

## Property Condition Report

### Columbia Heights Initial Residential Rental Property Inspection

(Carefully read this entire report)

**THIS REPORT IS NOT A WARRANTY, BY THE CITY OF COLUMBIA HEIGHTS, OR EVALUATOR OF THE FUTURE USEFUL LIFE, OR THE FUTURE CONDITIONS OF ANY BUILDING COMPONENT OR FIXTURE.**

**Address of Evaluated Dwelling:** NE, Columbia Heights, MN 55421

**Licensee's Name:** \_\_\_\_\_

**Licensee's Address:** \_\_\_\_\_

**Type of Dwelling:** Single Family \_\_\_ Duplex \_\_\_ Townhouse \_\_\_ Condo\* \_\_\_

For condominium units, this evaluation includes only those items located within the residential units and does not include the common use areas, or other areas of the structure.

**Present Zoning District** \_\_\_\_\_ **Present Occupancy:** Conforming ☐ Non-conforming ☐

Reason for Nonconforming Status: \_\_\_\_\_

**Comments:**

**Property location and possible use restriction information:**

☐ Has open permits. Completion and/or occupancy restrictions or requirements may apply.

☐ Habitable area of dwelling unit limits occupant load to 4 unrelated adults or \_\_\_ of the same family ( \_\_\_ Bedrooms)

**PROPERTY OWNER/REPRESENTATIVE DISCLOSURE STATEMENT:** TO BE COMPLETED BY THE OWNER OR THEIR REPRESENTATIVE.

I, THE OWNER OR REPRESENTATIVE OF THE OWNER, DECLARE THAT AS OF THIS DATE, THERE \_\_\_ **ARE** \_\_\_ **ARE NOT** CODE VIOLATION ORDERS PENDING ON THIS PROPERTY FROM ANOKA COUNTY PUBLIC HEALTH OR ANY OTHER CITY OF COLUMBIA HEIGHTS' AGENCIES.

I FURTHER DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THERE \_\_\_ **HAS** \_\_\_ **HAS NOT** BEEN FLOOD DAMAGE, SEWER BACK-UP OR WATER SEEPAGE IN THE BUILDING.

Signature of the Owner or Representative

Date

Please schedule re-inspection within 30 days. A re-inspection has been scheduled for \_\_\_ on \_\_\_. If you complete corrections prior to that date you can reschedule the inspection by calling (763)706-3678.

**This Report:**

1. Is intended to provide basic information to the Owner prior to the issuance of a rental license. Minimum standards for this report are contained in the City of Columbia Heights City Code (Chapter 5). This report will be used to enforce requirements of the City Code.
2. Is not a warranty by the City of Columbia Heights of the condition of the building, or any building component, nor of 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 one year from the date of issue and only for the owner named on this report.

Questions regarding this report should be directed to the Evaluator.

Complaints regarding this report should be directed to City of Columbia Heights, Community Development, Residential Rental Property Inspection Program, 590 40<sup>th</sup> Avenue NE, Columbia Heights, MN 55421, Phone No. 763.706.3678

- "M"= Meets minimum requirements – the item complies with the minimum Housing Code requirements.  
 "B"= Below minimum requirements – the item is below minimum Housing 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.

**Item#****Comments****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.....
- Electrical Service(s) # of Services.....**
7. Service Size: Amps: 30    60    100    150    Other  
Volts: 120    120/240
8. Electrical Service installation/grounding.....
9. Electrical wiring, outlets and fixtures.....

**PLUMBING SYSTEM**

10. Floor Drains.....
11. Foundation drainage (Sump Pump) .....
12. Waste and vent piping.....
13. Water piping.....
14. Vacuum breakers on faucets.....
15. Gas piping (All floors).....
16. Water heater(s) installation.....
17. Water heater(s) venting.....
18. Plumbing fixtures.....

**HEATING SYSTEM(S) # of .....**

19. Heating plant(s) Fuel:    Type:
  - a. Installation and visible condition.....
  - b. Viewed in operation .....
  - c. Combustion venting .....

**The Evaluator is not required to ignite the heating plant(s)**

20. Additional heating unit(s) Fuel:    Type:
  - a. Installation and visible condition.....
  - b. Viewed in operation .....
  - c. Combustion venting .....

**ADDITIONAL COMMENTS .....**

21.

**KITCHEN**

22. Walls and Ceiling
23. Floor condition and ceiling height
24. Evidence of dampness or staining
25. Electrical outlets and fixtures
26. Plumbing fixtures
27. Water flow
28. Window size and openable area
29. Window condition

**LIVING AND DINING ROOM(S)**

- 30. Walls and ceiling
- 31. Floor condition
- 32. Evidence of dampness and staining
- 33. Electrical outlets and fixtures
- 34. Window size and openable area
- 35. Window condition

**HALLWAYS, STAIRS AND ENTRIES**

- 36. Walls, ceiling and floors
- 37. Evidence of dampness and staining
- 38. Stairs and handrails to upper floors
- 39. Electrical outlets and fixtures
- 40. Window condition
- 41. Smoke alarm(s) / CO Alarm

**BATHROOM(S) # of : Full      Partial**

- 42. Walls and ceiling
- 43. Floor condition
- 44. Evidence of dampness or staining
- 45. Electrical outlets and fixtures
- 46. Plumbing fixtures
- 47. Water flow
- 48. Window size and openable area or mechanical exhaust
- 49. Condition of windows or mechanical exhaust.

**SLEEPING ROOM(S) # of**

- 50. Walls and ceiling
- 51. Floor condition, area, and ceiling heights
- 52. Evidence of dampness or staining
- 53. Electrical outlets and fixtures
- 54. Window size and openable area
- 55. Window condition
- 56. Smoke alarms / CO Alarm
  - Properly located
  - Hard-wired

**ENCLOSED PORCHES AND OTHER ROOMS**

(Evaluator shall identify each additional room separately and  
Comment when necessary.)

- 57. Walls and floor condition
- 58. Evidence of dampness or staining
- 59. Electrical outlets and fixtures
- 60. Window condition

**ATTIC SPACE** (Visible area)

- 61. Roof boards and rafters
- 62. Evidence of dampness or staining
- 63. Electrical wiring, outlets and fixtures
- 64. Ventilation

**ADDITIONAL COMMENTS**

- 65.

**EXTERIOR**

- 66. Foundation
- 67. Basement/cellar windows
- 68. Drainage (grade)
- 69. Exterior walls
- 70. Doors (frames/storms/screens)
- 71. Windows (frame/storms/screens)
- 72. Open porches, stairways and decks
- 73. Cornice and trim
- 74. Roof covering and flashing
- 75. Gutters and downspouts
- 76. Chimneys
- 77. Outlets, fixtures and service entrance
- 78. Vacuum breakers on outside faucets

**GARAGE**

- 79. Roof structure and covering
- 80. Wall structure and covering
- 81. Slab condition
- 82. Garage doors
- 83. Garage door opener
- 84. Electrical wiring, outlets, and fixtures
- 85. Additional Comments

**YARD**

- 86. Grass coverage
- 87. Sidewalk
- 88. Driveway
- 89. Trees/Shrubs
- 90. Weeds

**I hereby certify that the above report is made in compliance with the City of Columbia Heights City Code, Chapter 5, and that I have utilized the care and diligence, reasonable and ordinary, for meeting the certification standards prescribed by the City Property Maintenance Code. I have found no instance of non-compliance with the items listed above as of the date of this report, except those designated herein.**

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Evaluator Signature

Phone Number

Date