

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**450 Columbus Blvd, Suite 901 ♦ Hartford, CT 06103**



**RESIDENTIAL PROPERTY CONDITION REPORT**

The Uniform Property Condition Disclosure Act (Connecticut General Statutes Section 20-327b) requires the seller of residential property to provide this report to the prospective purchaser prior to the prospective purchaser's execution of any binder, contract to purchase, option, or lease containing a purchase option. These provisions apply to the transfer of residential real property of four dwelling units or less, including cooperatives and condominiums, made with or without the assistance of a licensed broker or salesperson. The seller will be required to credit the purchaser with the sum of \$500 at closing if the seller fails to furnish this report (Connecticut General Statutes Section 20-327c).

**INSTRUCTIONS TO SELLERS:**

1. You **must** answer **all** questions to the best of your knowledge.
2. You are required to identify and disclose any problems regarding the subject property.
3. **Your real estate licensee cannot complete this form on your behalf.**
4. "UNK" means Unknown, "N/A" means Not Applicable.
5. If you need additional space to complete any answer or explanation, attach additional page(s) to this form. Include subject property address, seller's name and the date.

**Pursuant to the Uniform Property Condition Disclosure Act, the seller is obligated to answer the following questions and to disclose herein any knowledge of any problem regarding the following:**

**A. SUBJECT PROPERTY**

- 1) Name of seller(s): Steven Grahn
- 2) Street address, municipality, zip code: 559 East St  
Hebron CT 06248

YES NO UNK N/A

**B. GENERAL INFORMATION**

- |                                     |                                     |                          |                          |                                                                                                                                                                                     |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 3) What year was the structure built? <u>1974</u>                                                                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4) How long have you occupied the property? <u>35 years</u> If not applicable, indicate with N/A.                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5) Does anyone else claim to own any part of your property, including, but not limited to, any encroachments? If yes, explain: _____                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 6) Does anyone other than you have or claim to have any right to use any part of your property, including, but not limited to, any easement or right of way? If yes, explain: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7) Is the property in a flood hazard area or an inland wetlands area? If yes, explain: _____                                                                                        |

Easement for 543 East Street

See Map

Seller Initials SG

Buyer Initials \_\_\_\_\_

Revised 07/2025

| YES                                                                                                                                                              | NO                                  | UNK                                 | N/A                      |  | B. GENERAL INFORMATION (Continued)                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 8) Are you aware of the presence of a dam on the property that has been or is required to be registered with the Department of Energy and Environmental Protection? If yes, explain: _____<br>_____<br>_____                                                                                                           |
| <input type="checkbox"/>                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 9) Do you have any reason to believe that the municipality in which the subject property is located may impose any assessment for purposes such as sewer installation, sewer improvements, water main installation, water main improvements, sidewalks or other improvements? If yes, explain: _____<br>_____<br>_____ |
| <input type="checkbox"/>                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 10) Is the property located in a municipally designated village district, municipally designated historic district, or listed on the National Register of Historic Places? If yes, explain: _____<br>_____<br>_____                                                                                                    |
| <b>Note:</b> Information concerning village districts and historic districts may be obtained from the municipality's village district commission, if applicable. |                                     |                                     |                          |  |                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/>                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | 11) Is the property located in a special tax district? If yes, explain: _____<br>_____<br>_____                                                                                                                                                                                                                        |
| <input type="checkbox"/>                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | 12) Is the property subject to any type of land use restrictions, other than those contained within the property's chain of title or that are necessary to comply with state laws or municipal zoning? If yes, explain: _____<br>_____<br>_____                                                                        |
| <input type="checkbox"/>                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 13) Is the property located in a common interest community? If yes, is it subject to any community or association dues or fees? Please explain: _____<br>_____<br>_____                                                                                                                                                |
| <input type="checkbox"/>                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 14) Do you have any knowledge of prior or pending litigation, government agency or administrative actions, orders or liens on the property related to the release of any hazardous substance? If yes, explain: _____<br>_____<br>_____                                                                                 |

YES NO UNK N/A

**C. LEASED EQUIPMENT**☐ ☒ ☐ ☐

15) Does the property include any leased or rented equipment that would necessitate or oblige either of the following: the assignment or transfer of the lease or rental agreement(s) to the buyer or the replacement **or** substitution of the equipment by the buyer? If yes, indicate by checking all items that apply:

