

3243 FREMONT AVENUE NORTH

BCC 1001984

THE PACKAGE CONTAINS 28 PAGES INCLUDING THIS COVER PAGE, CHECKLIST, SEQUENCE TO CLOSING, VBR FLYER, LEAD PAINT FLYER, MINNEAPOLIS DISCLOSURE FORM, CO DETECTOR FLYER, ACKNOWLEDGMENT OF RESPONSIBILITY, ELECTRICAL CERTIFICATION FORM, AND THE BUILDING, PLUMBING, HEATING & HOUSING WORK ORDERS

IF YOU INTEND TO REHAB THIS PROPERTY YOU MUST COMPLY WITH THE FOLLOWING:

You must deposit \$2,000.00 **CASHIER CHECK**, (no personal checks, business/company checks, or credit cards) with this Department. Cashier check must be made payable to **Minneapolis Finance Department**. This money will be held until a Certificate of Code Compliance is issued. If a Certificate is not issued within the specified time frame, the \$2,000.00 *will be forfeited* to the City of Minneapolis.

An appointment is necessary to pay the deposit. Please call 612-673-5805 or email ccs.certificate@minneapolismn.gov to make an appointment before coming down to our office. You are required to see Plan Review in order to pull the building permit. If you are required to submit an Engineers Report/Plans, this must be done prior to the issuance of a building permit.

Permits for building, plumbing, heating, and electrical are required to be pulled by licensed contractors who are performing the work. **The building permit must cover the entire cost of the rehabilitation.** The building permit fee will be based on a value of \$30,000.00 (Per unit). If you believe the cost of the rehab is less in value, you **must** provide documentation to support this. Rehabs exceeding \$30,000.00 in value will be charged accordingly. **You must be a licensed building contractor OR hire a licensed building contractor to perform the building work and pull the required permit.** Permits will not be issued until the deposit is paid and VBR issue resolved.

Upon completion of these orders, call **612-673-5805**, or email ccs.certificate@minneapolismn.gov to set up a final inspection. Please be advised that final inspections will not be scheduled until **ALL** required permits have been issued. Typically we are booked at least **TWO WEEKS IN ADVANCE**. Please be advised that if the work is not complete at the final inspection, re-inspection fees will apply.

When offering this property for sale, A **COMPLETE** copy of these orders must be posted at the site. A signed Acknowledgement of Responsibility must be submitted to this Department. Call 612-673-5805 with questions.

You must schedule an appointment to pay the deposit or if you have questions, call 612-673-5805

PROPOSED USE OF PROPERTY / ZONING: R3/MULTIPLE FAMILY DISTRICT. For further information the applicant should contact the City of Minneapolis Zoning Office by calling 311 if calling from within Minneapolis or by calling 612-673-3000 if calling from outside of the Metro.

BRING THIS CODE COMPLIANCE INSPECTION REPORT WITH YOU WHEN YOU OR YOUR CONTRACTOR COMES TO OUR OFFICE TO APPLY FOR A BUILDING PERMIT.

OCCUPANCY OF THIS BUILDING IS NOT ALLOWED UNTIL ALL WORK ORDERS ARE COMPLETE AND A CERTIFICATE OF CODE COMPLIANCE IS ISSUED

POST THESE ORDERS AT THE JOB SITE

CODE COMPLIANCE CHECKLIST

3243 FREMONT AVENUE NORTH BCC 1001984

| Required | Done | Tasks | Comments |
|----------|------|--|---|
| YES | | RECEIVE A COPY OF THE CODE COMPLIANCE WORK ORDERS AND READ COMPLETELY | |
| YES | | PAY VACANT BUILDING REGISTRATION FEE OR MAKE APPOINTMENT TO SIGN A RESTORATION AGREEMENT WITH WAYNE MURPHY @612-685-8442 | CALL 612-673-2233 OR FAX YOUR HUD STATEMENT SHOWING THE FEE WAS COLLECTED AT CLOSING TO 612-673-2314 <i>PRIOR</i> TO MAKING THE DEPOSIT APPOINTMENT. |
| YES | | SIGN STATEMENT OF UNDERSTANDING, REVIEW THE CODE COMPLIANCE PROCESS AND PAY THE \$2000 DEPOSIT IN PERSON (BY APPOINTMENT ONLY) | BY APPOINTMENT ONLY. If you do not have an appointment there may not be anyone available to assist you. We also need to speak with you prior to meeting to be sure that you bring everything necessary for us to complete the deposit process so that permits can be issued and work can begin. Thank you in advance for your cooperation. Please call 612-673-5805 or email us at ccs.certificate@minneapolismn.gov to schedule the appointment. |
| YES | | ZONING REQUIREMENT | ZONING R3 MULTIPLE FAMILY DISTRICT- THIS IS A SFD |
| YES | | A LICENSED CONTRACTOR MUST SEE ZONING AND PLAN REVIEW TO OBTAIN THE BUILDING PERMIT. If the property is owned by an individual, not a corporation, LLC, partnership, etc., that individual may apply for the building permit themselves; however, by pulling the permit that individual is verifying that they are familiar with the building code and the Minneapolis Maintenance Code. If an individual renovates more than one property within a two year period, they must either become a licensed building contractor or hire one in order to pull the building permit and perform the work. | |
| YES | | MOLD ABATEMENT | MOLD ABATEMENT THROUGHOUT PROPERTY, CALL INSPECTOR WHEN DONE. ROGER @ 612-221-8324. |
| YES | | ADDITIONAL INSPECTIONS | ROUGH IN INSPECTION REQUIRED BY BUILDING INSPECTOR CALL ROGER @ 612-221-8324 |
| YES | | HEATING PLANT | HEATING PLANT NEEDS TO BE REPLACED.. A LICENSED MPLS HTG CONTRACTOR WITH PERMIT IS REQUIRED. |
| YES | | ELECTRICAL CERTIFICATION | FORM ENCLOSED *Note: a state electrical permit will be needed even if there is no work required to bring the property to code. The permit pays for the inspection and the electrical inspector cannot give approval to a condemned property without actually inspecting the property. |
| YES | | CALL OR EMAIL TO SCHEDULE FINAL INSPECTION WHEN ALL WORK IS COMPLETE (612-673-5805) CCS.CERTIFICATE@MINNEAPOLISMN.GOV | If the work is not completed when the inspectors arrive to do the inspection, a re-inspection fee will be charged by each inspector for the trade in which the work was not ready to be inspected. FINAL INSPECTION APPOINTMENTS ARE ALWAYS SCHEDULED A MINIMUM OF ONE WEEK IN ADVANCE. Cancellations must be made 48 hours in advance or a fee will be charged. |
| | | Receive refund after certificate is issued. Refund is automatically processed if certificate is issued within timeline. Will receive in mail in about 3 weeks. | |

CODE COMPLIANCE 612-673-5805

FAX 612-673-5814

CCS.CERTIFICATE@MINNEAPOLISMN.GOV

CHECKLIST REVISED: 6/5/14



Community Planning &
Economic Development

CODE COMPLIANCE SEQUENCE TO CLOSING

Please call for an appointment PRIOR to coming down to the office

- ◆ Owner/seller or Agent completes application for code compliance inspection and pays fee. (must be received before the inspection will be scheduled)
 - **COST:** Please refer to the Directors Fee Schedule (call **612-673-5805** if you have questions)
 - **Appointments** are scheduled a minimum of 2 weeks in advance
 - **THE HOUSE/GARAGE MUST BE COMPLETELY EMPTY AND FREE OF ALL GARBAGE, DEBRIS, FURNITURE ETC., A COMPLETE INSPECTION WILL NOT BE MADE AND A REINSPECTION FEE WILL BE CHARGED FOR EACH INSPECTOR BEFORE A NEW APPOINTMENT WILL BE SET.**
- ◆ City inspectors complete the inspection.
- ◆ Minneapolis Inspections Code Compliance section will mail out orders to owner/seller in approximately 10 days.

