

*Office use only*

Permit no. \_\_\_\_\_

Date \_\_\_\_\_

Site address \_\_\_\_\_ Condominium/unit no. \_\_\_\_\_

Building name \_\_\_\_\_

Evaluation date \_\_\_\_\_

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

<b>Property owner</b>	Name _____ Address _____ City _____ State _____ Zip code _____ Phone _____
<b>Owner's agent</b>	Name _____ Company name _____ Address _____ City _____ State _____ Zip code _____ Phone _____ Relationship to owner _____
<b>Evaluator</b>	Name _____ Address _____ City _____ State _____ Zip code _____ Phone _____ License no. _____ Status _____
<b>Type of dwelling</b>	<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 \_\_\_\_\_