

**PUBLIC HEARING
BOARD OF HOUSING QUALITY APPEALS
CITY HALL McCLOSKEY CONFERENCE ROOM
FEBRUARY 19, 2020 4:00 P.M.**

ALL ITEMS ARE ON THE CONSENT AGENDA

- I. **ROLL CALL**
- II. **REVIEW OF SUMMARY** – November 20, 2019, December 18, 2019, January 15, 2020
p. 2
- III. **ELECTION OF 2020 OFFICERS**
- IV. **PETITIONS**
 - 1) 19-TV-97, **1601 E. Matlock Road**, Rogers Reading (Steve Hogan). Previously heard December 18, 2019. Request for an extension of time to complete repairs. p. 8
 - 2) 20-TV-07, **321 S. Eastside Drive**, Brawley Property Management (HP Allen, LLC). Previously heard January 15, 2020. Tabled for next meeting. Request for an extension of time to complete repairs. p. 13
 - 3) 20-TV-11, **308 S. Madison Street**, Brawley Property Management (Scott Owens). Request for an extension of time to complete repairs. p. 21
 - 4) 20-TV-12, **1105 S. Fess Avenue**, RVOC Sondley & Donna Littrell – Lisa Hogan, Trustee. Request for an extension of time to complete repairs. p. 28
 - 5) 20-TV-13, **3211 E. Moores Pike**, Holiday Retirement (Harvey Allen). Request for an extension of time to complete repairs. p. 52
 - 6) 20-TV-14, **208-210 S. Burks Court**, Tempo Properties (Willow Court, LLC). Request for an extension of time to complete repairs. p. 64
 - 7) 20-AA-15, **807 E. 1st Street**, Jonathan Sergent. Request for relief from an administrative decision. p. 71
 - 8) 20-TV-16, **2611 E. 2nd Street**, Deer Park Management. Request for an extension of time to complete repairs. p. 76
- IV. **GENERAL DISCUSSION**
- V. **PUBLIC COMMENT**
- VI. **ADJOURNMENT**

Auxiliary aids for people with disabilities are available upon request with adequate notice. Please call 812-349-3429 or e-mail human.rights@bloomington.in.gov.

B.H.Q.A. MEETING OF NOVEMBER 20, 2019 SUMMARY

MEMBERS PRESENT: Nicholas Carder, Elizabeth Gallman, Nikki Gastineau, Susie Hamilton, Dominic Thompson

STAFF PRESENT: Daniel Bixler, John Hewett, Kenneth Liford, Norman Mosier, Doris Sims, Jo Stong, Matthew Swinney, Dee Wills (HAND), Chris Wheeler (Legal)

GUESTS PRESENT: Kelly Cockrell (The Arch Bloomington), Casey Green (520 W. Kirkwood Avenue), William Rosson II (The Arch Bloomington), Amy Thomas (520 W. Kirkwood Avenue)

Meeting start time 4:00 PM.

I. REVIEW OF SUMMARY None.

II. CONSENT AGENDA

19-TV-36, **3508 E. Park Lane**, Mark Kleinbauer (Salvador Espinosa). Previously heard July 17, 2019. Request for an extension of time to complete repairs. Staff recommendation to deny the request.

19-TV-63, **515 S. Woodcrest Drive, Suite 202**, Tim Tomson (Everest Investments). Previously heard August 21, 2019. Request for an extension of time to complete repairs. Staff recommendation to grant the request with a December 15, 2019 deadline.

19-TV-79, **411 E. 8th Street**, Gretchen Nall (Donald Rodda). Request for an extension of time to complete repairs. Staff recommendation to grant the request with a November 31, 2019 deadline for all life safety violations and a December 20, 2019 deadline for all other repairs.

19-AA-80, **533 E. Smith Avenue**, Cassis Enterprises, LLC. Request for relief from an administrative decision. Staff recommendation is to deny the request and keep October 04, 2022 expiration as issued.

19-TV-81, **825 W. 11th Street**, Brawley Property Management (Sunny Day Properties). Request for an extension of time to complete repairs. Staff recommendation to grant the request with a December 30, 2019 deadline.

19-TV-82, **621 N. Lincoln Street**, Randy McGlothlin. Request for an extension of time to complete repairs. Staff recommendation to grant the request with a December 30, 2019 deadline.

19-AA-85, **1015 N. Woodburn Avenue**, Jill Vass & Scott Presti. Request for relief from an administrative decision. Staff recommendation to grant the request exempting property from Title 16 for as long as current owner and tenant are not changed from current status. Property will be checked yearly for status and require yearly affidavits of occupancy.

19-AA-86, **909 S. Fess Avenue**, Jill Piedmont. Request for relief from an administrative decision. Staff recommendation to deny the request and for inspection to be scheduled by November 30, 2019.

19-RV-87, **714 N. Fairview Street**, H.A.N.D. (Charles & Linda Campbell – Mackie Properties). Request for rescission of a variance. Staff recommendation to rescind the variance.

19-TV-88, **308 S. Wilmington Court**, Sajid Sheikh. Request for an extension of time to complete repairs. Staff recommendation to grant the request with a December 30, 2019 deadline for all violations.

19-RV-89, **317 N. Indiana Avenue**, H.A.N.D. (GMS Enterprises). Request for rescission of a variance. Staff recommendation to rescind the variance.

Approved.

III. PETITIONS

19-TV-26, **703 W. Gourley Pike**, Kelly Cockrell (The Arch Bloomington). Previously heard April 17, 2019 and August 21, 2019. Petitioner, Kelly Cockrell and William Rosson II, were present to request an extension of time to complete repairs. Staff recommendation was to deny the request. Carder made motion to grant the request with a January 10, 2020 deadline for the soffit work only. Gallman seconded. Motion passed, 4-1 (Thompson nay). Motion passed.

19-TV-83, **703 W. Gourley Pike**, Kelly Cockrell (The Arch Bloomington). Request for an extension of

time to complete repairs. Petitioner, Kelly Cockrell and William Rosson II, were present to request an extension of time to complete repairs. Staff recommendation was to deny the request. Hamilton made motion to grant the request with a December 02, 2019 deadline. Carder seconded. Motion passed, 4-1 (Thompson nay). Motion passed.

19-TV-84, **520 W. Kirkwood Avenue**, Amy Thomas (Edith Morrison). Petitioner Amy Thomas & Casey Green were present to request an extension of time to complete repairs. Staff recommendation was to deny the request. Hamilton made motion to deny request per staff recommendation. Gallman seconded. Motion passed, 5-0.

IV. GENERAL DISCUSSION

Brief discussion on uniform application of the code and clarification of out-of-state corporate Title 16 petitioners.

V. PUBLIC COMMENT

None.

VI. ADJOURNMENT

Gastineau made motion for adjournment. Thompson seconded. Motion passed unanimously. Meeting adjourned 4:50 PM.

B.H.Q.A. MEETING OF DECEMBER 18, 2019 SUMMARY

MEMBERS PRESENT: Nicholas Carder, Elizabeth Gallman, Susie Hamilton, Diana Opata-Powell, Dominic Thompson

STAFF PRESENT: Michael Arnold, Daniel Bixler, John Hewett, Kenneth Liford, Norman Mosier, Doris Sims, Jo Stong, Dee Wills (HAND), Chris Wheeler (Legal)

GUESTS PRESENT: Timothy Roberts (Birge & Held)

Meeting start time 4:05 PM.

I. REVIEW OF SUMMARY

Hamilton made a motion to approve the minutes for October 16, 2019. Gallman seconded. Motion passed, 5-0.

II. CONSENT AGENDA

19-TV-91, **348 S. Morton Street**, Matthew Baggetta. Request for an extension of time to complete repairs. Staff recommendation to grant the request with a December 31, 2019 deadline.

19-RV-92, **551 W. Clover Terrace**, H.A.N.D. (Thomas & Judith McKinney). Request for rescission of a variance. Staff recommendation to grant the rescission.

19-TV-95, **703 W. Gourley Pike**, Kelly Cockrell (The Arch Bloomington). Request for an extension of time to complete repairs. Staff recommendation to deny the request.

19-TV-97, **1601 E. Matlock Road, Apt. 5**, Rogers Reading (Steve Hogan). Request for an extension of time to complete repairs. Staff recommendation to grant the request with a December 31, 2019 deadline.

Approved.

III. PETITIONS

19-AA-93, **913 N. College Avenue**, Timothy Roberts (14th & College Holdings, LLC). The petitioner, Timothy Roberts, was present to request relief from an administrative decision to charge for failure to provide Tenants and Owner's Rights and Responsibilities Summaries and Inventory and Damage List (Move-In Inspection). Staff recommendation was to deny the request. Hamilton made motion to deny the request per staff recommendation. Opata-Powell seconded. Motion passed, 5-0. Request denied.

19-AA-94, **923 N. College Avenue**, Timothy Roberts (14th & College Holdings, LLC). The petitioner, Timothy Roberts, was present to request relief from an administrative decision to charge for failure to provide Tenants and Owner's Rights and Responsibilities Summaries and Inventory and Damage List (Move-In Inspection). Staff recommendation was to deny the request. Hamilton made motion to deny the request per staff recommendation. Gallman seconded. Motion passed, 5-0. Request denied.

19-AA-90, **1296 S. Cobble Creek Circle**, Minhong Cai. Petitioner was not present to request relief from an administrative decision to consider the property a rental and subject to Title 16. Staff recommendation was to grant the request with an annual status check on the property certified by affidavit, that no changes have occurred concerning owner and tenant, otherwise Title 16 will be reinstated. Gallman made a motion to grant the request per staff recommendation. Hamilton seconded. Motion passed, 5-0. Request granted.

19-AA-96, **500 N. Walnut Street, Unit 204**, Daniel Gould. Petitioner was not present to request relief from an administrative decision to consider the property a rental and subject to Title 16. Staff recommendation was to deny the request. Gallman made a motion to deny the request per staff recommendation. Opata-Powell seconded. Motion passed, 5-0. Request denied. Rental inspection must be scheduled by January 08, 2020.

IV. GENERAL DISCUSSION

None.

V. PUBLIC COMMENT

None.

VI. ADJOURNMENT

Thompson made motion for adjournment. Hamilton seconded. Motion passed unanimously. Meeting adjourned 4:45 PM.

B.H.Q.A. MEETING OF JANUARY 15, 2020

SUMMARY

MEMBERS PRESENT: Nicholas Carder, Elizabeth Gallman, Diana Opata-Powell, Dominic Thompson

STAFF PRESENT: Michael Arnold, Daniel Bixler, John Hewett, Kenneth Liford, Doris Sims, Dee Wills (HAND), Chris Wheeler (Legal)

GUESTS PRESENT: Polly Brown (908 S. Mitchell Street), Rachel Joseph (Mackie Properties), Cindy Oswalt (715 E. 10th Street)

Meeting start time 4:08 PM.

I. CONSENT AGENDA

20-TV-01, **715 E. 10th Street**, Cindy Oswalt. Request for an extension of time to complete repairs. Staff recommendation to grant the request with a May 01, 2020 deadline to call and schedule re-inspection for all repairs.

20-TV-02, **4244 E. Stephen Drive**, Hwamei Shei. Request for an extension of time to complete repairs. Staff recommendation to grant the request with a January 31, 2020 deadline for all life safety violations, and a March 15, 2020 deadline for all other violations.