| | |
|--|---|
| <p>IF: <u>Owner completes the work:</u></p> <p>Vacant Building Registration fee requirement must be resolved. Call 612-673-2233, Fax 612-673-2314.</p> <p>Prior to starting any work, the owner must pay the \$2000 deposit, in the form of a Cashiers Check, payable to Minneapolis Finance Dept. Call 612-673-5805 to schedule an appointment.</p> <p>A building permit must be pulled to cover the entire cost of the rehabilitation. The value of the building permit is based on a minimum of \$30,000 per unit.</p> <p>Licensed contractors must perform all building, electrical, plumbing, mechanical, and gas work, with proper permits pulled.</p> <p>Occupancy is not allowed until all work is complete and a Certificate of Code Compliance has been issued.</p> <p>If all work is completed and a certificate issued within the required 6 (six) months timeline, the deposit is refunded. Additionally, projects exceeding the timeline are subject to forfeiture.</p> <p>When all work is completed, inspected and approved by City Inspectors, a Certificate of Code Compliance is issued. You must schedule a final inspection through the code compliance office.</p> <p>The Certificate of Code Compliance is valid for only the person it is issued to and is good for 1 (one) year and 1 (one) sale.</p> <p>A Truth in Sale of Housing inspection is not required if you have a Valid Certificate of Code Compliance.</p> <p>Closing can occur.</p> | <p>IF: <u>Property is being offered for sale:</u></p> <p>A complete copy of All work orders and related forms must be available at the property.</p> <p>Seller is responsible for providing a complete copy of the work orders and related forms to interested parties.</p> <p><u>Owner enters into an agreement with the buyer for buyer to complete the work:</u></p> <p>Seller and buyer must fill out <i>code compliance acknowledgement of Responsibility</i>. Buyer must sign.</p> <p>Acknowledgement of Responsibility is submitted to Inspections within 10 days of closing. (fax to 612-673-5814 Attn: Code Compliance). Form is available online at www.ci.minneapolis.mn.us/ccs/code-comp-forms.asp</p> <p>Closing can occur.</p> <p>Buyer completes repairs: See "Owner completes the work".</p> <p>When all work is completed, inspected and approved by City Inspectors, a certificate of code compliance is issued.</p> <p>The Certificate of Code Compliance is valid for only the person it is issued to and is good for 1 (one) year and 1 (one) sale.</p> <p>A Truth in Sale of Housing inspection is not required if you have a valid Certificate of Code Compliance</p> |
|--|---|

- ◆ For more information call 612-673-5805, visit www.ci.minneapolis.mn.us/ccs/codecomp.asp & see **"Frequently Asked Questions,"** or Email us at ccs.certificate@minneapolismn.gov revised 10/13

THIS FORM MUST BE ATTACHED TO THE ORDERS/ CERTIFICATE WHEN OFFERING PROPERTY FOR SALE.
MINNEAPOLIS CODE COMPLIANCE DISCLOSURE FORM

Address of Evaluated Dwelling: _____
Owners/Agents Name: _____
Owners/Agents Address: _____

I declare to the best of my knowledge the following information regarding any flood damage, sewer backup or water seepage:

Age and Condition of Roof:

Age: _____ Patch: Yes/No _____ Currently Leaking: Yes/No _____
Condition: Poor Fair Good Excellent

Signature of Owner/Owners Agent (Not Valid Without Signature): _____

_____ Date

****This must be attached to the Code Compliance orders if property is offered for sale.****

Number of Dwelling Units: _____ City Referenced As: _____
Present Zoning District: _____ Present Occupancy: Confirming Nonconforming

Reason for nonconforming status: _____

Note: If the occupancy is indicated as Nonconforming, the owner shall provide the buyer, prior to closing, settlement, or transfer of ownership, a written and signed verifications to the zoning status by the City Zoning Administrator.

1. If this property is being offered for sale, this *Minneapolis Code Compliance Disclosure* must be attached to the *Code Compliance work orders* or *Certificate of Code Compliance* must be made available to the buyer prior to signing a purchase agreement, or at closing if a purchase agreement does not exist.
2. The Code Compliance work orders or Certificate of Code Compliance is valid for one (1) year from date of issuance and only for the owner that is named on the report.
3. Any questions regarding this report should be directed to the Inspector(s) listed on the orders.
4. Any question regarding the process for Code Compliance completion or use of this report for sale of the property call (612) 673-5805.

NOTE: THE CITY OF MINNEAPOLIS AND THE DEPARTMENT OF INSPECTIONS ASSUME NO RESPONSIBILITY OR LIABILITY FOR THE CONDITION OF THE ROOF AT THE BUILDING FOR WHICH THE CERTIFICATE OF CODE COMPLIANCE IS ISSUED. THIS FOR OR A COPY THERE SHALL BE ATTACHED TO AND REMAIN WITH THE CODE COMPLIANCE CERTIFICATE WHEN ISSUED.

City Ordinance Section 87.260 states as follows: "Issuance of Certificate. Whenever such inspection, made pursuant to a request for such certificate of code compliance, shows the building to be in compliance with the requirements of the code with respect to housing, zoning, general construction, plumbing, electrical and other mechanical installations, based on the present occupancy of the building, the director of inspections shall issue a certificate of code compliance, setting forth the result of the inspection containing the date thereof or date concluded and a statement to the effect that such building complied with the provisions of the code as of the date of the inspection. The certificate shall clearly indicate that IT IS NOT A GUARANTEE. Such certificate of code compliance shall not be in lieu of or replace the requirement of a certificate of occupancy."

OCCUPANCY OF THIS BUILDING IS NOT ALLOWED UNTIL ALL WORK ORDERS ARE COMPLETE AND A CERTIFICATE OF CODE COMPLIANCE HAS BEEN ISSUED.

City of Minneapolis Code Compliance Minneapolis Inspections Division
ELECTRICAL CERTIFICATION

| | |
|---------------------------|------------|
| Address of Dwelling _____ | Date _____ |
|---------------------------|------------|

Electrical System Inspection

| | |
|------------------------|--|
| Contractor Name: _____ | State Permit # _____ |
| Address: _____ | Phone # _____ |
| Master License # _____ | Issued By The Minnesota State Board of Electricity |

| | |
|--------------------------------|-----------------|
| Master Electrician Name: _____ | Firm Name _____ |
|--------------------------------|-----------------|

A licensed electrician, employed by this firm, has inspected the electrical system of the dwelling listed above. The inspection revealed that the entire electrical system meets the current N.E.C. Standards and/or the Electrical Certification Requirements (See below). As a representative of the firm, I am authorized to sign this certification on behalf of the Master Electrician. By signing, my firm is duly bound under the terms and conditions of the certification.

This certification as to the conditions of the electrical system is based upon a visual inspection on the date and address listed above. If the installation is subsequently found to be in nonconformance, such faulty conditions shall be determined to have occurred on or after the date of this certification.

I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgagee or other party involved in the transaction.

I understand that if I am certifying the properties electrical system and no work was performed that required a State Electrical Permit. The State Electrical Inspector may require a permit for an inspection to verify the electrical system is safe at this condemned property.