- ☐ Propane fuel tank  
☐ Water heater  
☐ Security alarm system  
☐ Fire alarm system  
☐ Satellite dish antenna

- ☐ Water treatment system  
☐ Solar devices  
☐ Major appliances  
☐ Other: \_\_\_\_\_  
 \_\_\_\_\_

YES NO UNK N/A

**D. MECHANICAL/ UTILITY SYSTEMS**☐ ☒ ☐ ☐

16) Fuel types? oil Are you aware of any heating system problems? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

☐ ☒ ☐ ☐

17) Hot water heater type? oil Age: \_\_\_\_\_ Are you aware of any hot water problems? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

☐ ☒ ☐ ☐

18) Is there an underground storage tank? If yes, list the age of tank \_\_\_\_\_ and location: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ ☐ ☐ ☒

19) Are you aware of any problems with the underground storage tank? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☒ ☐ ☐ ☐

20) During the time you have owned the property, has there ever been an underground storage tank located on the property? If yes, has it been removed? ☒ Yes ☐ No

If yes, what was the date of removal around 1999 and what was the name and address of the person or business who removed such underground storage tank? \_\_\_\_\_

I don't have that information.

Provide any and all written documentation of such removal within your control or possession by attaching a copy of such documentation to this form.

☐ ☒ ☐ ☐

21) Air conditioning type: ☐ Central; ☒ Window; ☐ Other: \_\_\_\_\_

Are you aware of any air conditioning problems? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ ☒ ☐ ☐

22) Plumbing system problems? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| YES | NO | UNK | N/A |  | D. MECHANICAL/ UTILITY SYSTEMS (Continued) |
|-----|----|-----|-----|--|--------------------------------------------|
|-----|----|-----|-----|--|--------------------------------------------|

- |                                     |                                     |                          |                                     |                                                                                                                                                                                                                                             |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 23) Electrical system problems? If yes, explain: _____<br>_____<br>_____                                                                                                                                                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24) Electronic security system problems? If yes, explain: _____<br>_____<br>_____                                                                                                                                                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 25) Are there carbon monoxide or smoke detectors located in the dwelling on the property? If yes, state the number of detectors <u>2</u> and whether there have been problems with such detectors: _____<br><u>No known issues</u><br>_____ |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26) Fire sprinkler system problems? If yes, explain: _____<br>_____<br>_____                                                                                                                                                                |

| YES | NO | UNK | N/A |  | E. WATER SYSTEM |
|-----|----|-----|-----|--|-----------------|
|-----|----|-----|-----|--|-----------------|

- |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                 |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 27) Domestic water system type: <input type="checkbox"/> Public; <input checked="" type="checkbox"/> Private well; <input type="checkbox"/> Other: _____                                                                                                                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 28) If public water:<br>a) Is there a separate expense/fee for water usage? If yes, is the expense/fee for water usage flat or metered? _____ Provide the amount of the expense/fee _____ and explain: _____<br>_____                                                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | b) Are there unpaid water charges? If yes, state amount unpaid: _____                                                                                                                                                                                                           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 29) If private well:<br>Has the well water been tested for contaminants/volatile organic compounds? If yes, attach a copy of the report. If no report is available, provide name of entity that performed testing and describe results of such testing: _____<br>_____<br>_____ |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 30) If public water or private well: Are you aware of any problems with the well or with the water quality, quantity, recovery, or pressure? If yes, explain: _____<br>_____<br>_____                                                                                           |

| YES | NO | UNK | N/A |  | F. SEWAGE DISPOSAL SYSTEM |
|-----|----|-----|-----|--|---------------------------|
|-----|----|-----|-----|--|---------------------------|

- |                                     |                          |                          |                          |                                                                                                                                                                                                 |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31) Sewage disposal system type: <input type="checkbox"/> Public; <input checked="" type="checkbox"/> Septic; <input type="checkbox"/> Cesspool; <input type="checkbox"/> Other: _____<br>_____ |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

YES NO UNK N/A

**F. SEWAGE DISPOSAL SYSTEM (Continued)**

32) If public sewer:

☐ ☐ ☐ ☒

a) Is there a separate charge made for sewer use? If yes, is it flat or metered? \_\_\_\_\_

☐ ☐ ☐ ☒

b) If it is a flat amount, state amount \_\_\_\_\_ and due dates: \_\_\_\_\_

☐ ☐ ☐ ☒

c) Are there any unpaid sewer charges? If yes, state the amount: \_\_\_\_\_

33) If private:

☒ ☐ ☐ ☐a) Name of service company: Skip's☒ ☐ ☐ ☐b) Date last pumped: August 2022 Frequency of pumping during ownership:approx 3-5 years☐ ☒ ☐ ☐

c) For any sewage system, are there problems? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES NO UNK N/A

**G. ASBESTOS/ LEAD**☐ ☐ ☒ ☐

34) Are asbestos insulation or building materials present? If yes, location: \_\_\_\_\_

☐ ☐ ☒ ☐

35) Is lead paint present? If yes, location: \_\_\_\_\_

☐ ☐ ☒ ☐

36) Is lead plumbing present? If yes, location: \_\_\_\_\_

\_\_\_\_\_

YES NO UNK N/A

**H. BUILDING/ STRUCTURE/ IMPROVEMENTS**☒ ☐ ☐ ☐

37) Is the foundation made of concrete? If no, explain: \_\_\_\_\_

☐ ☒ ☐ ☐

38) Foundation/slab problems or settling? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☒ ☐ ☐ ☐39) Basement water seepage/dampness? If yes, explain amount, frequency and location: YesHeavy rain can cause puddling by the bulkhead dryer area☐ ☒ ☐ ☐

40) Sump pump problems? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| YES                                 | NO                                  | UNK                                 | N/A                      |  | H. BUILDING/ STRUCTURE/ IMPROVEMENTS (Continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 41) Do you have knowledge of any testing or inspection done by a licensed professional related to a foundation on the property? If yes, disclose the testing or inspection method, the areas or locations that were tested or inspected, the results of such testing or inspection and attach a copy of the report concerning such testing or inspection. If no report is available, provide name of entity that performed testing and describe results of such testing: _____<br>_____<br>_____<br>_____ |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 42) Do you have knowledge of any repairs related to a foundation on the property? If yes, describe such repairs, disclose the areas repaired and attach a copy of the report concerning such repairs: _____<br>_____                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | 43) Do you have any knowledge related to the presence of pyrrhotite in a foundation on the property? If yes, explain: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 44) Roof type: <u>Shingles</u> ; Age: <u>around 20 years</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 45) Roof leaks? If yes, explain: <u>Nothing recent since the roof was redone.</u><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 46) Exterior siding problems? If yes, explain: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 47) Chimney, fireplace, wood or coal stove problems? If yes, explain: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 48) Patio/deck problems? If yes, explain: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 49) If patio/deck is constructed of wood, is the wood treated or untreated? <u>treated</u><br>_____                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 50) Driveway problems? If yes, explain: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | 51) Water drainage problems? If yes, explain: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 52) Interior floor, wall and/or ceiling problems? If yes, explain: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | 53) Fire and/or smoke damage? If yes, explain: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 54) Termite, insect, rodent or pest infestation problems? If yes, explain: _____<br><u>Occasionally Mice, trap as needed.</u>                                                                                                                                                                                                                                                                                                                                                                             |

| YES                                                     | NO | UNK | N/A |  |
|---------------------------------------------------------|----|-----|-----|--|
| <b>H. BUILDING/ STRUCTURE/ IMPROVEMENTS (Continued)</b> |    |     |     |  |

- |                                     |                                     |                          |                          |                                                                                                                                                                                                                                   |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55) Rot or water damage problems? If yes, explain: _____<br>_____                                                                                                                                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 56) Is(Are) the structure(s) insulated? If yes, type: <b>fiberglass</b> ; location: _____<br>_____                                                                                                                                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57) Has a test for radon been performed? If yes, attach copy of the report. If no report is available, provide the name of entity that performed the testing and describe the results of such testing:<br>_____<br>_____<br>_____ |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 58) Is there a radon control system in place? If yes, explain: _____<br>_____                                                                                                                                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 59) Has a radon control system been in place in the previous 12 months? If yes, explain: _____<br>_____<br>_____<br>_____                                                                                                         |

| YES                            | NO | UNK | N/A |  |
|--------------------------------|----|-----|-----|--|
| <b>I. FLOOD RISK AWARENESS</b> |    |     |     |  |