20-TV-03, **730 S. Woodlawn Avenue**, Lee Balliet (Judith Swzycki). Request for an extension of time to complete repairs. Staff recommendation to grant the request with a January 15, 2020 deadline to call and schedule a re-inspection for all violations except tuck pointing, and an April 03, 2020 deadline for the tuck pointing.

20-TV-04, **345 S. Curry Pike**, Mackie Properties (Citadel Investment Trust). Request for an extension of time to complete repairs. . Staff recommendation to grant the request with a January 29, 2020 deadline for all life-safety violations, a February 28, 2020 deadline for all other violations, and an April 30, 2020 deadline for the tuck pointing and sealing around AC line sets.

20-TV-05, **1450 N. Willis Drive**, JSA Investments. Request for an extension of time to complete repairs. Staff recommendation to grant the request with a January 29, 2020 deadline for all life safety violations, and a February 14, 2020 deadline for all other violations.

20-AA-06, **915 E. Miller Drive**, Norma & Boyd Fox. Request for relief from an administrative decision. Staff recommendation was to grant the request with an annual status check on the property certified by affidavit, that no changes have occurred concerning owner and tenant, otherwise Title 16 will be re-instated.

20-TV-08, **943 N. Jackson Street**, Brawley Property Management. Request for an extension of time to complete repairs. Staff recommendation was to grant the request with a June 01, 2020 deadline for exterior painting.

20-TV-09, **424 E. Cottage Grove Avenue**, Brawley Property Management (Sheree Demming). Request for an extension of time to complete repairs. Staff recommendation was to grant the request with a February 01, 2020 deadline for repair of the basement floor.

Approved.

II. PETITIONS

20-TV-10, **908 S. Mitchell Street**, Mark & Polly Brown. The petitioner, Polly Brown, was present to request an extension of time to complete repairs. Staff recommendation was to grant the request with a January 31, 2020 deadline for all life safety violations and a March 15, 2020 deadline for all other violations. Gallman made a motion to grant the request per staff recommendation. Carder seconded. Motion passed, 4-0.

19-AA-71, **213 S. Jefferson Street**, Nicholas Weybright. Previously heard July 17, 2019 and September 18, 2019. The petitioner was not present to request relief from an administrative decision. Staff recommendation was to deny the appeal and require immediate scheduling of a re-inspection, or provision of stamped documentation from a structural engineer. Carder made motion to deny the request per staff recommendation. Gallman seconded. Motion passed, 4-0. Request denied.

20-TV-07, **321 S. Eastside Drive**, Brawley Property Management (HP Allen, LLC). The petitioner

was not present to request an extension of time to complete repairs. Staff recommendation was to grant the request with an April 01, 2020 deadline. Opata-Powell made motion to grant the request per staff recommendation. Carder seconded. Motion failed, 3-1 (Thompson nay). Opata-Powell made motion to table item until next meeting, February 19, 2020. Carder seconded. Motion passed, 4-0. Item tabled.

III. GENERAL DISCUSSION

Board was notified that Gastineau had resigned effective immediately.

IV. PUBLIC COMMENT

None.

V. ADJOURNMENT

Thompson made motion for adjournment. Opata-Powell seconded. Motion passed unanimously. Meeting adjourned 4:50 PM.



City of Bloomington
H.A.N.D.

**Board of Housing Quality Appeals
Staff Report: Petition for Extension of Time**

Meeting Date: 19 February 2020

Petition Type: An extension of time to complete repairs

Petition Number: 19-TV-097

Address: 1601 E Matlock Rd #5

Petitioner: Rogers Reading

Inspector: Michael Arnold

Staff Report:

15 May 2019	Cycle Inspection
09 September 2019	Reinspection
13 September 2019	Mailed Tenant Violation Report
27 September 2019	TV Reinspection Scheduled
15 October 2019	TV Reinspection Rescheduled
29 October 2019	TV Reinspection Rescheduled
18 November 2019	Received Extension of Time Request
18 December 2019	BHQA Meeting
24 December 2019	Reinspection Scheduled
31 December 2019	BHQA Deadline

During the cycle inspection it was noted that Unit 5 was in violations of BMC 16.04.060(d). At the reinspection it was determined that the issue was the responsibility of the tenant and a Tenant Violation was issued for violation of BMC 16.04.060(d). The deadline for compliance was 27 September 2019. The tenant rescheduled the reinspection twice then asked for an extension from BHQA. The extension was granted until 31 December 2019. The reinspection was scheduled for 17 January 2020. On 17 January 2020 the tenant cancelled the reinspection and filed for a second request for extension of time.

Staff recommendation: Deny the request for extension of time

Conditions: Petitioner shall schedule the reinspection immediately

Compliance Deadline: na

Attachments: Tenant Violation Report, Application



RECEIVED
JAN 17 2020

Page 1 of 2

BY:

Application For Appeal
To The
Board of Housing Quality Appeals
P.O. Box 100
Bloomington, IN 47402
812-349-3420
hand@bloomington.in.gov

Property Address: 1601 East Matlock Apt #5

Petitioner's Name: Rogers Reading

Address: _____

City: Bloomington State: IN Zip Code: 47408

Phone Number: 812 391-6785 E-mail Address: N/A Rogers Reading@yahoo.com

Owner's Name: Steve Hagon

Address: _____

City: Bloomington State: IN Zip Code: 47408

Phone Number: _____ E-mail Address: _____

Occupants: Rogers Reading

The following conditions must be found in each case in order for the Board to consider the request:

1. That the exception is consistent with the intent and purpose of the housing code and promotes public health, safety, and general welfare.
2. That the value of the area about the property to which the exception is to apply will not be adversely affected.

Identify the variance type that you are requesting from the following drop down menu:

Variance Type: An extension of time to complete repairs (petition type 1)

Reminder:

A \$20.00 filing fee must be submitted with the Appeal Application or the application will not be considered to be complete! A completed application has to be submitted prior to the meeting application deadline in order to be placed on that month's agenda!

(Will be assigned by BHQA)

OLD BUSINESS

Petition Number: 24-19-TV-97

PREVIOUSLY HEARD 12/13/19

MA



In the space provided below please write a brief narrative regarding your request. Be specific as to what you are requesting, the reason(s) or justification(s) for your request, the amount of time needed to bring the property into compliance, as well as any modifications and/or alterations you are suggesting. The following information must be included dependent upon the type of variance you are requesting:

- A. An extension of time to complete repairs. (Petition type: TV)
 - 1. Specify the items that need the extension of time to complete.
 - 2. Explain why the extension is needed.
 - 3. Specify the time requested.
- B. A modification or exception to the Housing Property Maintenance Code. (Petition type: V)
 - 1. Specify the code reference number you are appealing.
 - 2. Detail why you are requesting the variance.
 - 3. Specify the modifications and or alterations you are suggesting.
- C. Relief from an administration decision. (Petition type: AA)
 - 1. Specify the decision being appealed and the relief you are seeking.
- D. Rescind a variance. (Petition type: RV)
 - 1. Detail the existing variance.
 - 2. Specify the reason the variance is no longer needed.

I am needing more time to make adequate repairs and cleaning to be necessary to meet the required inspection guidelines stated by the inspectors. I would need the latest date allowed for scheduling within the month.

Signature (Required): Rogers Reading

Name (Print): Rogers Reading

Date: 11/15/19

Important information regarding this application format:

- 1. This form is designed to be filled out electronically, printed, then returned/submitted manually (e.g. postal mail).
- 2. This document may be saved on your computer for future use, however, any data that you have entered will not be saved.





City Of Bloomington
Housing and Neighborhood Development

SEP 13 2019

Hogan, Steven R.
 8992 Ella St.
 Nashville, IN 47448

RE:NOTICE OF TENANT VIOLATION INSPECTION

Dear Resident(s)

On 09/09/2019, a complaint inspection was performed at 1601 E Matlock RD APT 5. During the inspection violations of the Bloomington Housing Code were found. Enclosed is the inspection report which cites violations that are the responsibility of the resident(s) to correct. Please correct the violations within 14 days and contact this office no later than **SEP 27 2019** to schedule the required re-inspection. Our mailing address and telephone number are listed below.

This directive is issued in accordance with BMC 16.10.020(a) and 16.10.040(a) of the Residential Rental Unit and Lodging Establishment Inspection Program. You have the right to appeal to the Board of Housing Quality Appeals. If you need more than 14 days to correct the violations, or if you want to appeal any violation, an appeal form can be found at www.bloomington.in.gov/hand. If you do not have access to the internet, you may contact HAND at 812-349-3420 and a form will be provided.

Please remember, it is your responsibility to contact the Housing and Neighborhood Development Office to schedule the required re-inspection.

If you have any questions regarding the permit process, please call weekdays between 8:00 a.m. and 5:00 p.m., at (812) 349-3420.

Sincerely,

Housing & Neighborhood Development
 Encl: Inspection Report,



City Of Bloomington
Housing and Neighborhood Development
TENANT VIOLATION INSPECTION REPORT

4791

Owner(s)

Hogan, Steven R.
 8992 Ella St.
 Nashville, IN 47448

Tenant

Roger Reading
 1601 E Matlock Rd #5
 Bloomington IN 47408

Prop. Location: 1601 E Matlock RD APT 5

Number of Units/Structures: 4/1

Units/Bedrooms/Max # of Occupants: Bld 1: 2/2/3 2/1/3

Date Inspected: 09/09/2019

Primary Heat Source: Gas

Property Zoning: RS

Number of Stories: 1

Inspector: Mike Arnold

Foundation Type: Basement

Attic Access: Yes

Accessory Structure: none

During an inspection for renewal of the Rental Occupancy Permit on this property, violations were noted that are the responsibility of the tenant(s) to correct. The violations must be corrected and re-inspected for compliance with the Residential Rental Unit and Lodging Establishment Inspection Program within 14 days of the date on which this notice was mailed. It is the responsibility of the tenant to contact this office to schedule the required re-inspection at 349-3420. Any questions can be addressed to the inspector at 349-3420.

Failure to comply with the requirements of this notice will result in this matter being forwarded to the City's Legal Department for legal action and fines under the provisions of Title 16 of the Bloomington Municipal Code.

Unit 5:Interior:General Condition:

Every occupant of a structure or part thereof shall keep that structure or part thereof which the tenant occupies, controls or uses in a clean and sanitary condition, BMC 16.04.060(d)

City Hall

Email: hand@bloomington.in.gov
 Neighborhood Division (812) 349-3421

401 N Morton St

<https://bloomington.in.gov/hand>
 Housing Division (812) 349-3401

Bloomington, IN 47404

Rental Inspection (812) 349-3420
 Fax (812) 349-3582



**City of Bloomington
Housing and Neighborhood Development**

**Board of Housing Quality Appeals
Staff Report: Petition for Extension of Time**

Meeting Date: February 19, 2020

Petition Type: An extension of time to complete repairs

Petition Number: 20-TV-07 (Tabled)

Address: 321 S. Eastside Dr.

Petitioner: Brawley Real Estate Mgmt.