WARNING: Whoever, for the purpose of influencing in any way the action of this office, makes, passes, utters or publishes any false statement shall be turned over to the City Attorney for prosecution. Also, the State Electrical Board shall be notified for appropriate action.

Firm Representatives

Signature: _____ Date: _____

Title: _____

Electrical Certification Requirements

All wiring that conforms with N.E.C. requirements and Minneapolis Housing Maintenance code Chapters 244.420 and 244.915, in effect now or at the time of the installation, may remain if it is: maintained in good condition; used in a safe manner; and does not constitute a hazard. All hazardous wiring and all disconnected, exposed wiring must be removed.

The electrical system must be safe, properly installed and maintained. The service must not be tampered with, improperly altered, over-fused or over-loaded. The service box must be properly located and accessible. The entire service must be properly grounded.

The current amperage and voltage rating of the service is _____.

Attach a record of what work was done to meet these standards. Proper permits must be obtained by licensed contractors.

Services

1. An existing electrical service may remain if:
 - a) It is in good, safe condition. Only one wire is permitted under each lug.
 - b) It is not overloaded. A basic rule (which does not always apply) is a 60 amp service is sufficient where no more than one major 220 volt appliance is connected. See N.E.C. Article 220 for service calculations.
2. All services must be properly grounded, including bonding around water meters.

NOTE: The City Water Department DOES NOT install or remove bonding wires around the water meter.

3. All branch circuits must have proper sized over-current protection. Edison-base type fuses must be type "S" with adapters.



**RETURN FORM TO: Regulatory Services
Truth-in-Sale of Housing/Code Compliance
250 S. 4th Street – Room 300
Minneapolis, MN 55415**

Fax to (612) 673-5814 For TISH call (612) 673-5840 For Code Compliance call (612)673-5805 TTY (612)673-3000

**HEATING, VENTILATION AND COOLING PERFORMANCE
SAFETY CHECK FOR TISH or CODE COMPLIANCE**

PROPERTY ADDRESS _____ **Date of Inspection** _____
 ****Contractor must have the proper Minneapolis Mechanical or Gas License in order to perform the Performance Safety Check****

Equipment Description: (use a separate form for each unit)

Type _____ Location _____ Serial # _____
 Make _____ Model _____ Type of Fuel _____
 Equipment Venting Type: Atmospheric _____ Induced Fan _____ Other _____

Total BTU Input of all vented gas appliances per chimney: _____

Type of Chimney: Masonry _____ Class B _____ Other _____
 Type of Liner: None _____ Metal _____ Flex-liner _____ B-vent _____
 Combustion Air Supply, with air trap: Yes _____ Properly sized _____

| Safety & Operating Control Tests: | Pass | Flue Gas Analysis: | Initial | Final |
|--|-------------|---|----------------|--------------|
| Pilot/Flame Safeguard Operating Properly | _____ | Stack Temperature | _____ F/Net | _____ F/Net |
| Limit(s) Operating Properly | _____ | Oxygen | _____ % | _____ % |
| Operator(s) Operating Properly | _____ | Carbon Dioxide | _____ % | _____ % |
| Low Water Cut-Off Operating Properly | _____ | Steady State efficiency | _____ % | _____ % |
| All Controls Operating Properly | _____ | | | |
| Fuel Piping System-Okay | _____ | Visual Inspection (plenums, supplies, returns, etc): | | |
| Burner Lights Smoothly | _____ | Pass _____ | | |
| Connector, Vent, Chimney – Okay | _____ | | | |
| Heating Unit – Okay | _____ | Does the heating system operate safely and properly ? | | |
| Combustion Chamber/Smoke Bomb Test | _____ | Yes _____ | No _____ | |
| Vents Properly Without Spillage | _____ | If the heating system does not operate safely and properly, the system needs to be repaired or replaced, with the proper permits. | | |
| Flame Stays Inside/Doesn't Roll Out | _____ | | | |
| Carbon Monoxide % _____ | _____ | | | |

Comments (List all repairs made to the system. All necessary permits need to be obtained):

Name of Licensed Contractor: _____ **Phone** _____
Address: _____
Name of Master: _____ **Master License #:** _____
Person Performing Test: _____ **Signature** _____
A licensed journeyman/master heating installer employed by this firm has inspected the heating system(s) of the dwelling listed above. The inspection revealed that the entire heating system(s) is consistent with MN. Mechanical Code Sec. 103, 104, & 107 and MN. Fuel Gas Code, Chapter 9 for adequate heat supply, chimney vent liner, manual gas shut-off, draft hood, venting, cleaning and servicing. As a representative of the firm, I am authorized to sign this certification on behalf of the Master Heating Installer.



Lead Resources and Training

Resources

For current lead-abatement grant programs, please visit:
www.ci.minneapolis.mn.us/lead-hazard-control/grants.asp

Training

Lead-safe work practices course

This lead-safe training course is designed for licensed building owners and contractors who do maintenance and remodeling projects on houses built before 1978. The presentation is to provide you with the necessary knowledge and procedures for controlling lead in your work area and to pass a "lead clearance test." This is the beginning of establishing a building standard in order to leave homes in a healthy condition. The course covers why lead is a danger to children, health effects of lead poisoning, setting up your work space, safe work practices, cleanup and planning a job.

Below is a list of organizations currently recognized by the City of Minneapolis as Lead Safe Work Practices providers. Visit www.ci.minneapolis.mn.us/lead-hazard-control for the most updated list.

Sustainable Resources Center

Megan Curran
1081 Tenth Ave SE
Minneapolis, MN 55414
(612) 872-3282
(612) 545-1535
m.curran@src-mn.org
www.src-mn.org

Midwest Environmental Consulting, LLC

Greg Myers
145 2nd Ave SE
Cambridge, MN 55008
(763) 691.0111 (p)
(763) 691-0145 (f)
gammec@earthlink.net

Lake States Environmental Ltd.

222 ½ Main Street, Suite #1
PO Box 645
Rice Lake Wisconsin, 54868
800-254-9811
info@lakestates.com

Vacant Building Requirements Annual Vacant Building Registration Fee and Winterization

Due to the tremendous amount of staff time and city resources required to monitor and manage vacant and abandoned buildings, the City of Minneapolis utilizes a Vacant Building Registration program. Qualifying properties are charged an annual fee. This fee is based upon several factors including operational costs, the high volume of police and fire services associated with vacant properties, inspections services, unpaid water and sanitation bills, and expenses for garbage removal, grass cutting, and securing of structures. The VBR fee is part of the Director's Fee Schedule, which utilizes a cost index to adjust the fee annually. The fee will be \$6,948 effective April 1, 2012.

The VBR fee is an annual fee (due at the time the property is registered as vacant and then again on the anniversary date of being found vacant – until all issues are resolved). The fee applies to vacant buildings that have one or more of the following conditions:

- Condemned
- Unoccupied and unsecured for five days or more
- Unoccupied and secured by means other than those normally used in the design of the building for 30 days or more;
- Unoccupied with multiple housing maintenance, fire or building code violations existing for 30 days or more;
- Unoccupied more than 365 days with an order having been issued to correct a nuisance condition pursuant to section 227.90.

Buildings that are left vacant but are well maintained and secured do not qualify for this registration fee. Details of this program can be found in Chapter 249 of the Minneapolis Code of Ordinances.

To encourage the rehabilitation of buildings in the VBR program, the City may allow some properties to hold the fee in abeyance if the property is being actively rehabbed. Properties with recently applied VBR fees or those with new or pending VBR anniversary dates are eligible to sign a Restoration Agreement. This agreement can only be made with the owner of a VBR property and may require an escrow, bond or letter of credit. The restoration agreement also includes penalties for noncompliance during and after the accepted time frame.

