

Time-Of-Sale Evaluation Report Index

Office use only

Permit no. _____

Date _____

Site address _____ Condominium/unit no. _____

Building name _____

Evaluation date _____

Send certificate of compliance to: Property owner Owner's agent

Property owner	Name _____ Address _____ City _____ State _____ Zip code _____ Phone _____
Owner's agent	Name _____ Company name _____ Address _____ City _____ State _____ Zip code _____ Phone _____ Relationship to owner _____
Evaluator	Name _____ Address _____ City _____ State _____ Zip code _____ Phone _____ License no. _____ Status _____
Type of dwelling	<input type="checkbox"/> Single family <input type="checkbox"/> Manufactured home <input type="checkbox"/> Two family <input type="checkbox"/> Multiple family (Number of rental units: _____) <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium unit

I hereby certify that I am a licensed Time-of-Sale Housing Evaluator in the city of Bloomington; that I personally inspected the property listed herein; and that I conducted the inspection in a thorough and complete manner.

Evaluator's signature

Date

This side for office use only.

Zoning district _____ Overlay district _____ Flood zone _____ Comp Plan _____

Additional fee? Yes No Amount of fee \$ _____

Description of additional fee _____

Hazardous Items to be corrected as indicated on evaluation report:

Item number	Item number
1 _____	11 _____
2 _____	12 _____
3 _____	13 _____
4 _____	14 _____
5 _____	15 _____
6 _____	16 _____
7 _____	17 _____
8 _____	18 _____
9 _____	19 _____
10 _____	20 _____

An immediate hazard was discovered and identified. Yes No

Comments _____

Project status _____

Report entered by _____ Date _____