Inspector: Norman Mosier

Staff Report: June 17, 2019 – Conducted Cycle Inspection
August 8, 2019 – Agent scheduled re-inspection for 9/27/2019
September 27, 2019 – No Show
September 30, 2019- Scheduled Re-inspection for 10/07/2019
October 7, 2019 – Conducted Re - inspection
December 9, 2019 – Assistant Director E-mailed reminder to owner/agent
December 13, 2019 – Received BHQA Appeal
January 15, 2020 – BHQA tabled to next meeting on February 19, 2020 for additional information
January 21, 2020 – Drive by inspection, tree has been removed

Staff recommendation: Grant the request

Conditions: Complete all repairs and schedule for re-inspection no later than the deadline stated below, or this case will be turned over to the City of Bloomington Legal Department for further action including the possibility of fines.

Compliance Deadline: To be determined at the February 19, 2020 meeting.

Attachments: Cycle Report, Remaining Violations Report, BHQA Appeal, Petitioner's Letter

Handwritten initials/signature



Application For Appeal
To The
Board of Housing Quality Appeals
P.O. Box 100
Bloomington, IN 47402
812-349-3420
hand@bloomington.in.gov

RECEIVED
DEC 13 2019
BY:

Property Address: 321 S. EASTSIDE DR.

Petitioner's Name: Nick PARSCH

Address: 425 N WALNUT ST. SUITE 1

City: BLOOMINGTON State: IN Zip Code: 47404

Phone Number: 812-803-0999 E-mail Address: nick@thebrawleygroup.com

Owner's Name: HP ALLEN LLC

Address: 544 S. BRAINARD AVENUE

City: LaGrange, IL State: IL Zip Code: 60525

Phone Number: 708-482-3951 E-mail Address: pallen544@mac.com

Occupants: KAYLA MERNOFF, NIKI PIZZATO, HANNAH T. ROE

The following conditions must be found in each case in order for the Board to consider the request:

1. That the exception is consistent with the intent and purpose of the housing code and promotes public health, safety, and general welfare.
2. That the value of the area about the property to which the exception is to apply will not be adversely affected.

Identify the variance type that you are requesting from the following drop down menu:

Variance Type: TV

Reminder:

A \$20.00 filing fee must be submitted with the Appeal Application or the application will not be considered to be complete! A completed application has to be submitted prior to the meeting application deadline in order to be placed on that months agenda!

(Will be assigned by BHQA)

Petition Number: 20-TV-07

NM

In the space provided below please write a brief narrative regarding your request. Be specific as to what you are requesting, the reason(s) or justification(s) for your request, the amount of time needed to bring the property into compliance, as well as any modifications and/or alterations you are suggesting. The following information must be included dependent upon the type of variance you are requesting:

- A. An extension of time to complete repairs. (Petition type: TV)
 - 1. Specify the items that need the extension of time to complete.
 - 2. Explain why the extension is needed.
 - 3. Specify the time requested.
- B. A modification or exception to the Housing Property Maintenance Code. (Petition type: V)
 - 1. Specify the code reference number you are appealing.
 - 2. Detail why you are requesting the variance.
 - 3. Specify the modifications and or alterations you are suggesting.
- C. Relief from an administration decision. (Petition type: AA)
 - 1. Specify the decision being appealed and the relief you are seeking.
- D. Rescind a variance. (Petition type: RV)
 - 1. Detail the existing variance.
 - 2. Specify the reason the variance is no longer needed.

EXTERIOR ITEMS OF SCRAPING & PAINTING OF EXTERIOR OF HOUSE & SHED: WE REQUEST AN EXTENSION OF THIS ISSUE TO BE ~~BEING~~ DONE UPON A WARMER WEATHER IN UPCOMING MONTHS. WE REQUEST A NEW INSPECTION DATE OF APRIL, 1, 2020.

WE ALSO REQUEST AN EXTENSION OF THE LARGE TREE REMOVAL TO BE EXTENDED TO APRIL, 1, 2020 DUE TO COLD WEATHER CONDITIONS.

Signature (Required):

Nick Parsch

Name (Print):

NICK PARSCH

Date:

12/13/19

Important information regarding this application format:

- 1. This form is designed to be filled out electronically, printed, then returned/submitted manually (e.g. postal mail).
- 2. This document may be saved on your computer for future use, however, any data that you have entered will not be saved.

Print Form



City Of Bloomington
Housing and Neighborhood Development

REMAINING VIOLATION INSPECTION REPORT

OCT 14 2019

8555

Owner(s)

Hp Allen, Llc Patricia Allen
544 S. Brainard Avenue
Lagrange, IL 60525

Agent

Brawley Property Management
Po Box 5543
Bloomington, IN 47407

Prop. Location: 321 S Eastside DR
Number of Units/Structures: 1/1
Units/Bedrooms/Max # of Occupants: Bld 1: 1/4/3

Date Inspected: 06/17/2019
Primary Heat Source: Gas
Property Zoning: RC
Number of Stories: 2

Inspector: Norman Mosier
Foundation Type: Basement
Attic Access: No
Accessory Structure: Shed

Monroe County Assessor's records indicate this structure was built in 1950.
There were no requirements for emergency egress at the time of construction.

REINSPECTION REQUIRED

This report is your final notice from the Housing and Neighborhood Development Office that this rental property continues to be in violation of the Residential Rental Unit and Lodging Establishment Inspection Program of Bloomington.

If you have made all of the repairs on this report, contact our office immediately to schedule the required re-inspection.

Failure to make repairs or to schedule the required re-inspection will result in this matter being referred to the City Legal Department. Legal action may be initiated against you under BMC 16.10.040

It is your responsibility to contact the Housing and Neighborhood Development Office to schedule the required re-inspection. Our mailing address and telephone number are listed below.

City Hall	401 N Morton St	Bloomington, IN 47404
Email: hand@bloomington.in.gov Neighborhood Division (812) 349-3421	https://bloomington.in.gov/hand Housing Division (812) 349-3401	Rental Inspection (812) 349-3420 Fax (812) 349-3582

EXTERIOR:

Clean debris from the roof, gutters and downspouts. BMC 16.04.050(a)

Scrape and paint exterior surfaces where paint is peeling or wood is exposed. BMC 16.04.050(e)

Remove the dead tree in the back yard. BMC 16.04.050(b)

C-DB
1-21-20
NM
Shed:

Scrape and paint exterior surfaces where paint is peeling or wood is exposed. BMC 16.04.050(e)

OTHER REQUIREMENTS:

When issued, a copy of the new Rental Occupancy Permit shall be posted as required by BMC 16.03.030(d): All rental units shall be required to have a current occupancy permit displayed in an accessible location inside the unit. The permit shall contain the name of the owner and the agent, the occupant load of the unit, the number of bedrooms, the expiration date of the permit, and any variances that have been granted for the property. BMC 16.03.030(c)

This is the end of this report.



City Of Bloomington
Housing and Neighborhood Development

CYCLE INSPECTION REPORT

8555

Owner(s)

Hp Allen, Llc Patricia Allen
544 S. Brainard Avenue
Lagrange, IL 60525

Agent

Brawley Property Management
Po Box 5543
Bloomington, IN 47407

Prop. Location: 321 S Eastside DR
Number of Units/Structures: 1/1
Units/Bedrooms/Max # of Occupants: Bld 1: 1/4/3

Date Inspected: 06/17/2019
Primary Heat Source: Gas
Property Zoning: RC
Number of Stories: 2

Inspector: Norman Mosier
Foundation Type: Basement
Attic Access: No
Accessory Structure: Shed

Monroe County Assessor's records indicate this structure was built in 1950.
There were no requirements for emergency egress at the time of construction.

INTERIOR:

Entryway:

Every window shall be capable of being easily opened and held in position by its own hardware. BMC 16.04.060(b)

Living Room 11-10 x 17-5:

Every window shall be capable of being easily opened and held in position by its own hardware, SE and west windows. BMC 16.04.060(b)

Dining Room 11-0 x 12-1:

Repair the south window to latch as intended. BMC 16.04.060 (b)

Bathroom:

No violations noted.

NE bedroom 12-6 x 11-1: This room has a door to the exterior for emergency egress.

Repair the door to latch without the use of the deadbolt. BMC 16.04.060 (a)

City Hall

Email: hand@bloomington.in.gov
Neighborhood Division (812) 349-3421

401 N Morton St

<https://bloomington.in.gov/hand>
Housing Division (812) 349-3401

Bloomington, IN 47404

Rental Inspection (812) 349-3420
Fax (812) 349-3582

C NW bedroom 12-6 x 12-0: This room has a door to the exterior for emergency egress. Repair the sliding glass door to latch as intended. BMC 16.04.060 (b)

BASEMENT

Stairway:

No violations noted.

Kitchen 22-8 x 8:

No violations noted.

C **Mechanical/laundry Room:** Gas furnace locate here, documentation presented 38 flue -- o supply. Restore power to the receptacle adjacent to the washer and attach to the wall. BMC 16.04.060 (a)

Temperature/pressure relief (TPR) valve discharge tubes:

- shall not be reduced in size from the valve outlet
- shall be rigid galvanized, rigid copper, or any CPVC pipe
- shall not have a threaded discharge end
- drain by gravity
- shall have a minimum 1" air gap where discharging into a sanitary drain, or an approved air break
- shall extend to within 6" of floor. BMC 16.04.060(c)

SE Room:

No violations noted.

2ND FLOOR

Stairway/Hallway:

No violations noted.

S Bedroom 8-8 x 11-9:

No violations noted.

Existing Egress Window Measurements: Dbl hung: Const. Yr. - 1950

Height: 15 inches

Width: 26.25 inches

Sill Height: 41 inches

Openable Area: 2.7 sq. ft.

At the time this structure was built, there were no code requirements for emergency egress for a sleeping room. The Housing & Neighborhood Development Department strongly recommends that the sleeping room egress windows be modified or replaced with a larger window to aid in emergency escape. BMC-16.04.020

C **Bathroom:**

Secure the loose toilet to its mountings. BMC 16.04.060 (c)

C Repair the exhaust fan to function as intended, capped off with cover. BMC 16.04.060 (c)

N bedroom 12-5 x 12-6: Measure window at re-inspection. 43.5H x 26W x 31S.H. DBL POP
No violations noted.

EXTERIOR:

C Clean debris from the roof, gutters and downspouts. BMC 16.04.050(a)

C Scrape and paint exterior surfaces where paint is peeling or wood is exposed. BMC 16.04.050(e)

C Repair the NE stairway, broken steps. BMC 16.04.050(b)

C Remove the vines that are growing on the structure. BMC 16.04.050(a)

DB
1-21-20
NM

Remove the dead tree in the back yard. BMC 16.04.050(b)

Remove the dead limbs that have fallen. BMC 16.04.050(a)

Replace the damaged gutter on the east side of structure. BMC 16.04.050(a)

Trim all tree branches away from the siding and roofline to maintain a 3' clearance.
BMC 16.04.040(e)

Shed:

Remove the vines that are growing on the structure. BMC 16.04.050(a)

Scrape and paint exterior surfaces where paint is peeling or wood is exposed. BMC 16.04.050(e)

OTHER REQUIREMENTS:

When issued, a copy of the new Rental Occupancy Permit shall be posted as required by BMC 16.03.030(d): All rental units shall be required to have a current occupancy permit displayed in an accessible location inside the unit. The permit shall contain the name of the owner and the agent, the occupant load of the unit, the number of bedrooms, the expiration date of the permit, and any variances that have been granted for the property. BMC 16.03.030(e)

This is the end of this report.