- |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 60) Is the property located in a Federal Emergency Management Agency designated floodplain? If yes, which zone: _____                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 61) During the time that the seller has owned the property, has the seller received assistance or is the seller aware of any previous owners receiving assistance from the Federal Emergency Management Agency, the United States Small Business Administration or any other federal or state disaster assistance program for flood damage to the property? _____<br>_____<br>_____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62) Is there a current flood insurance policy in effect on the property? _____<br>_____<br>_____                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 63) Is a Federal Emergency Management Agency elevation certificate available? _____<br>_____                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 64) Has the seller ever filed a claim for flood damage to the property? _____<br>_____<br>_____                                                                                                                                                                                                                                                                                     |

YES NO UNK N/A

**I. FLOOD RISK AWARENESS (Continued)**☐ ☒ ☐ ☐

65) If there is a structure on the property, has the structure experienced any water penetration or damage due to seepage or a natural flood event? Just the occasional water in the basement.

The seller should attach additional pages, if necessary, to further explain any item(s) above. Indicate here the number of additional pages attached: \_\_\_\_\_

*Questions or Comments? Consumer Problems? Visit the Department of Consumer Protection website at:*  
[www.ct.gov/dcp](http://www.ct.gov/dcp)

**IMPORTANT INFORMATION****(A) Responsibilities of Real Estate Brokers**

This report in no way relieves a real estate broker of his or her obligation under the provisions of section 20-328-5a of the Regulations of Connecticut State Agencies to disclose any material facts. Failure to do so could result in punitive action taken against the broker, such as fines, suspension or revocation of license.

**(B) Statements Not to Constitute a Warranty**

Any representations made by the seller on the written residential property condition report shall not constitute a warranty to the buyer.

**(C) Nature of Report**

This Residential Property Condition Report is not a substitute for inspections, tests, and other methods of determining the physical condition of the property.

**(D) Information on the Residence of Convicted Felons**

Information concerning the residence address of a person convicted of a crime may be available from law enforcement agencies or the Department of Public Safety.

**(E) Building Permits and Certificates of Occupancy**

Prospective buyers should consult with the municipal building official in the municipality in which the property is located to confirm that building permits and certificates of occupancy have been issued for work on the property.

**(F) Home Inspection**

Buyers should have the property inspected by a licensed home inspector.

**(G) Concrete Foundation**

Prospective buyers may have a concrete foundation inspected by a licensed professional engineer who is a structural engineer for deterioration of the foundation due to the presence of pyrrhotite.



**(H) Dam**

Information concerning the registration and categorization of a dam on the property may be obtained from the Department of Energy and Environmental Protection.

**(I) Flood Insurance, Flood Maps and Flood Risk**

Federal law requires owners to obtain and maintain flood insurance for properties financed with a federally regulated or insured mortgage in a Special Flood Hazard Area, also known as a high-risk zone on FEMA's flood insurance rate maps. In addition, for properties that have previously received federal disaster assistance, owners are required to obtain and maintain flood insurance as a condition to be eligible for future assistance. This requirement affixes to the property and applies to all future owners. FEMA flood maps are not designed, nor intended to be, a reliable tool for buyers to assess a property's flood risk. A property does not have to be near water or in a flood zone to flood. For additional information on obtaining important flood insurance, contact an insurance professional.

**Buyer's Certification**

The buyer is urged to carefully inspect the property and, if desired, to have the property inspected by an expert. The buyer understands that there are areas of the property for which the seller has no knowledge and that this report does not encompass those areas. The buyer also acknowledges that the buyer has read and received a signed copy of this report from the seller or seller's agent.

Date \_\_\_\_\_ Buyer \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Buyer \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Seller's Certification**

To the extent of the seller's knowledge as a property owner, the seller acknowledges that the information contained above is true and accurate for those areas of the property listed. In the event a real estate broker or salesperson is utilized, the seller authorizes the brokers or salespersons to provide the above information to prospective buyers, selling agents or buyers' agents.

Date 07/21/2026 Seller Steven Gnahn  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Seller \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_