In addition, the City now requires that all condemned properties be winterized according to industry standards. The owner may elect to winterize the property on their own or the City will hire a contractor and winterize on their behalf. Notify the VBR program immediately if and when your property has been winterized.

To check if your property is registered as vacant or to notify staff that the property is winterized, call (612) 673-2233. For additional information, go to the Property Information section of the City of Minneapolis website. www.minneapolismn.gov
Please note that some VBR information is not listed on the Property Information website.

Rental License Re-Instatement After Revocation

Requirements:

- Acceptable Management plan must be submitted to Luther Krueger of the Minneapolis Police Department. Luther.Krueger@minneapolismn.gov
- No unpaid administrative citation fees or assessments
- Taxes must be current
- A full rental license inspection must be conducted and all noted violations corrected or recent certificate of code compliance
- A New Owner must pay \$1000.00 reinstatement fee
- An Owner, who had license revoked, must pay \$3000.00 fee prior to reinstatement of the rental license.

Minneapolis Code of Ordinances - 244.1945. Reinstatement Requirements.

A fee of one thousand dollars (\$1,000.00) must accompany any application for reinstatement of any license or provisional license that has been denied, revoked or suspended pursuant to 244.1940, if the applicant is a new owner of the property. If the applicant for reinstatement was the owner of the property when the license or provisional license was denied, revoked or suspended under 244.2020, a fee of three thousand dollars (\$3,000.00) must accompany any application for reinstatement. This reinstatement fee is in addition to the license fees imposed pursuant to section 244.1880. If the applicant for reinstatement was the owner of the property when the license or provisional license was denied, revoked or suspended pursuant to section 244.2020, the owner or other natural person as defined in section 244.1840 (3) shall provide proof of prior attendance and successful completion within one (1) year prior to the date of application of a recognized fundamentals of rental property management course approved by the director of regulatory services.

After the property has been certified as having no housing/zoning code violations, outstanding fees for administrative citations or assessments have been paid, reinstatement fee is paid, and the management plan has been accepted by the designated representative of the Minneapolis Police Department, the matter will be put on the next available agenda for the Regulatory, Energy & Environment (REE) Committee of the City Council. The REE committee normally meets twice per month.

The recommendation of REE is then forwarded to the next City Council meeting. If the City Council votes to reinstate the license, you may submit a rental license application along with the appropriate rental license fees and the license will be issued at this time.

The property cannot be rented until the rental license has been issued.

For Management Plan Requirements

Contact Luther Krueger at 612-673-5371 or Luther.Krueger@minneapolismn.gov

For General Rental License Information, please call 311

BUILDING CODE COMPLIANCE CHECKLIST

| | | | |
|--|-------------------------------|-------------|---------|
| Property Address | 3243 FREMONT AV N BCC 1001984 | | |
| Inspector | Roger Smith 612-221-8324 | Date | 3/27/15 |
| CPED c/o EDYTHE OLIVETO-OATES | | | |
| 105 5TH AVENUE SOUTH | | | |
| MINNEAPOLIS, MN. 55401 | | | |

A rough-in inspection is required for work on these orders. Yes No
Attic access and crawl space access must be made available at time of rough-in inspection.
Additional orders may apply.

| Meets | Below | Exterior Grade: | Comments |
|-------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Provide positive drainage away from the dwelling. IRC section 401 | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Remove all vegetation growing against foundation. | REMOVE ALL SCRUB TREES TO BELOW GRADE LEVEL AROUND FOUNDATION AND PROPERTY LINE AND KILL ROOTS TO PREVENT FURTHER DAMAGE |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Retaining Wall R404.6 <input type="checkbox"/> Repair (see comment) <input checked="" type="checkbox"/> Replace to ensure structural integrity | REPLACE ALL DUE TO DETERIATION, PLAN REVIEW REQ'D |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Grade Steps <input type="checkbox"/> Repair (see comment) <input type="checkbox"/> Replace | |

Additional Comments:

| Meets | Below | Exterior Building: | Comments |
|-------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Replace roofing including: <input checked="" type="checkbox"/> Decking <input checked="" type="checkbox"/> Flashing <input checked="" type="checkbox"/> Roof Vents R903, 904, 905 (asphalt shingles) R806 | REPLACE SHINGLES AND APPLICABLE ELEMENTS |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Repair roof structure (rafters/trusses) | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Chimney <input checked="" type="checkbox"/> tuck pointing <input checked="" type="checkbox"/> flashing <input checked="" type="checkbox"/> masonry cap | REPAIR/REPLACE |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Exterior Wall Surfaces <input checked="" type="checkbox"/> siding <input type="checkbox"/> stucco <input type="checkbox"/> Brick Specify location in comments | PAIN'T |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Exterior Overhang <input type="checkbox"/> damaged soffits <input type="checkbox"/> fascia Specify location in comments | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Steps/stoops and related components <input type="checkbox"/> steps <input type="checkbox"/> guardrail <input type="checkbox"/> handrails <input type="checkbox"/> landing <input type="checkbox"/> 36" entry door Specify location in comments | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Deck and related components <input type="checkbox"/> structure <input type="checkbox"/> guardrail <input type="checkbox"/> handrails | |

| | | | |
|--|-------------------------------------|---|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. Porch and related components <input type="checkbox"/> structure <input type="checkbox"/> guardrail <input type="checkbox"/> screening Specify location in comments | |
| Additional Comments: | | | |
| Meets | Below | Building Footings and Foundations R403 Footings R404 Foundations | Comments |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Foundations: tuck pointing, buckling, settlement, cracks, etc. | SUBJECT TO FURTHER INSPECTION DUE TO MOLD |
| Additional Comments: UNABLE TO DO THOROUGH INSPECTION DUE TO MOLD AND SMELL, CLEAN AND REMOVE ISSUE AND CALL FOR REINSPECTION | | | |
| Meets | Below | Basement | Comments |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 14. <input type="checkbox"/> Basement floor repair (see comment) <input type="checkbox"/> Replace basement floor; replacement to be 3 1/2 inches thick to meet code | SEE ABOVE COMMENT |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15. Interior basement walls/see comments | MOLD MITIGATION/GUT BSMT TO FRAMING |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 16. Minimum basement ceiling height (measured at perimeter/see comment) | REMOVE DETERIATED CEILING |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 17. Provide basement or crawl space ventilation (operable window, etc.) R305 Basement Windows <input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Replace basement windows | SEE ABOVE COMMENTS |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18. Columns (condition of base, proper footings, plumb, connections) R305, 407 <input checked="" type="checkbox"/> Replace <input type="checkbox"/> Provide footings | SEE ABOVE COMMENTS |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19. Beams (level, proper support at each end & columns, positive connection) <input checked="" type="checkbox"/> Replace sagging/unlevel beams <input checked="" type="checkbox"/> Replace rotten members <input checked="" type="checkbox"/> Provide adequate bearing support | SEE ABOVE COMMENTS |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20. Joists (notches, bearing, undersized or over spaced, level, hangers) <input checked="" type="checkbox"/> Provide adequate bearing <input checked="" type="checkbox"/> Joists undersized (see comment) <input checked="" type="checkbox"/> Joists improperly spaced (see comment) <input checked="" type="checkbox"/> Provide joist hangers <input checked="" type="checkbox"/> Improperly drilled or notched (see comment) | SEE ABOVE COMMENTS |
| Additional Comments: | | | |
| Meets | Below | Interior Stair(s) R311 | Comments |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21. Interior steps and related components <input checked="" type="checkbox"/> Rise and run <input checked="" type="checkbox"/> Repair/replace stairs - Specify location in comments | STAIRS DO NOT MEET CURRENT CODE.. |

| | |
|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | Proper support at top & bottom |
| <input checked="" type="checkbox"/> | Headroom and landings |