City of Bloomington
H.A.N.D.

**Board of Housing Quality Appeals
Staff Report: Petition for Extension of Time**

Meeting Date: February 19, 2020
Petition Type: An extension of time to complete repairs.
Petition Number: 20-TV-11
Address: 308 S Madison St.
Petitioner: Nick Parsch
Inspector: Matt Swinney
Staff Report: July 26 2019 Completed Cycle Inspection Report
December 26, 2019 BHQA App received

Owner has requested an extension of time to complete repairs on the exterior violations due to weather and scope of work. The owner has requested an extension till April 20th 2020 to complete the repairs.

Staff recommendation: Grant the request.

Conditions: Complete all repairs and schedule for re-inspection no later than the deadline stated below, or this case will be turned over to the City of Bloomington Legal Department for further action including the possibility of fines.

Compliance Deadline: April 20, 2020 to call and schedule the reinspection.

Attachments: Cycle Inspection, BHQA Appeal, Petitioner's Letter

Handwritten initials/signature



RECEIVED
DEC 26 2019

Page 1 of 2

**Application For Appeal.
To The
Board of Housing Quality Appeals
P.O. Box 100
Bloomington, IN 47402
812-349-3420
hand@bloomington.in.gov**

Property Address: 308 S MADISON STREET

Petitioner's Name: NICK PARSCHE

Address: 425 N WALNUT

City: BLOOMINGTON State: IN Zip Code: 47408

Phone Number: 812-803-0999 E-mail Address: nick@thebrawleygroup.com

Owner's Name: SCOTT OWENS

Address: 1401 S. WALNUT ST.

City: BLOOMINGTON State: IN Zip Code: 47401

Phone Number: 812-322-6888 E-mail Address: SCOTT@OWENSREALTYGROUP.COM

Occupants: _____

The following conditions must be found in each case in order for the Board to consider the request:

1. That the exception is consistent with the intent and purpose of the housing code and promotes public health, safety, and general welfare.
2. That the value of the area about the property to which the exception is to apply will not be adversely affected.

Identify the variance type that you are requesting from the following drop down menu:

Variance Type: 1.

Reminder:

A \$20.00 filing fee must be submitted with the Appeal Application or the application will not be considered to be complete! A completed application has to be submitted prior to the meeting application deadline in order to be placed on that month's agenda!

(Will be assigned by BHQA)

Petition Number: 20-TV-11

In the space provided below please write a brief narrative regarding your request. Be specific as to what you are requesting, the reason(s) or justification(s) for your request, the amount of time needed to bring the property into compliance, as well as any modifications and/or alterations you are suggesting. The following information must be included dependent upon the type of variance you are requesting:

- A. An extension of time to complete repairs. (Petition type: TV)
 - 1. Specify the items that need the extension of time to complete.
 - 2. Explain why the extension is needed.
 - 3. Specify the time requested.
- B. A modification or exception to the Housing Property Maintenance Code. (Petition type: V)
 - 1. Specify the code reference number you are appealing.
 - 2. Detail why you are requesting the variance.
 - 3. Specify the modifications and or alterations you are suggesting.
- C. Relief from an administration decision. (Petition type: AA)
 - 1. Specify the decision being appealed and the relief you are seeking.
- D. Rescind a variance. (Petition type: RV)
 - 1. Detail the existing variance.
 - 2. Specify the reason the variance is no longer needed.

WE ARE REQUESTING MORE TIME AND AN EXTENSION
FOR ALL OF THE EXTERIOR ITEMS. THESE ITEMS ARE
VERY LARGE JOBS & REQUIRE WARMER WEATHER. ~~IF~~
WE REQUEST FOR AN EXTENSION UNTIL APRIL, 20th, 2020
THANK YOU.

Signature (Required):

Nick Farsch

Name (Print):

Nick FARSCH

Date:

12/26/2019

Important information regarding this application format:

- 1. This form is designed to be filled out electronically, printed, then returned/submitted manually (e.g. postal mail).
- 2. This document may be saved on your computer for future use, however, any data that you have entered will not be saved.





City Of Bloomington
Housing and Neighborhood Development

AUG 19 2019

RENTAL INSPECTION INFORMATION

RE: 308 S Madison ST

Please find the enclosed Rental Inspection Report which contains pertinent information about the Cycle Inspection that was recently conducted at the above referenced property. The inspector has listed all noted violations and recommendations on the enclosed Rental Inspection Report. **You have sixty (60) days from the date of this letter to correct the violations listed on the report.**

Once violations have been corrected, it is your responsibility to call the Housing and Neighborhood Development office within this 60 day window but no later than **OCT 18 2019** to schedule a re-inspection. You have the right to appeal any violation of Bloomington Municipal Code Title 16 noted on the rental inspection report to the Board of Housing Quality Appeals.

This report is issued in accordance with BMC 16.10.020 and 16.10.040 of the Residential Rental Unit and Lodging Establishment Inspection Program. Residential Rental Occupancy Permits will not be issued until all interior and exterior violations have been corrected, and all fees have been paid. Bloomington Municipal Code requires that all violations of all Titles of the BMC must be in compliance before a permit will be issued. Please be advised that non-compliance by the deadlines listed in this letter may limit the permit period to a maximum of three (3) years.

If the owner's or agent's contact information has changed since your last inspection, please submit a new registration form to the HAND Department. The registration must be signed by the owner of the property, not the agent. All rental forms and documents can be found at www.bloomington.in.gov/hand. If you do not have access to the internet, you may contact **HAND** at 812-349-3420 and forms will be provided.

If you have any questions regarding the permit process, please call weekdays between 8:00 a.m. and 5:00 p.m., at (812) 349-3420.

Sincerely,

Housing & Neighborhood Development
Encl: Inspection Report,
Xc: Brawley Property Management; Po Box 5543, Bloomington, IN 47407

City Hall
Email: hand@bloomington.in.gov
Neighborhood Division (812) 349-3421

401 N Morton St
<https://bloomington.in.gov/hand>
Housing Division (812) 349-3401

Bloomington, IN 47404
Rental Inspection (812) 349-3420
Fax (812) 349-3582



City Of Bloomington
Housing and Neighborhood Development

CYCLE INSPECTION REPORT

3530

Owner

Owens Investments Llc
2620 E Windermere Dr.
Bloomington, IN 47401

Agent

Brawley Property Management
Po Box 5543
Bloomington, IN 47407

Prop. Location: 308 S Madison ST

Number of Units/Structures: 3/2

Units/Bedrooms/Max # of Occupants: Bld 1: Bld 1: 1/2/4 1/2/3, Bld 2: 1/1/3

Date Inspected: 07/26/2019

Primary Heat Source: Gas

Property Zoning: RC

Number of Stories: 2

Inspector: Matt Swinney

Foundation Type: Basement

Attic Access: No

Accessory Structure: None

Monroe County Assessor's records indicate these structures were built in 1899 & 1920. There were no requirements for emergency egress at these times of construction.

INTERIOR

Main House Unit A

Living Room 11-8 x 8-9, Dining Room 15-1 x 10-11, Kitchen 10-6 x 8-10

No violations noted.

SW Bedroom 11-9 x 11-8

Repair the light fixture to function as intended. BMC 16.04.060(c)

NW Bedroom 11-9 x 11-8

No violations noted.

Existing Egress Window Measurements:

Height: 35 inches

Width: 20.5 inches

Sill Height: 31 inches

Openable Area: 5 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

City Hall
Email: land@bloomington.in.gov
Neighborhood Division (812) 349-3421

401 N Morton St
<https://bloomington.in.gov/land>
Housing Division (812) 349-3401

Bloomington, IN 47404
Rental Inspection (812) 349-3420
Fax (812) 349-3582

Basement

Properly secure all support posts at the top and bottom to eliminate the possibility of movement. BMC 16.04.060(b)

2nd Floor Unit C

Kitchen

Install/replace batteries in smoke detectors so that they function as intended. IC 22-11-18-3.5

Living Room 14-10 x 10-10

Repair or replace existing smoke detector in a manner so that it functions as intended. IC 22-11-18-3.5

Existing Egress Window Measurements:

Height: 25 inches
Width: 23.25 inches
Sill Height: 14 inches
Openable Area: 4 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

SE Bedroom 14-10 x 10-10

No violations noted.

Existing Egress Window Measurements:

Height: 25 inches
Width: 29 inches
Sill Height: 14 inches
Openable Area: 5 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

Bathroom

No violations noted.

Garage Unit B

Lower Level/Utility Space

The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Properly secure all support posts at the top and bottom to eliminate the possibility of movement. BMC 16.04.060(b)

Repair the entry door to latch and function as intended. BMC 16.04.060(a)

Upstairs

Repair or replace existing smoke detector in a manner so that it functions as intended. IC 22-11-18-3.5

Properly finish all drywall in a workmanlike manner leaving no exposed joints or nail heads. BMC 16.04.060(a)

Kitchen Area 8-10 x 8-9

Repair the entry door to latch and function as intended. BMC 16.04.060(a)

Living Area 9-7 x 8-10, Bed Area

No violations noted.

Existing Egress Window Measurements:

Height: 14.75 inches

Width: 27 inches

Sill Height: 33 inches

Openable Area: 2.8 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

Bathroom

No violations noted.

EXTERIOR

Unit B

Trim all tree branches away from the siding and roofline to maintain a 3' clearance. BMC 16.04.040(e)

Properly tuck point all missing or defective mortar joints. BMC 16.04.050(a)

Unit A/C

Trim all tree branches away from the siding and roofline to maintain a 3' clearance. BMC 16.04.040(e)

Properly install approved exterior vent cover on the bathroom/laundry exhaust by the back window of Unit C. BMC 16.04.050(a)

Clean debris from the roof, gutters and downspouts. BMC 16.04.050(a)

Correct sagging support beams on front porch. This includes but is not limited to any structural member of the porch roof and ceiling. BMC 16.04.050(b)

OTHER REQUIREMENTS

Registration Form

Complete the enclosed registration form. A street address is required for both owner and agent. This form must be signed by the owner. If this form is not provided to the HAND department by the compliance deadline and the matter is referred to the Legal Department a fine of \$25 will be assessed. BMC 16.03.020, BMC 16.10.030(b)

Tenants and Owners Rights and Responsibilities Summary

A completed copy of the Tenants and Owners Rights and Responsibilities Summary must be provided to this office or reviewed with the inspector within 60 days of the date of the inspection or a \$25.00 fine will be levied. BMC 16.03.060(c) and BMC 16.10.030(b)

Inventory Damage List

The owner or his agent shall contact the tenant and arrange a joint inspection of the premises to occur within ten days of the tenant's occupancy of the rental unit. The owner or his agent and the tenant shall at that time jointly complete an inventory and damage list, and this shall be signed by all parties to the tenancy agreement. Duplicate copies of the inventory and damage list shall be retained by all parties and shall be deemed a part of the tenancy agreement. A completed copy of the Inventory & Damage List must be provided to the office or reviewed with the inspector within 60 days of the date of the inspection or a \$25.00 fine will be levied. BMC 16.03.050(e) and BMC 16.10.030(b)

When issued, a copy of the new Rental Occupancy Permit shall be posted as required by BMC 16.03.030(d): All rental units shall be required to have a current occupancy permit displayed in an accessible location inside the unit. The permit shall contain the name of the owner and the agent, the occupant load of the unit, the number of bedrooms, the expiration date of the permit, and any variances that have been granted for the property. BMC 16.03.030(c)

This is the end of this report.



