evidence of dampness or staining		
62. Electrical outlets and fixtures		
63. Window size and egress area		
64. Window condition		
65. Smoke alarms / CO alarm		
a. Properly located		
b. Hard-wired		
I. ENCLOSED PORCHES AND OTHER ROOMS		
(Evaluator must identify each additional room separately and comment as necessary.)		
66. Wall and ceiling condition		
67. Ceiling condition		
68. Floor condition		
69. Evidence of dampness or staining		
70. Electrical outlets and fixtures		
71. Window condition		
J. ATTIC SPACE (visible area)		
72. Roof boards and rafters		
73. Evidence of dampness or staining		
74. Electrical wiring, outlets and fixtures		
75. Ventilation		

	<u>Remarks</u>	<u>Comments</u>
ADDITIONAL COMMENTS Sections D. through J.		
76.		
K. EXTERIOR		
77. Foundation		
78. Basement/cellar windows		
79. Drainage (grade)		
80. Exterior walls		
81. Doors (frames/storms/screens)		
82. Windows (frame/storms/screens)		
83. Open porches, stairways and decks		
84. Cornice, fascia and trim		
85. Roof covering and flashing		
86. Gutters and downspouts		
87. Chimneys		
88. Outlets, fixtures and service entrance		
89. Vacuum breakers on outside faucets		
L. GARAGE (detached)		
90. Roof structure and covering		
91. Wall structure and covering		
92. Slab condition		
93. Garage door(s)		
94. Garage door opener(s)		
95. Electrical wiring, outlets, and fixtures		
96. Additional Comments		
97. Fire separation		
M. DECKS		
98. Structure		
99. Guards		
100. Stairs and handrails		
N. YARD		
101. Grass coverage		
102. Sidewalk		
103. Driveway		
104. Trees/Shrubs		
105. Weeds		
ADDITIONAL COMMENTS Sections K. through N.		
106.		

I hereby certify that the above report is made in compliance with the City of Coon Rapids City Code Revised - 1982, including the adopted standards of the Minnesota State Building Code and International Building Code, and that I have utilized reasonable and ordinary care and diligence in making these determinations. Except for those items designated herein, I found no instances of noncompliance with the items listed above as of the date of this report.

Evaluator Signature	ASHI Certification Number	Date
Printed Name	Address	Phone Number