Additional Comments:

| Meets | Below | Other Interior Items | Comments |
|--------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22. Repair all floors, subfloors, walls and ceilings as required. - Specify location in comments | OBSERVED MANY AREA'S OF RAISED (WARPED FLOOR BOARDS /REMOVE AND REPAIR/REPLACE |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23. Provide smoke detectors throughout including in each bedroom, hallway and on every level including the basement as required by code. Per IRC section R317. | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24. Provide required egress windows in all areas as required by code. Every condemned building must have one (1) legal egress window in each bedroom as defined by the Minnesota State Building Code. | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25. Provide handrails/guardrails in all areas as required by code. Handrails shall be installed at all stairs, both interior/exterior in accordance with IRC section R315 (handrails are required where there are 4 or more risers, and shall be continuous and have returned ends.) Guardrails shall be installed at open side(s) of stairs including basement. R316 | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. Safety glazing in all areas as required by code. Including tub areas and landings. Any windows which are replaced must meet the applicable safety glazing requirements of IRC section R308 (examples are shower/tub areas, in stairways, and adjacent to doors). | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27. Replace all missing/broken glass. | REPLACE ALL WINDOWS PER MN RULES 1322 WITH NEW(NO EXCEPTIONS) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28. Carbon Monoxide Detectors are required within ten (10) feet of each room lawfully used for sleeping purposes. POWER: detectors must be either hardwired into the electrical wiring, directly plugged into an electrical outlet without a switch, or battery powered. | |

Additional Comments: GUT ALL WALLS AND CEILINGS TO FRAMING DUE TO WATER AND MOISTURE INTRUSION/NEED PLAN REVIEW

| Meets | Below | Garage Structures (include repair of siding, roof, trim, doors) | Comments |
|-------|-------|---|----------|
|-------|-------|---|----------|

| | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29. Replace Garage <input checked="" type="checkbox"/> Structure <input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Siding/Stucco <input checked="" type="checkbox"/> Service Door <input checked="" type="checkbox"/> Overhead Door <input checked="" type="checkbox"/> Floor | CGI/ROOF OVERHANG CANNOT EXCEED 4 INCHES AT SOUTH SIDE PROPERTY LINE |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30. Interior (comment needed for orders or CGI) | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31. Repair garage (See Comments) | |
| Additional Comments: REPLACE ENTRY DOORS WITH MINIMUM 20 MINUTE RATING | | | |
| Meets | Below | Multiple dwelling or commercial buildings (items in addition to above) | Comments |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 32. Fire doors & stair shafts. | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 33. Rated corridors, doors, & closers | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 34. Exit signs and exit illuminations | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 35. Floor & wall penetrations – repair all holes in floors and ceiling | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 36. Walls & ceiling fire rated and STC (Sound Transmission Control) separations | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 37. Commercial buildings exterior wall and trim maintenance. | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 38. Evidence of roof leakage or other maintenance items. | |
| Additional Comments: | | | |
| A rough-in inspection is required for work on these orders. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Mechanical Warm Air Code Compliance Checklist

| | |
|---|----------------------|
| Property Address: 3243 Fremont Ave.N. BCC1001984 | |
| Inspector: Frank Richie | Date: 3-27-15 |
| 612-685-8523 | |

| Meets | Below | Appliance, General: |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Furnace visually meets Code requirements. Contract with a licensed contractor to verify safety of heat exchanger and furnace operation. Comments: |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Furnace and ducts need to be replaced. They are damaged, missing, or otherwise unable to heat the building. (Minneapolis Housing Maintenance Code 244.430 and MMC 1300.080 and 1346.103 and 108). Comments: Replace entire system. furnace is below efficiency standards and ducts system is below durability standard for galvanized duct system. Galv coating has been compromised and rusting has started. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Furnaces shall be listed and labeled. (MMC 301.4 and 301.5) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Forced-air furnaces shall be installed in accordance with the listings and the manufacturer's installation instructions. (MMC 918.1) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Furnaces shall be located in accordance with their listings and the Mechanical Code. (MMC 301) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Separate forced air systems are required for each unit of a duplex (MMC 918.8) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Filters are correctly sized, installed, and clean. Comments: |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Other Gas main. Comments: Replace entire gas main due to rusting. |
| Meets | Below | Plenum and Duct Requirements: |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Plenums must be correctly sized. (MMC 603.2) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Supply and return ducts, registers and grills are to be clean and operable. Provide a heating system capable of maintaining 68 degrees Fahrenheit at a point 3.0 feet above the floor on a design heat day. (MMC103, 108, 309.1) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. a. Supply registers are adjustable to open and close Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. b. Return grills will have no obstructions Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. c. No wall registers in floor Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Constructed of proper materials of correct thickness, strength, etc. (MMC 602.2) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Ducts are correctly sized and of proper materials. (MMC 603) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Joints and seams shall be securely fastened and sealed. (MMC 603.8) Comments: |

| | | |
|--|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Ducts shall be properly supported and protected from damage (MMC 603.9,603.3) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Other Comments: |
| All work to be done under permit by licensed heating contractors. (MMC 1300.0120) | | |
| Meets | Below | Plenum and duct requirements (continued) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Volume dampers must be provided for all ducts. (MMC603.15) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Shall not have an opening that supplies air that affects the operation of a draft diverter. Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Other Comments: |
| Meets | Below | Return Air Drop Requirements: |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Cannot have a register within 10' of an appliance vent outlet. (MMC 918.6.1) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Cannot have a return from a closet, bathroom, toilet room, kitchen, garage, mechanical room, boiler room, of furnace room. (MMC918.6.5) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. The minimum area of return air to a forced air furnace shall not be less than 2 square inches per 1000 Btu/h output rating capacity of the furnace (MMC918.2) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Must meet manufacturer's recommendation on filter size requirements. (MMC 918.2) Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Other Comments: |
| Meets | Below | Bathroom Ventilation |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. All bathrooms must have bath fans. IRC 303.3 Exception: the bathroom has an accessible window with not less than 3 square feet of glass, one-half of which can be opened. Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Other Comments: |
| Meets | Below | Clothes Dryer Exhaust Ducts |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Clothes dryer exhaust. Min. 4" diameter, 25 foot maximum length, transition ducts are listed and labeled and no longer than eight feet. Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. a. Dryer ducts must be insulated 36 inches from outside wall. Comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Other Comments: |

Plumbing Inspector Code Compliance Checklist

| | | | |
|------------------|--------------------------------------|-----------|-----------|
| Property Address | 3243 FREMONT AVENUE NORTH BCC1001984 | | |
| Inspector | DEB DELGADO | Date | 3/27/2015 |
| Phone Number | 612-685-8479 | Occupancy | |

GENERAL NOTES:

1. **ALL PLUMBING AND GAS WORK IS TO BE PERFORMED BY A LICENSED PLUMBING CONTRACTOR.**
2. Ensure integrity of vent and waste system.
3. Size all missing water piping to code.
4. Remove all unused gas piping.
5. Secure all water and gas piping.
6. Caulk all fixtures.
7. Every fixture in each apartment and/or unit shall have water shut-offs.
8. Ensure stack and front main clean outs are operable.
9. Install approved meter valves.
10. All natural draft water heaters shall be vented to an intact liner. All water heaters must have approved shut-offs for gas, water and draft properly.
11. All open vents and sewer shall be capped or plugged to code.
12. All un-vented fixtures shall be vented or removed.
13. All broken or non-cleanable fixtures shall be replaced to code.
14. Back-flow protection to be installed where needed.
15. If adding basement fixtures; back water protection shall be installed when needed.
16. If house has been moved – A MANOMETER AIR TEST IS REQUIRED.