City of Bloomington
H.A.N.D.

**Board of Housing Quality Appeals
Staff Report: Petition for Extension of Time**

Meeting Date: February 19, 2020
Petition Type: An extension of time to complete repairs
Petition Number: 20-TV-12
Address: 1105 S. Fess
Petitioner: Lisa Hogan (Trustee) of RVOC Sondley & Donna Littrell
Inspector: Dee Wills
Staff Report: October 23, 2019 Completed Cycle Inspection
January 07, 2020 Received Application for Appeal

The petitioner is requesting an extension of time to complete all exterior violations by May 01, 2020. She is also requesting relief from the administrative decision to inspect the garage on the property that she uses for storage, and is not available to, or used by, the tenants. HAND is required by Title 16 of the Bloomington Municipal Code to inspect all structures on the rental premises. As stated in the Bloomington Municipal Code 16.04.050(a): All portions of the exterior of a residential rental unit and its accessory structures shall be maintained in a structurally sound manner, be in good repair and be maintained in accordance with this Title; also stated in the Bloomington Municipal Code 16.04.060(a): All portions of the interior of a residential rental unit and its accessory structures shall be maintained in a structurally sound manner, be in good repair and be maintained in accordance with this Title. In the Defined words section (16.02.020) of Title 16 "Premises" means lot, plot or parcel of land including the buildings or structures thereon.; also in Defined words "Exterior property" means the open space on the premises and on adjoining property under the control of owners or operators of such premises.

Staff recommendation: Grant the extension of time to complete exterior violations. Deny relief from the requirement to make noted repairs on the garage.

Conditions: Complete all repairs and schedule for re-inspection no later than the deadline stated below, or this case will be turned over to the City of Bloomington Legal Department for further action including the possibility of fines.

Compliance Deadline: Exterior Violations: May 01, 2020
 All other Violations: Schedule Immediately

Attachments: Application for Appeal, Cycle Report, Petitioner's Cover Letter, Certificates
Of Death, Assessments of Land, Structures and Improvements, Property Tax
Information.



Application For Appeal
To The
Board of Housing Quality Appeals
P.O. Box 100
Bloomington, IN 47402
812-349-3420
hand@bloomington.in.gov

RECEIVED
JAN 07 2020

Property Address: 1105 S. Fess Bloomington, IN 47401

Petitioner's Name: Lisa Hogan (Trustee) of RVOC Sondley & Donna Littrell

Address: 5135 Britten Lane

City: Ellicott City

State: Maryland



Zip Code: 21043

Phone Number: 4437223188

E-mail Address: lhogan1958@comcast.net

Owner's Name: RVOC Sondley & Donna Littrell-Lisa Hogan Trustee

Address: 5135 Britten Lane

City: Ellicott City

State: Maryland



Zip Code: 21043

Phone Number: 4437223188

E-mail Address: lhogan1958@comcast.net

Occupants: Jamie Higgins & family

The following conditions must be found in each case in order for the Board to consider the request:

1. That the exception is consistent with the intent and purpose of the housing code and promotes public health, safety, and general welfare.
2. That the value of the area about the property to which the exception is to apply will not be adversely affected.

Identify the variance type that you are requesting from the following drop down menu:

Variance Type: An extension of time to complete repairs. (Petition Type: TV)



RELIEF from an administrative decision, (Petition Type AA)

Reminder:

A \$20.00 filing fee must be submitted with the Appeal Application or the application will not be considered to be complete! A completed application has to be submitted prior to the meeting application deadline in order to be placed on that month's agenda!

(Will be assigned by BHQA)

Petition Number: 20-TV-12

In the space provided below please write a brief narrative regarding your request. Be specific as to what you are requesting, the reason(s) or justification(s) for your request, the amount of time needed to bring the property into compliance, as well as any modifications and/or alterations you are suggesting. The following information must be included dependent upon the type of variance you are requesting:

- A. An extension of time to complete repairs. (Petition type: TV)
 - 1. Specify the items that need the extension of time to complete.
 - 2. Explain why the extension is needed.
 - 3. Specify the time requested.
- B. A modification or exception to the Housing Property Maintenance Code. (Petition type: V)
 - 1. Specify the code reference number you are appealing.
 - 2. Detail why you are requesting the variance.
 - 3. Specify the modifications and/or alterations you are suggesting.
- C. Relief from an administration decision. (Petition type: AA)
 - 1. Specify the decision being appealed and the relief you are seeking.
- D. Rescind a variance. (Petition type: RV)
 - 1. Detail the existing variance.
 - 2. Specify the reason the variance is no longer needed.

Requesting an extension of time for all outdoor work, to be completed by May 1, 2020

Requesting the garage for continued use of "landlord use only", for all inspections per original permit inspection in 2015. (Doc. 1, 3pgs)

--The garage is storage and full of my parents and sisters belongings after their passing.

(Doc 2; 3, 4 - ea. 1 pg/total 3 pgs)

--The garage is lot N1/2 Lot 24

Parcel 53-08-04-403-060.000-009 (purchase date -2014)

--The house is lot Edgemont Park Lot 23

Parcel 53-08-04-403-012.000-009 (purchase date-present)

(Doc 5 - Notice of Assessment of Land and Structures/Taxpayer & Property Information - 11 pgs)

Kenny Bland did an appraisal for inheritance tax purposes. I sent the appraisal in for reevaluation of the property taxes. During this appraisal both lots were combined and in return the property taxes combined both payments.

--Property taxes combined both payments in 2014 to lot Edgemont Park 23 & N1/2 Lot 24

Parcel 53-098-04-403-012.000-009 (2014-present)

(Doc 5 - Notice of Assessment of Land and Structures/Taxpayer & Property Information - 11 pgs)

Signature (Required):

Lisa Hogan - TRUSTEE

Name (Print): Lisa Hogan Trustee

Date:

Jan 6, 2020

Important information regarding this application format:

1. This form is designed to be filled out electronically, printed, then returned/submitted manually (e.g. postal mail).

2. This document may be saved on your computer for future use, however, any data that you have entered will not be saved.

Print Form



City Of Bloomington
Housing and Neighborhood Development

RENTAL INSPECTION INFORMATION

NOV 08 2019

Rvoc Sondley & Donna Littrell - Lisa Hogan Trustee
5135 Britten Ln.
Ellicott City, MD 21043

RE: 1105 S Fess AVE

Please find the enclosed Rental Inspection Report which contains pertinent information about the Cycle Inspection that was recently conducted at the above referenced property. The inspector has listed all noted violations and recommendations on the enclosed Rental Inspection Report. **You have sixty (60) days from the date of this letter to correct the violations listed on the report.**

Once violations have been corrected, it is your responsibility to call the Housing and Neighborhood Development office within this 60 day window but no later than **JAN 07 2020** to schedule a re-inspection. You have the right to appeal any violation of Bloomington Municipal Code Title 16 noted on the rental inspection report to the Board of Housing Quality Appeals.

This report is issued in accordance with BMC 16.10.020 and 16.10.040 of the Residential Rental Unit and Lodging Establishment Inspection Program. Residential Rental Occupancy Permits will not be issued until all interior and exterior violations have been corrected, and all fees have been paid. Bloomington Municipal Code requires that all violations of all Titles of the BMC must be in compliance before a permit will be issued. Please be advised that non-compliance by the deadlines listed in this letter may limit the permit period to a maximum of three (3) years.

If the owner's or agent's contact information has changed since your last inspection, please submit a new registration form to the HAND Department. The registration must be signed by the owner of the property, not the agent. All rental forms and documents can be found at www.bloomington.in.gov/hand. If you do not have access to the internet, you may contact **HAND at 812-349-3420 and forms will be provided.**

If you have any questions regarding the permit process, please call weekdays between 8:00 a.m. and 5:00 p.m., at (812) 349-3420.

Sincerely,

Housing & Neighborhood Development
Encl: Inspection Report,
Xc: Lisa Hensley: 1212 North Crescent Rd., Bloomington, IN 47404

City Hall
Email: hand@bloomington.in.gov
Neighborhood Division (812) 349-3421

401 N Morton St
<https://bloomington.in.gov/hand>
Housing Division (812) 349-3401

Bloomington, IN 47404
Rental Inspection (812) 349-3420
Fax (812) 349-3582



City Of Bloomington
Housing and Neighborhood Development

CYCLE INSPECTION REPORT

10568

Owner(s)

Rvoc Sondley & Donna Littrell - Lisa Hogan Trustee
5135 Britten Ln.
Ellicott City, MD 21043

Agent

Lisa Hensley
1212 North Crescent Rd.
Bloomington, IN 47404

Prop. Location: 1105 S Fess Ave
Number of Units/Structures: 1/1
Units/Bedrooms/Max # of Occupants: Bld 1: 1/3/3

Date Inspected: 10/23/2019
Primary Heat Source: Gas
Property Zoning: RC
Number of Stories: 1

Inspector: Dee Wills
Foundation Type: Basement
Attic Access: No
Accessory Structure: Garage (Landlord use only)

Monroe County Assessor's records indicate this structure was built in 1910..
There were no minimum requirements for emergency egress at the time of construction.

INTERIOR

Living Room (15-4 x 12-2)

Remove the tape at the bottom of entry door, then properly repair the entry door to be weather tight. No gaps shall be visible around the edges. BMC 16.04.060(a)

The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

SW Bedroom (15-6 x 10-2)

The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Existing Egress Window Measurements:

Height: 50 inches

Width: 23.50 inches

Sill Height: 23.50 inches

Openable Area: 8.16 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

Dining Room (13-2 x 11-6)

Repair the left window to remain fully open using hardware that is part of the window. BMC 16.04.060(b)

The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Hall Bathroom, Hallway

No violations noted.

Center Bedroom (14-7 x 10-7)

The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Existing Egress Window Measurements:

Height: 50 inches

Width: 23.50 inches

Sill Height: 23.50 inches

Openable Area: 8.16 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

East Bedroom (17-7 x 15-10 + 7-11 x 7-8)

Note: A door leading directly to the exterior serves as the emergency egress for this sleeping room.

The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

East Bathroom

Properly secure the loose GFCI electrical outlet so that it functions as intended. BMC 16.04.060(b)

Kitchen (11-10 x 8-5)
No violations noted.

Basement
No violations noted.

EXTERIOR

Secure the front handrails so they are capable of withstanding normally imposed loads. BMC 16.04.050(b)

Secure the rear handrail so it is capable of withstanding normally imposed loads. BMC 16.04.050(b) and BMC 16.04.060(b)

Properly repair or replace damaged/deteriorated soffit/fascia (north side of structure) in a manner that seals all openings. BMC 16.04.050(a)

Properly repair or replace damaged/deteriorated soffit/fascia (south side above screen door) in a manner that seals all openings. BMC 16.04.050(a)

Replace damaged or torn window screen on the north side of the back porch. BMC 16.04.060(a)

Clean debris from the roof, gutters and downspouts. BMC 16.04.050(a)

Garage
The garage was not inspected at the time of this inspection, as it was not accessible. The garage must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. **This applies even if the tenants do not have access to this area of the property.** BMC 16.03.040

Secure guttering to the structure. (east and west sides) BMC 16.04.050(a)

Properly repair or replace damaged/deteriorated soffit/fascia in a manner that seals all openings. (west side of structure) BMC 16.04.050(a)

Repair/ replace the deteriorated frame for the garage door. (left side bottom) BMC 16.04.050(a)

OTHER REQUIREMENTS

Furnace Inspection Documentation

Thoroughly clean and service the furnace, inspect and test shut off valves for proper operation. Documentation from a professional HVAC contractor for this service is acceptable and encouraged. Servicing shall include a test for carbon monoxide. Acceptable levels of carbon monoxide are as follows:

Desired level: 0 parts per million (ppm)
Acceptable level in a living space: 9 ppm
Maximum concentration for flue products: 50 ppm
BMC 16.01.060(f), BMC 16.04.060(c), BMC 16.04.060(b)

When issued, a copy of the new Rental Occupancy Permit shall be posted as required by BMC 16.03.030(d); All rental units shall be required to have a current occupancy permit displayed in an accessible location inside the unit. The permit shall contain the name of the owner and the agent, the occupant load of the unit, the number of bedrooms, the expiration date of the permit, and any variances that have been granted for the property. BMC 16.03.030(c)

This is the end of this report.

COVER LETTER

TO: Board of Housing Quality Appeals
PO Box 100
Bloomington, IN 47402

RECEIVED
JAN 13 2020
BY:

From: Lisa Hogan, Trustee for RVOC Sondley & Donna Littrell

Property: 1105 S. Fess
Bloomington, IN 47401

Enclosed: Cover letter (1pg)

Application for Appeal (2pgs)

Supporting Documents (11pgs)

Doc. 1 (3pgs) Original inspection report-05/28/2015

Doc. 2 (1pg) Death certificate Donna Littrell

Doc. 3 (1pg) Death certificate Sondley Littrell

Doc. 4 (1pg) Death certificate Linda Littrell

Doc. 5 (11pgs) Notice of Assessment of Land and Structures/Taxpayer & Property Info.

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 2004-558

MONROE COUNTY HEALTH DEPARTMENT
119 WEST SEVENTH STREET
BLOOMINGTON, IN 47404
(812) 349-2543

No. Dac 2

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL CERTIFICATE OF DEATH

TYPE/PRINT

1. DECEASED—NAME (First, Middle, Last) Donna Jean Littrell		2. SEX Female		3a. TIME OF DEATH 07:58 AM		3b. DATE OF DEATH (Month, Day, Year) August 8, 2004	
4. SOCIAL SECURITY NUMBER 308-24-6149		5a. AGE—Last Birthday (Years) 76		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6a. WAS DECEDENT A U.S. VETERAN? No		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		7. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		7. BIRTHPLACE (City and State or Foreign Country) New Lexington Ohio	
8b. FACILITY NAME (If not institution, give street and number) Bloomington Hospital				8c. CITY, TOWN, OR LOCATION OF DEATH Bloomington		8d. COUNTY OF DEATH Monroe	
10. MARITAL STATUS Married		11. SURVIVING SPOUSE (If wife, give maiden name) Sondley		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Secretary		12b. KIND OF BUSINESS/INDUSTRY Indiana University	
13a. RESIDENCE—STATE IN		13b. COUNTY Monroe		13c. CITY, TOWN, OR LOCATION Bloomington		13d. STREET AND NUMBER 1105 S. Fess St	
13e. ZIP CODE 47401		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		18. FATHER'S NAME (First, Middle, Last) George W. Emerick		19. MOTHER'S NAME (First, Middle, Last) Lillian M Adcock		20. INFORMANT'S NAME (Type/Print) Sondley A Littrell	
20a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1105 S. Fess St, Bloomington, IN 47401		20b. Relationship Husband		21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Aug 12, 2004 Valhalla Memory Gardens	
22a. EMBALMER'S NAME Joe D. Deckard, Jr.		22b. EMBALMER'S LICENSE NO. FDO 9100033		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		24. SIGNATURE OF FUNERAL DIRECTOR <i>Arthur L. Sater</i>	
24a. LICENSE NUMBER (of Licensee) FDO 1008651		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Allen Funeral Home FH88600416 3000 E. Third St., Bloomington, IN 47401		26. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) MI		27. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hours	
26. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) MI		27. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hours		28. CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last		29. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Colin Chang</i>		29c. MEDICAL LICENSE NO. 01045412		29d. DATE SIGNED (Month, Day, Year) 8/10/04	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type/Print) Colin Chang M.D. 719 S. Rogers St., Bloomington, IN 47403		31. HEALTH OFFICER'S SIGNATURE <i>Thomas W. Sharp</i>		32. DATE FILED (Month, Day, Year) AUG 13 2004		33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide	
33a. DATE OF INJURY (Month, Day, Year)		33b. TIME OF INJURY		33c. INJURY AT WORK? (Yes or no)		33d. DESCRIBE HOW INJURY OCCURRED	
33e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		33f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		34. DATE PRONOUNCED DEAD (Month, Day, Year)		34b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

NOT VALID UNLESS SEALED AND STAMPED WITH THE HEALTH OFFICER'S SIGNATURE.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

867235

Doc 3

Local No 000092

EDR No 000000242487

State No 005120

1. Decedent's Legal Name (First, Middle, Last) SONDLEY A LITRELL				1a. Maiden Name (If Female)		2. Sex MALE	3. Time Of Death 18:12	4. Date Of Death (Month/Day/Year) 01/30/2012
5. Social Security Number 312-20-7791	6a. Age - Yrs 85	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 02/07/1926		8. Birthplace (City and State or Foreign Country) MADISON, IN
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		
11. Facility Name (If Not Institution, Give Street and Number) IU HEALTH BLOOMINGTON HOSPITAL								
12. City Or Town, State, And Zip Code BLOOMINGTON, IN, 47403				13. County Of Death MONROE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation SALES		17. Kind Of Business/Industry INSURANCE
18. Residence - State INDIANA		18a. County MONROE		18b. City Or Town BLOOMINGTON				
18c. Street And Number 105 SOUTH FESS AVENUE						18d. Apt. No.	18e. Zip Code 47401	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) NICHOLAS FRANK LITRELL				23. Mother's Name (First, Middle, Last) ALICE OPAL LITRELL		23a. Mother's Maiden Last Name STAPLES		
24. Informant's Name LISA LITRELL HOGAN		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 5135 BRITTEN LANE, ELLICOTT CITY, MD 21043				
25. Place Of Disposition								
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CLEAR CREEK CEMETERY			25c. Location - City, Town, And State BLOOMINGTON, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ALLEN FUNERAL HOME, INC, 4155 S. OLD STATE ROAD 37, BLOOMINGTON, IN 47401					27a. Funeral Home License Number FH10800010	
27b. Signature Of Indiana Funeral Service Licensee: DAVID R. SHIRLEY, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01023534		
Cause Of Death (See Instructions And Examples)								
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.								
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. CONGESTIVE HEART FAILURE				Approximate Interval: Onset To Death 1 WEEK
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last				B. CORONARY ARTERY DISEASE				20 YEARS
				C.				
				D.				
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I HYPERTENSION						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No								
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number			38c. Apt. No.	
38d. Zip Code								
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
41. Signature, Of Person Certifying Cause Of Death: GREGORY SCOTT HEUMANN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: GREGORY SCOTT HEUMANN, 550 S LANDMARK AVE, BLOOMINGTON, IN 47403						44. License Number 01048795A		45. Date Certified 02/03/2012
46. Additional Funeral Service Provider:						47. *Atas:		
48. Signature of Local Health Officer: THOMAS W. SHARP, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 07 2012		

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000198

EDR No 000000563928

State No 011258

1. Decedent's Legal Name (First, Middle, Last) LINDA SUE LITRELL		2. Sex FEMALE		3. Time of Death 22:15		4. Date of Death (Month/Day/Year) 03/01/2017	
5. Social Security Number 905-64-2290		6a. Age - Year 62		6b. Under 1 Year Months: 0 Days: 0		6c. Under 1 Month Days: 0 Hours: 0 Minutes: 0	
7. Date of Birth (Month/Day/Year) 10/19/1954		8. Birthplace (City and State or Foreign Country) MARION COUNTY, IN					
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify):			
11. Facility Name (If Not Institution, Give Street and Number) 3100 SOUTH WALNUT STREET PIKE							
12. City Or Town, State, And Zip Code BLOOMINGTON, IN 47401				13. County Of Death MONROE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation CERTIFIED NURSING ASSISTANT		17. Kind Of Business/Industry GOLDEN LIVING CENTER	
18. Residence - State INDIANA		18a. County MONROE		18b. City Or Town BLOOMINGTON		18c. Street And Number 3100 SOUTH WALNUT STREET PIKE	
18d. Apt. No.		18e. Zip Code 47401		18f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) SONDLEY A. LITRELL		23. Parent's Name (First, Middle, Last) DONNA J. LITRELL		23a. Parent's Last Name Before First Marriage EMIRICK			
24. Informant's Name JAMES BRIDGEWATER		24a. Relationship To Decedent SON		24b. Mailing Address (Street and Number, City, State, Zip Code) 6302 WEST SYKES COURT, BLOOMINGTON, IN 47404			
25. Place Of Disposition SOUTH CENTRAL CREMATORY, NORTH VERNON, IN							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)		25c. Location - City, Town, And State			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility THE FUNERAL CHAPEL, 3000 EAST THIRD STREET, BLOOMINGTON, IN 47401				27a. Funeral Home License Number IFH14600006	
27b. Signature Of Indiana Funeral Service Licensee DAVID MARTIN COLLIER, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD09100015			
Cause Of Death (See Instructions And Examples) 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Line A. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIAC ARRHYTHMIA Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. CIRRHOSIS, EMPHYSEMA, HEPATITIS Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. CIRRHOSIS, EMPHYSEMA, HEPATITIS							
29. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30a. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. If Female: <input checked="" type="checkbox"/> Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant, But Pregnant At Day 42 To Year Of Death <input type="checkbox"/> Pregnant, But Pregnant Within The Past Year		32. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		33. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work?	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	
38d. Zip Code		39. Describe How Injury Occurred					
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature Of Person Certifying Cause Of Death JOANI LEE SHIELDS, BY ELECTRONIC SIGNATURE					
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death JOANI LEE SHIELDS, 301 N. COLLEGE AVENUE, BLOOMINGTON, IN 47404		44. License Number		45. Date Certified 03/02/2017	
46. Additional Funeral Service Provider		47. For Registrar Only - Date Filed (Month/Day/Year) MAR 07 2017		48. Signature Of Local Health Officer THOMAS W. SHARP, VIA ELECTRONIC SIGNATURE			

VOID IF ALTERED OR ERASED

**NOTICE OF ASSESSMENT OF LAND AND STRUCTURES**

State Form 21366 (R16 / 12-17)

Prescribed by Department of Local Government Finance

Dec 5 - pg 1

FORM 11

This notice indicates the assessed value of your property. Information on the valuation of your property and a copy of the property record card can be obtained from the Assessing Official at the telephone number and address below.