THE FOLLOWING COMMENTS ARE AS OF DATE OF INSPECTION

(ADDITIONAL CORRECTIONS MAY BE REQUIRED)

| Permit Required | Yes | No | Water Service | Comments |
|-------------------------------------|-------------------------------------|--------------------------|--|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Is it missing? | If Yes, Install in an Approved Manner. |
| | If Not Then | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | 2. Secured? | |
| | <input type="checkbox"/> | <input type="checkbox"/> | 3. Is It Kinked? | |
| | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is It Above Grade? | |
| | <input type="checkbox"/> | <input type="checkbox"/> | 5. Does it Have Approved Full Flow Meter Valves? | |
| Comments: | INSTALL FULL FLOW VALVES AT METER. | | | |

| Permit Required | Yes | No | Water Distribution | Comments |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Is It Missing? | If Yes, Install in an Approved Manner. |
| | If Not Then | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is It Properly Sized? | |
| | <input type="checkbox"/> | <input type="checkbox"/> | 3. Is It An Approved Material? | |
| | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is It Supported Properly? | |
| Comments: | SIZE AND INSTALL TO CODE. | | | |

Air Testing of Waste and Venting System

| | | | | | |
|-------------------------------------|--|---|---|---|---|
| Type of Air Test Required | | Comments: | | | |
| 1. Blowback | <input checked="" type="checkbox"/> | | | | |
| 2. 5# Air Test | <input type="checkbox"/> | | | | |
| 3. Manometer | <input type="checkbox"/> | | | | |
| Where Air Test is Required | | Comments: | | | |
| All Above Ground | <input checked="" type="checkbox"/> | | | | |
| Basement Bathroom | <input type="checkbox"/> | | | | |
| Other: | <input type="checkbox"/> | | | | |
| Permit Required | | | | | |
| <input type="checkbox"/> | Floor Drain/Drains | Basement FD #1 | Basement FD #2 | Basement FD #3 | Other FD |
| | 1. Does One Exist? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If Yes Then | | | | |
| | 2. Is There An Intact clean out plug? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 3. Does It Appear Operable? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: | VERIFY OPERATION AND CLEAN OUT PLUG. | | | | |
| Permit Required | | | | | |
| <input checked="" type="checkbox"/> | Laundry Tub or Standpipe | Basement | 1st Flr | 2nd Flr | 3rd Flr |
| | 1. Does One Exist? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If Yes Then | | | | |
| | 2. Is There a Trap? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 3. Does it Appear to be Vented Properly? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 4. Does it Need Backflow Preventer On the Spout? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 5. Is It Secured to floor/wall? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 6. Is It Level? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 7. Check for cracks/leaks? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: | STANDPIPE IS NOT TO CODE. | | | | |
| Permit Required | | | | | |
| <input checked="" type="checkbox"/> | Kitchen Sink | Basement | 1st Flr | 2nd Flr | 3rd Flr |
| | 1. Does One Exist? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If Yes Then | | | | |
| | 2. Is There a Trap? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 3. Does it Appear to be Vented Properly? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: | | | | | |
| Permit Required | | | | | |
| <input checked="" type="checkbox"/> | Basin | Basement | 1st Flr | 2nd Flr | 3rd Flr |
| | 1. Does One Exist? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If Yes Then | | | | |
| | 2. Is There a Trap? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 3. Does it Appear to be Vented Properly? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: | RESIDENCE ONLY HAS ONE PERMITTED BATHROOM. | | | | |

| | | | | | |
|--------------------------|--|---|---|---|---|
| Permit Required | | | | | |
| <input type="checkbox"/> | Water Closet | Basement | 1st Flr | 2nd Flr | 3rd Flr |
| | 1. Does One Exist? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If Yes Then | | | | |
| | 2. Does it need to be replace (cracked or broken)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 3. Does it Appear to be Vented Properly? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 4. Is It Secured to the Floor? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 5. Does The Ballcock Have an Approved Air Gap? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 6. Is the floor structure solid? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 7. If gutting bathroom, do fixtures meet required clearance? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Comments: RESIDENCE ONLY HAS ONE PERMITTED BATHROOM.

| | | | | | |
|--------------------------|---|---|---|---|---|
| Permit Required | | | | | |
| <input type="checkbox"/> | Bathtub and/or Shower | Basement | 1st Flr | 2nd Flr | 3rd Flr |
| | 1. Does One Exist? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If Yes Then | | | | |
| | 2. Is There a Trap? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 3. Does it Appear to be Vented Properly? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 4. Is It Cracked or Chipped? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 5. Is It Caulked? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 6. Is The Shower Head Loose? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 7. If It Is A Tub, Is There Access To The Trap? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 8. If There is a Shower, Is It Anti-Scald? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 9. Is There A Proper Air Gap On Tub Spout? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 10. Is the tub/shower surround approved material? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Comments: RESIDENCE ONLY HAS ONE PERMITTED BATHROOM.

| | | | | | |
|-------------------------------------|--|---|---|---|---|
| Permit Required | | | | | |
| <input checked="" type="checkbox"/> | Water Heater/Floor Serviced | Basement | 1st Flr | 2nd Flr | 3rd Flr |
| | 1. Does One Exist? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If Yes Then | | | | |
| | 2. Does it Need to be Replaced? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 3. Does It Have An Approved Vent? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 4. Does It Have A Full Port Cold Shut Off Valve? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 5. Does It Have An Approved Gas Valve? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 6. Is the Gas Line Secured? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 7. Is the Gas Train Approved? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Comments: PERMIT REQUIRED TO INSTALL WATER HEATER.

| | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| Permit Required | | | |
| <input checked="" type="checkbox"/> | Yes | No | Gas Piping |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Is It Properly sized? |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Are There Approved Valves? |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Is It Properly supported? |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Are They Approved Materials? |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Does The Gas Piping Need To Be Air Tested? |

Comments:

| | | | | | |
|-------------------------------------|---|---|---|---|---|
| Permit Required | | | | | |
| <input checked="" type="checkbox"/> | Gas Range | Basement | 1st Flr | 2nd Flr | 3rd Flr |
| | 1. Does One Exist? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If Yes Then | | | | |
| | 2. Is There An Approved Gas Valve? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 3. Is There An Approved Gas Connector? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 4. Does it Have Manufacturers Anti-Tip Bracket? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 5. Is there proper clearance to combustibles? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: | PERMIT REQUIRED TO INSTALL A GAS RANGE. | | | | |
| Permit Required | | | | | |
| <input checked="" type="checkbox"/> | Gas Dryer | Basement | 1st Flr | 2nd Flr | 3rd Flr |
| | 1. Does One Exist? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If Yes Then | | | | |
| | 2. Is There An Approved Gas Valve? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 3. Does It Have Approved venting material? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 4. Is There An Approved Gas Connector? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 5. Is it Approved Venting(damper/insulating/elbows)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 6. Is the Gas Train (gas line/valve/drip leg) approved? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: | | | | | |



**City of Minneapolis
Department of Regulatory Services
Housing Inspection Services Division**

250 South Fourth Street Room 300
Minneapolis, Minnesota 55415
www.minneapolismn.gov



Spanish- Atención. Si desea recibir asistencia gratuita para traducir esta información, llama 612-673-2700
Somali- Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac 612-673-3500
Hmong-Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 612-673-2800
English- Attention. If you need this material in an alternate format, have questions, are deaf or hard-of-hearing, please call 612-673-3000.
 TTY: 612-673-2626 or 612-673-2157

07-APR-15

**CITY OF MINNEAPOLIS
DEPT OF COMM PLAN/ECON DEV
105 5TH AVE S #200
MINNEAPOLIS, MN 55401-2521**

NOTICE OF ORDINANCE CODE VIOLATIONS

Property Address in Violation: 3243 FREMONT AVE N

RFS #: 15-1102561

On 27-MAR-15, an inspection of your property at the above address disclosed conditions that are violations of the Minneapolis Code of Ordinances.