Notice to the Taxpayer of the opportunity to appeal (IC 6-1.1-15-1.1, 1.2):

If the taxpayer does not agree with the action of the Assessing Official giving this notice, an appeal can be initiated to challenge the action. If the taxpayer files a "Form 130-Taxpayer's Notice to Initiate an Appeal" with the Township Assessor (if any) or the County Assessor not later than forty-five (45) days after the date of this notice of assessment. This form is available from the Assessing Official or at <https://forms.in.gov/Download.aspx?id=6979>. An Assessing Official who receives a Form 130 must schedule a preliminary informal meeting with the taxpayer in order to resolve the appeal. The Assessing Official and taxpayer must exchange the information each party is relying on at time of the preliminary informal meeting to support the party's respective position on each disputed issue concerning the appeal.

NOTE: Failure to file a timely Form 130 can be grounds for dismissal of this appeal.

Name and address of property owner Littrell, Sondley A & Donna Jean Trust JEAN TRUST 5135 Britten Ln ELLICOTT CITY, MD 21043-7046	Legal description EDGEMONT PARK LOT 23 & N1/2 LOT 24
	Parcel or identification number 53-08-04-403-012.000-009 015-64070-00
	Property address 1105 S Fess AVE Bloomington, IN 47401-5980

PREVIOUS ASSESSMENT		NEW ASSESSMENT EFFECTIVE JANUARY 1, 2018	
LAND	82,800	LAND	82,800
STRUCTURES	69,600	STRUCTURES	76,900
TOTAL	152,400	TOTAL	159,700

DEADLINE FOR FILING AN APPEAL ON YOUR 2018 PAY 2019 ASSESSMENT IS MAY 15th, 2018

Reason for revision of assessment:

ANNUAL ADJUSTMENT**THIS IS NOT A BILL**

- THIS FORM SERVES AS THE NOTICE OF ASSESSMENT FOR 2018 PAY 2019 TAXES
- THE VALUE OF THIS FORM SHOULD REFLECT THE MARKET VALUE IN USE OF THIS PROPERTY
- YOU MAY ONLY APPEAL YOUR TOTAL ASSESSED VALUE
- YOU MAY **NOT** APPEAL THE LAND OR STRUCTURES INDIVIDUALLY
- YOU MAY **NOT** APPEAL YOUR TAX DOLLARS

If the change in assessment is due to a new home, a taxpayer should be aware that there are many property tax benefits or deductions available. Please see INDIANA PROPERTY TAX BENEFITS (State Form 51781) available on the DLGF website, www.IN.gov/dlgr. If the real property is reassessed because it has been rehabilitated, a taxpayer may be eligible for rehabilitation deductions – see Form 322A or Form 322/RE. If the non-residential real property is reassessed because it has been rehabilitated, a taxpayer may be eligible for rehabilitation deductions – see Form 322A. Other non-residential construction may be eligible for deductions – see Forms 322/RE and Form 322/VBD.

County Monroe	Township PERRY TOWNSHIP	Date of notice 3/31/2018
Assessing Official Judith A. Sharp County Assessor	Telephone number (812)349-2502	
Address Courthouse 100 W Kirkwood Ave, Rm 104 Bloomington, IN 47404		



NOTICE OF ASSESSMENT OF LAND AND STRUCTURES

State Form 21366 (R13 / 10-13)

Prescribed by Department of Local Government Finance

Doc 5 - pg 2

FORM 11

This notice indicates the assessed value of your property. Information on the valuation of your property and a copy of the property record card can be obtained from the Assessing Official at the telephone number and address below.

Notice to the taxpayer of the opportunity to appeal (IC 6-1.1-15-1):

If the taxpayer does not agree with the action of the Assessing Official giving this notice, an appeal can be initiated to challenge that action if the taxpayer files a notice for review in writing with the Township Assessor (if any) or the County Assessor not later than forty-five (45) days after the date of this notice of assessment. The written notice for review should include the name of the taxpayer, the address of the property, the key number or the parcel number of the property, the address of the taxpayer (if different from the property address), and the telephone number of the taxpayer. An Assessing Official who receives a notice for review must attempt to hold a preliminary informal meeting with the taxpayer to resolve as many issues as possible. The taxpayer may use a Form 130-Short to file this appeal. This form is available from the Assessing Official or at <https://forms.in.gov/Download.aspx?id=6979>. An appeal of this assessed value requires evidence relevant to the value of the taxpayer's property as of the assessment date.

Name and address of property owner Littrell, Sondley A & Donna Jean Trust JEAN TRUST 5135 Britten Ln ELLICOTT CITY, MD 21043-7046	Legal description EDGEMONT PARK LOT 23 & N1/2 LOT 24
	Parcel or identification number 53-08-04-403-012.000-009 015-64070-00
	Property address 1105 S Fess AVE Bloomington, IN 47401-5980

PREVIOUS ASSESSMENT		NEW ASSESSMENT EFFECTIVE JANUARY 1, 2017	
LAND	82,800	LAND	82,800
STRUCTURES	63,700	STRUCTURES	69,600
TOTAL	146,500	TOTAL	152,400

Reason for revision of assessment:

ANNUAL ADJUSTMENT

THIS IS NOT A BILL

- * THIS FORM 11 SERVES AS THE NOTICE OF ASSESSMENT FOR 2017 PAY 2018 TAXES
- * THE VALUE ON THIS FORM 11 SHOULD REFLECT THE MARKET VALUE IN USE OF THIS PROPERTY
- * YOU MAY ONLY APPEAL YOUR TOTAL VALUE
- * YOU MAY NOT APPEAL THE LAND OR STRUCTURES INDIVIDUALLY
- * YOU MAY NOT APPEAL YOUR TAX DOLLARS

Deadline for filing an appeal on your 2017 assessment is May 23, 2017

County Monroe	Township PERRY TOWNSHIP	Date of notice 4/7/2017
Assessing Official Judith A. Sharp County Assessor	Telephone number (812)349-2502	
Address Courthouse 100 W Kirkwood Ave, Rm 104 Bloomington, IN 47404		

**NOTICE OF ASSESSMENT OF LAND AND STRUCTURES**

State Form 21366 (R13 / 10-13)

Prescribed by Department of Local Government Finance

Doc 5 pg 3

FORM 11

This notice indicates the assessed value of your property. Information on the valuation of your property and a copy of the property record card can be obtained from the Assessing Official at the telephone number and address below.

Notice to the taxpayer of the opportunity to appeal (IC 6-1.1-15-1):

If the taxpayer does not agree with the action of the Assessing Official giving this notice, an appeal can be initiated to challenge that action if the taxpayer files a notice for review in writing with the Township Assessor (if any) or the County Assessor not later than forty-five (45) days after the date of this notice of assessment. The written notice for review should include the name of the taxpayer, the address of the property, the key number or the parcel number of the property, the address of the taxpayer (if different from the property address), and the telephone number of the taxpayer. An Assessing Official who receives a notice for review must attempt to hold a preliminary informal meeting with the taxpayer to resolve as many issues as possible. The taxpayer may use a Form 130-Short to file this appeal. This form is available from the Assessing Official or at <https://forms.in.gov/Download.aspx?id=6979>. An appeal of this assessed value requires evidence relevant to the value of the taxpayer's property as of the assessment date.

Name and address of property owner Littrell, Sondley A & Donna Jean Trust JEAN TRUST 5135 Britten Ln ELLICOTT CITY MD 21043-7046	Legal description EDGEMONT PARK LOT 23 & N1/2 LOT 24
	Parcel or Identification number 53-08-04-403-012.000-009 015-64070-00
	Property address 1105 S Fess AVE Bloomington IN 47401-5980

PREVIOUS ASSESSMENT		NEW ASSESSMENT EFFECTIVE JANUARY 1, 2016	
LAND	82800	LAND	82800
STRUCTURES	60900	STRUCTURES	63700
TOTAL	143700	TOTAL	146500

Reason for revision of assessment:

ANNUAL ADJUSTMENT**THIS IS NOT A BILL**

- * THIS FORM 11 SERVES AS THE NOTICE OF ASSESSMENT FOR 2016 PAY 2017 TAXES
- * THE VALUE ON THIS FORM 11 SHOULD REFLECT THE MARKET VALUE IN USE OF THIS PROPERTY
- * YOU MAY ONLY APPEAL YOUR TOTAL VALUE
- * YOU MAY NOT APPEAL THE LAND OR STRUCTURES INDIVIDUALLY
- * YOU MAY NOT APPEAL YOUR TAX DOLLARS

DEADLINE FOR FILING AN APPEAL ON YOUR 2016 ASSESSMENT IS JUNE 24, 2016

County Monroe	Township PERRY TOWNSHIP	Date of notice 5/10/2016
Assessing Official Judith A. Sharp County Assessor	Telephone number (812)349-2502	
Address Courthouse 100 W Kirkwood Ave, Rm 104 Bloomington IN 47404		



NOTICE OF ASSESSMENT OF LAND AND IMPROVEMENTS

State Form 21366 (R13 / 10-13)

Prescribed by Department of Local Government Finance

Doc 3 pg 4

FORM 11

This notice indicates the assessed value of your property. Information on the valuation of your property and a copy of the property record card can be obtained from the Assessing Official at the telephone number and address below.

Notice to the taxpayer of the opportunity to appeal (IC 6-1.1-15-1):

If the taxpayer does not agree with the action of the Assessing Official giving this notice, an appeal can be initiated to challenge that action if the taxpayer files a notice for review in writing with the Township Assessor (if any) or the County Assessor not later than forty-five (45) days after the date of this notice of assessment. The written notice for review should include the name of the taxpayer, the address of the property, the key number or the parcel number of the property, the address of the taxpayer (if different from the property address), and the telephone number of the taxpayer. An Assessing Official who receives a notice for review must attempt to hold a preliminary informal meeting with the taxpayer to resolve as many issues as possible. The taxpayer may use a Form 130-Short to file this appeal. This form is available from the Assessing Official or at <https://forms.in.gov/Download.aspx?id=6979>. An appeal of this assessed value requires evidence relevant to the value of the taxpayer's property as of the assessment date.