Please make the following corrections by the required due date of: 28-SEP-15

Repair or replace the loose and/or deteriorating windows in a professional like manner. Minneapolis Code of Ordinances 244.530 and 244.510. Violation Text 710.

Inspector's Comments: Throughout

Repair or replace sash cords (or supply other approved mechanical means) to allow windows to be kept open without danger of self closing. Minneapolis Code of Ordinances 244.510 and 244.530. Violation Text 713.

Inspector's Comments:

Properly prepare and paint in a professional manner all painted surfaces of window components, including sills, jambs and sashes, that are blistered, cracked, flaked, scaled or chalked away. Minneapolis Code of Ordinances 244.510 and 244.530. NOTE: Any structure built before 1978 may have lead-based paint. Deteriorated lead-based paint may pose a health hazard, especially for pregnant women and children six (6) and under. To limit health problems associated with lead paint, keep all painted surfaces in good repair. For more information on hazards associated with lead-based paint or to properly prepare for lead-based paint removal contact the State Health Department at 651-201-4620 or call 1-800-424-LEAD. VIOLATION TEXT #709

Inspector's Comments:

Provide the required shades, drapes or blinds in all bath and sleeping rooms. Minneapolis Code of Ordinances 244.540 Violation Text 716.

Inspector's Comments: Bedrooms, Bathroom

Repair or replace the cabinets and counters in this rental unit(s) and maintain them in a professional manner. Minneapolis Code of Ordinances 244.510. Violation Text 747.

Inspector's Comments: Kitchen

Repair and refinish all deteriorated walls in a professional manner for the area(s) listed below. Minneapolis Code of Ordinances 244.510. Violation Text 753.

Inspector's Comments: Throughout

Repair and refinish all deteriorated ceilings in a professional manner for the area(s) listed below. Minneapolis Code of Ordinances 244.510. Violation Text 755.

Inspector's Comments: Throughout

Identify and fix source of moisture problem. Properly repair or remove all water damaged surfaces such as sheetrock, insulation, particle board, cardboard or carpet. Cleanable surfaces such as concrete, solid wood or plaster where the integrity of the surface is intact but appears to be moldy may be cleaned with soapy water and a scrub brush and then disinfected with a dilute solution of ¼ to ½ cup of bleach per gallon of water. NEVER MIX BLEACH WITH AMMONIA - TOXIC CHLORINE GAS MAY RESULT. Completely dry surfaces before performing finishing repairs. Minneapolis Code of Ordinances Section 244.510. "Every interior partition, wall, floor, door, window, trim surface, radiator and ceiling shall be kept in a professional state of repair." VIOLATION TEXT 757.

Inspector's Comments: Throughout

Remove all blistered, cracked, flaked, scaled, peeling, flaking, blistering and loose paint and/or wallpaper. Properly prepare and refinish the surfaces in a professional manner for the following areas. Minneapolis Code of Ordinances 244.510. NOTE: Any structure built before 1978 may have lead-based paint. Deteriorated lead-based paint may pose a health hazard, especially for pregnant women and children six (6) and under. To limit health problems associated with lead paint, keep all painted surfaces in good repair. For more information on hazards associated with lead-based paint or to properly prepare surfaces which may contain lead-based paint, contact the State Health Department at 651-215-0890 or call 1-800-424-LEAD. Violation Text 759.

Inspector's Comments: Throughout

Do not allow the occupancy of vacant dwelling units until dwelling units are in compliance with all provisions of the housing maintenance code and inspected for compliance. Minneapolis Code of Ordinances 244.620. THIS VIOLATION IS

EXEMPT FROM REINSPECTION FEES. This violation is not appealable to the Housing Board of Appeals. Violation Text 783.

Inspector's Comments:

Repair the parking surface and/or driveway at this property to provide a properly drained, all-weather surface. Acceptable surfacing materials shall include asphalt, concrete, brick pavers, or similar material, installed and maintained per industry standards. Four (4) inches of Class Five crushed limestone is acceptable for single family dwellings. This notice is appealable to the Zoning Board of Adjustments in accordance with the provisions in Section 525.170 of the Minneapolis Code of Ordinances. All appeals must be filed within ten (10) calendar days of this notice. Information concerning the Zoning Board of Adjustments may be obtained from the Zoning Section at 311. Minneapolis Zoning Ordinances 541.300. THIS VIOLATION IS EXEMPT FROM REINSPECTION FEES. THIS VIOLATION IS NOT APPEALABLE TO THE MINNEAPOLIS HOUSING BOARD OF APPEALS. Violation 836.

Inspector's Comments:

Repair or replace all torn, split or missing screening at this dwelling. Minneapolis Code of Ordinances 244.450 Violation Text 165.

Inspector's Comments: Where torn or damaged

Provide a copy to the Housing Inspector listed below, proof of certification in renovation and remodeling from an accredited training source pursuant to the Environmental Protection Agency's Lead Renovation Repair and Painting Program, 40 CFR Part 745, prior to or upon completion and inspection of the repair work. Owner must submit form to inspector to certify work was completed following EPA protocols. EXCEPTION: Owner may provide a Risk Assessment that certifies that the area needing repair or paint is lead free. Minneapolis Code of Ordinances section 240.100 For additional information EPA web site <http://www.epa.gov/lead/pubs/renovation.htm> , MN Dept of Health http://www.health.state.mn.us/divs/eh/lead/find_firm/index.cfm Violation Text 703.

Inspector's Comments:

Install or repair required window locks in the following area(s) . Minneapolis Code of Ordinances 244.1690. Violation Text 711.

Inspector's Comments: Throughout

Free all window sashes so they may be freely opened in the area(s) listed below. Not less than one half (1/2) of required window area shall be openable for natural ventilation. Minneapolis Code of Ordinances 244.410. Violation Text 712.

Inspector's Comments: Throughout

Repair and correct all gaps, missing tiles, broken sheeting, torn carpeting or other deteriorated flooring in a professional manner for the area(s) listed below. Minneapolis Code of Ordinances 244.510. Violation Text 751.

Inspector's Comments: Throughout

Properly prepare and paint in a professional manner all portions of this garage/shed which not of a material manufactured or processed specifically for use in such a weather-exposed location or which are blistered, cracked, flaked, scaled or chalked away. Minneapolis Code of Ordinances 244.500 and 244.1560. NOTE: Any structure built before 1978 may have lead-based paint. Deteriorated lead-based paint may pose a health hazard, especially for pregnant women and children six (6) and under. To limit health problems associated with lead paint, keep all painted surfaces in good repair. For more information on hazards associated with lead-based paint or to properly prepare surfaces which may contain lead-based paint, contact the State Health Department at 651-215-0890 or call 1-800-424-LEAD. Violation Text 113

Inspector's Comments:

Repair or replace the following item(s) listed below on the garage/ shed. All work to be accomplished in a professional manner. Minneapolis Code of Ordinances 244.1560 and 244.500. Violation Text 115.

Inspector's Comments: Siding

Repair or replace the retaining wall at this property in a professional manner. A building permit is required if the wall is over four (4) feet in height. Minneapolis Code of Ordinances Section 244.1590 and State Building Code 1300.0120 Subparagraph 4 (A) (4) Violation text 121.

Inspector's Comments: South side of property

Repair or replace the roof on this dwelling in a professional manner. Minneapolis Code of Ordinances 244.500 Violation Text 133.

Inspector's Comments: Missing Shingles, Hole(s), Deteriorate shingles

Openable windows in each habitable room shall be supplied with a screen. Such screens shall have a mesh of not less than number fourteen (14) and shall be hung not later than May First of each year; provided, however, that such screens shall not be required in rooms located more than fifty (50) feet above ground level. Minneapolis Code of Ordinances 244.450 Violation Text 161.

Inspector's Comments: Throughout

Install storm windows on all single glazed exterior window units enclosing conditioned space. Minneapolis Code of Ordinances 244.530. Violation Text 163.

Inspector's Comments: Throughout

Repair or replace all broken and missing glass in storm windows and primary windows. Minneapolis Code of Ordinances 244.530 and 244.1560. Violation Text 167.

Inspector's Comments: Where cracked or damaged

Repair or replace following door(s) and/or frame(s) listed below in a professional manner. Minneapolis Code of Ordinances 244.510. Violation Text 715.

Inspector's Comments: Throughout

Repair or replace the following appliance(s) listed below with this rental unit. Keep all supplied equipment in operating condition and maintained in a professional manner. Minneapolis Code of Ordinances 244.580 and 85.20. Minnesota Mechanical Code Section 504. Violation Text 749.

Inspector's Comments: Stove, Refrigerator

Repair or remove the fence on this property. Minneapolis Code of Ordinances 244.1590, 535.410 and 535.430. Violation Text 125.

Inspector's Comments: Upper Rail, Damaged or torn mesh

Repair/remove or replace the gutters and downspouts at this property. Minneapolis Code of Ordinances 244.520 Violation Text 135.

Inspector's Comments: Missing Leaders, Holes in gutters, Downspouts, Disconnected/missing

Properly prepare and paint the exterior siding and/or wood trim of the main dwelling structure in a professional manner wherever it is not of a material manufactured or processed specifically for use in such a weather-exposed location, or which blistered, cracked, flaked, scaled, or chalked away. Minneapolis Code of Ordinances 244.500. NOTE: Any structure built before 1978 may have lead-based paint. Deteriorated lead-based paint may pose a health hazard, especially for pregnant women and children six (6) and under. To limit health problems associated with lead paint, keep all painted surfaces in good repair. For more information on hazards associated with lead-based paint or to properly prepare surfaces which may contain lead-based paint, contact the State Health Department at 651-215-0890 or call 1-800-424-LEAD. Violation Text 144.

Inspector's Comments:

Repair or replace the exterior door(s) of this dwelling in a professional manner to be reasonably weathertight, watertight and rodent proof. Minneapolis Code of Ordinances 244.530 Violation Text 148.

Inspector's Comments:

Repair or replace the deteriorating roof overhang of this dwelling in a professional manner and cover same with approved weather resistant covering. Minneapolis Code of Ordinances 244.500 Violation Text 149.

Inspector's Comments:

After the due date an inspection will be done to ensure that all violations have been corrected.

Failure to comply with order(s) by required due date requires you to pay a one hundred dollar (\$100.00) fee for each subsequent inspection **and may result civil and/or criminal legal action to be taken** per MCO Chapter 2 Sections 2.10, 2.20, 2.30 and 2.40.

Right to Appeal

Chapter 242 of the Minneapolis Ordinances provides that an appeal may be filed if you disagree with certain types of housing violations. If you would like to appeal these violation orders, please call (612) 673-3000 for an appeal form. You must file the form within 15 days of the date of this letter.

HOUSING INSPECTION SERVICES WEBSITE

www.minneapolismn.gov/inspections

Please call or e-mail me if you have questions, concerns or need assistance in understanding this order.

WAYNE MURPHY (WPM), HOUSING INSPECTOR II, Phone: (612) 685-8442

E-mail: wayne.murphy@minneapolismn.gov

List of Helpful Resources

For seniors, veterans, disabled individuals, or low-income residents:

Senior Linkage Line - Assists seniors and disabled persons find any services they need. For more information, please call 1-800-333-2433 or visit www.mnaging.org.

Senior Community Services - Provides chore services including lawn mowing, snow removal, and minor home repair work. For more information, please call 952-541-1019.

Disability Linkage Line - A service to help people with disabilities and chronic illnesses connect to community services. For more information, please call 1-866-333-2466.

Handyworks - Helps seniors and the disabled live independently at home, by matching them with people who can help with housekeeping, minor home repairs, lawn-mowing, snow removal, seasonal jobs, and outdoor chores. Application deadline is in the spring. For more information, please call 612-276-1578 or email wspaulding@gmcc.org.

A Brush with Kindness - Volunteers help low-income homeowners do minor exterior repairs, light landscaping, clean-up, and painting. Able-bodied homeowners work alongside volunteers on repairs. For more information, please call 612-788-8169 or email Allie Berg at abwk@tchabitat.org.

Hearts & Hammers - Volunteers perform exterior work for homeowners who are physically and financially unable to maintain their property. Potential work includes painting, caulking, repair, or replacement of windows and doors; ramp construction; repair or replacement of exterior light fixtures; removal of debris; and other services. Application deadline is in the spring. For more information, please call 763-502-1000 or email info@heartsandhammers.org.

Metro Paint-A-Thon - Helps low-income seniors and people with permanent physical disabilities continue to live independently in their own homes. Each summer, particularly the first weekend of August, teams of volunteers paint home exteriors for those who can no longer physically do such maintenance and cannot afford to hire a contractor. For more information, please call 612-276-1579.

Rebuilding Together - Provides volunteer-delivered repairs, including weatherizing, cleaning, installing flooring, patching and painting, siding, and landscaping. Can also provide larger assistance like repair or replacement of vital systems in a home, such as HVAC, electrical, plumbing, outer envelope, and/or roof systems. For more information, please call 651-776-4273 or email homeowners@rebuildingtogether-twincities.org.

Hennepin County Veterans' Services - Helps veterans and their families obtain the benefits and services they have earned. For more information, please call 612-348-3300 or email vetservices@hennepin.us.

Homeowner Navigation Program - Helps qualifying seniors and veterans who are disabled and/or low-income to address housing violations and bring their properties up to code. For more information, please call Angie Hugen at 612-673-3028.

Financing and Loans for a variety of income levels (check with your bank, too)

Center for Energy & Environment - Offers a variety of low-interest loans and grants to Minneapolis property owners—including rental property—for home repairs. For more information, please call 612-335-5858

GMHC HousingResource Centers - The Greater Metropolitan Housing Corporation (GMHC) HousingResource Centers provide code-abatement loans, home-improvement financing, deferred loans, construction consultations, and housing information. For more information, please call 612-588-3033 (Northside) or 612-722-7141 (Southside).

Neighborhood Housing Services of Minneapolis - Helps owner-occupants of select neighborhoods throughout Minneapolis with repairs and remodeling. For more information, please call 612-521-3581.

Minneapolis Health Department - Currently accepting grant applications to fix lead hazards in the homes built before 1978. This grant is available for income-qualified owner-occupied and rental properties. For more information, please contact alexander.vollmer@minneapolismn.gov. Applications available at www.minneapolismn.gov/health/grants/index.