Name and address of property owner Littrell, Sondley A & Donna Jean Trust JEAN TRUST 5135 Britten Ln ELLCOTT CITY, MD 21043-7046	Legal description EDGEMONT PARK LOT 23 & N1/2 LOT 24
	Parcel or Identification number 53-08-04-403-012.000-009 015-64070-00
	Property address 1105 S Fess AVE Bloomington IN 47401-5980

PREVIOUS ASSESSMENT		NEW ASSESSMENT EFFECTIVE MARCH 1, 2015	
LAND	82800	LAND	82800
STRUCTURES	57400	STRUCTURES	60900
TOTAL	140200	TOTAL	143700

Reason for revision of assessment:

ANNUAL ADJUSTMENT

THIS IS NOT A BILL

- * THIS FORM 11 SERVES AS THE NOTICE OF ASSESSMENT FOR 2015 PAY 2016 TAXES
- * THE VALUE ON THIS FORM 11 SHOULD REFLECT THE MARKET VALUE IN USE OF THIS PROPERTY
- * YOU MAY ONLY APPEAL YOUR TOTAL VALUE
- * YOU MAY NOT APPEAL THE LAND OR STRUCTURES INDIVIDUALLY
- * YOU MAY NOT APPEAL YOUR TAX DOLLARS

DEADLINE FOR FILING AN APPEAL ON YOUR 2015 ASSESSMENT IS JULY 31, 2015

County Monroe	Township PERRY TOWNSHIP	Date of notice 06/16/15
Assessing Official Judith A. Sharp County Assessor	Telephone number (812)349-2502	
Address Courthouse 100 W Kirkwood Ave, Rm 104 Bloomington IN 47404		



**JOINT REPORT BY TAXPAYER / ASSESSOR
TO THE COUNTY BOARD OF APPEALS OF
A PRELIMINARY INFORMAL MEETING**

State Form 63626 (5-08)

Prescribed by the Department of Local Government Finance

FORM 134

Doc 5 pg 5

FOR OFFICE USE ONLY

Date received by County Board of Appeals
(month, day, year) 7/21/14

Date received by County Auditor
(month, day, year)

Appeal Number: 53-009-14-0-5-00159

INSTRUCTIONS:

1. This form must be completed and signed by both the taxpayer and the assessing official. The assessing official must forward this form to the County Auditor and the Property Tax Assessment Board of Appeals no later than ten (10) days after the preliminary informal meeting between the taxpayer and the undersigned assessing official.
2. The County Board of Appeals maintains the original report with copies provided to the County Auditor, Assessor, and taxpayer.

TYPE OF ISSUE UNDER APPEAL

Assessment of (check if applicable): Deduction for (check if applicable):

- ☒ Real property
☐ Personal property

- ☐ Rehabilitated property (IC 6-1.1-12-25.5)
☐ Resource Recovery System (IC 6-1.1-12-28.5)
☐ Coal, hydroelectric, or geothermal (IC 6-1.1-12-35.5)

- ☐ ERA - Real property (IC 6-1.1-12.1-5)
☐ ERA - Vacant building (IC 6-1.1-12.1-5.3)
☐ ERA - Personal property (IC 6-1.1-12.1-5.4)

SECTION 1

PROPERTY & PETITIONER INFORMATION

Assessment date: March 1, 2014, payable in 2015	Parcel number 53-08-04-403-012.000-009	County Monroe	Township PERRY TOWNSHIP
Name of property owner Littrell, Sondley A & Donna Jean Trust		Telephone number	
Mailing address of property owner (number and street, city, state and ZIP code) 5135 Britten Ln, ELLICOTT CITY, MD 21043-7046			
Address of property under appeal, if different (number and street, city, state and ZIP code) 1105 S Fess AVE, Bloomington, IN 47401-5980			
Name of authorized representative (if different from taxpayer)		Telephone number	
Mailing address of authorized representative (number and street, city, state and ZIP code)			DLGF Taxing District number 53009

SECTION 2

RESULTS OF PRELIMINARY INFORMAL MEETING

Assessment date: March 1, <u>2014</u> , payable in <u>2015</u>		LAND	IMPROVEMENTS	PERSONAL PROPERTY / DEDUCTIONS																												
Current assessment / deduction of record		\$82,800	\$104,600																													
Taxpayer believes assessment / deduction should be:		\$0	\$0																													
Assessor believes assessment / deduction should be:		\$82,800	\$57,400	\$0																												
		<table><tr><td>Cap 1</td><td>\$82,800</td></tr><tr><td>Cap 2</td><td>\$0</td></tr><tr><td>Cap 2 - LTC</td><td>\$0</td></tr><tr><td>Cap 2 - APT</td><td>\$0</td></tr><tr><td>Cap 2 - AG</td><td>\$0</td></tr><tr><td>Cap 2 - MH</td><td>\$0</td></tr><tr><td>Cap 2 - NH Res</td><td>\$0</td></tr><tr><td>Cap 3</td><td>\$0</td></tr></table>	Cap 1	\$82,800	Cap 2	\$0	Cap 2 - LTC	\$0	Cap 2 - APT	\$0	Cap 2 - AG	\$0	Cap 2 - MH	\$0	Cap 2 - NH Res	\$0	Cap 3	\$0	<table><tr><td>Cap 1</td><td>\$57,400</td></tr><tr><td>Cap 2</td><td>\$0</td></tr><tr><td>Cap 2 - LTC</td><td>\$0</td></tr><tr><td>Cap 2 - APT</td><td>\$0</td></tr><tr><td>Cap 2 - NH Res</td><td>\$0</td></tr><tr><td>Cap 3</td><td>\$0</td></tr></table>	Cap 1	\$57,400	Cap 2	\$0	Cap 2 - LTC	\$0	Cap 2 - APT	\$0	Cap 2 - NH Res	\$0	Cap 3	\$0	
Cap 1	\$82,800																															
Cap 2	\$0																															
Cap 2 - LTC	\$0																															
Cap 2 - APT	\$0																															
Cap 2 - AG	\$0																															
Cap 2 - MH	\$0																															
Cap 2 - NH Res	\$0																															
Cap 3	\$0																															
Cap 1	\$57,400																															
Cap 2	\$0																															
Cap 2 - LTC	\$0																															
Cap 2 - APT	\$0																															
Cap 2 - NH Res	\$0																															
Cap 3	\$0																															

After the preliminary informal meeting, do the taxpayer and the assessor agree on the resolution of all issues?

☒ Yes ☐ No

If yes, explain the issues and changes made.

If both parties do not agree on all the issues, is there a partial agreement on some of the issues?

☐ Yes ☐ No

If yes, list the areas agreed and/or not agreed upon.

If both parties disagree on all of the issues, the taxpayer and the assessor should list the issues in their comments section.



NOTICE OF ASSESSMENT OF LAND AND IMPROVEMENTS

State Form 21366 (R13 / 10-13)

Prescribed by Department of Local Government Finance

Doc 5-pg 6

FORM 11

This notice indicates the assessed value of your property. Information on the valuation of your property and a copy of the property record card can be obtained from the Assessing Official at the telephone number and address below.

Notice to the taxpayer of the opportunity to appeal (IC 6-1.1-15-1):

If the taxpayer does not agree with the action of the Assessing Official giving this notice, an appeal can be initiated to challenge that action if the taxpayer files a notice for review in writing with the Township Assessor (if any) or the County Assessor not later than forty-five (45) days after the date of this notice of assessment. The written notice for review should include the name of the taxpayer, the address of the property, the key number or the parcel number of the property, the address of the taxpayer (if different from the property address), and the telephone number of the taxpayer. An Assessing Official who receives a notice for review must attempt to hold a preliminary informal meeting with the taxpayer to resolve as many issues as possible. The taxpayer may use a Form 130-Short to file this appeal. This form is available from the Assessing Official or at <https://forms.in.gov/Download.aspx?id=6979>. An appeal of this assessed value requires evidence relevant to the value of the taxpayer's property as of the assessment date.

Name and address of property owner Littrell, Sondley A & Donna Jean Trust JEAN TRUST 5135 Britten Ln ELLICOTT CITY MD 21043-7046	Legal description EDGEMONT PARK LOT 23 & N1/2 LOT 24
	Parcel or identification number 53-08-04-403-012,000-009 015-64070-00
	Property address 1105 S Fess AVE Bloomington IN 47401-5980

PREVIOUS ASSESSMENT		NEW ASSESSMENT EFFECTIVE MARCH 1, 2014	
LAND	54500	LAND	82800
IMPROVEMENTS*	131100	IMPROVEMENTS*	104600
TOTAL	185600	TOTAL	187400

*The term "Improvements" includes, but is not limited to, buildings, structures, fixtures, and appurtenances. It represents a value added to the value of the land to equal the property's total market value-in-use. It should not be confused with improvements resulting from routine maintenance to the property, such as painting a house.

Reason for revision of assessment:

ANNUAL ADJUSTMENT

THIS IS NOT A BILL

- * THIS FORM 11 SERVES AS THE NOTICE OF ASSESSMENT FOR 2014 PAY 2015 TAXES
- * THE VALUE ON THIS FORM 11 SHOULD REFLECT THE MARKET VALUE IN USE OF THIS PROPERTY
- * YOU MAY ONLY APPEAL YOUR TOTAL VALUE
- * YOU MAY NOT APPEAL THE LAND OR STRUCTURES INDIVIDUALLY
- * YOU MAY NOT APPEAL YOUR TAX DOLLARS
- * DEADLINE FOR FILING AN APPEAL ON YOUR 2014 ASSESSMENT IS JULY 18, 2014

If the change in assessment is due to a new home, a taxpayer should be aware that there are many property tax benefits or deductions available. Please see INDIANA PROPERTY TAX BENEFITS (State Form 51781) available on the DLGF website, www.IN.gov/dlgr. If the real property is reassessed because it has been rehabilitated, a taxpayer may be eligible for rehabilitation deductions - see Form 322A or Form 322/RE. If the non-residential real property is reassessed because it has been rehabilitated, a taxpayer may be eligible for rehabilitation deductions - see Form 322A. Other non-residential construction may be eligible for deductions - see Forms 322/RE & Form 322/VBD.

County Monroe	Township PERRY TOWNSHIP	Date of notice 06/03/14
Assessing Official Judith A. Sharp County Assessor		Telephone number (812)349-2502
Address Courthouse 100 W Kirkwood Ave, Rm 104 Bloomington IN 47404		

0005-997 165

SPECIAL MESSAGE TO PROPERTY OWNER

Property taxes are constitutionally capped at 1% of property values for homesteads (owner-occupied), 2% for other residential property and farmland, and 3% for all other property.

TAXPAYER AND PROPERTY INFORMATION

Taxpayer Name	Property Address	Date of Notice	Parcel Number	Taxing District
Littrell, Sondley A & Donna Jean Trust	1105 S Fess Ave Bloomington IN 47401-5980	03/25/2014	53-08-04-403-012.000-009	009-PERRY CITY
		Legal Description		
		Edgemont Park Lot 23 & N1/2 Lot 24		

Spring installment due on or before 05/12/2014 and Fall installment due on or before 11/10/2014.

TABLE 1: SUMMARY OF YOUR TAXES

ASSESSED VALUE AND TAX SUMMARY	2013	2014
1a. Gross assessed value of homestead property (capped at 1%)	\$ 186,300	\$ 185,600
1b. Gross assessed value of other residential property and farmland (capped at 2%)	\$ 0	\$ 0
1c. Gross assessed value of all other property, including personal property (capped at 3%)	\$ 0	\$ 0
2. Equals total gross assessed value of property	\$ 186,300	\$ 185,600
2a. Minus deductions (see Table 5 below)	\$ (94,455)	\$ (94,210)
3. Equals subtotal of net assessed value of property	\$ 91,845	\$ 91,390
3a. Multiplied by your local tax rate	2.0196	2.0754
4. Equals gross tax liability (see Table 3 below)	\$ 1,854.90	\$ 1,896.70
4a. Minus local property tax credits	\$ (67.02)	\$ (69.50)
4b. Minus savings due to property tax cap (see Table 2 and footnotes below)	\$ 0.00	\$ 0.00
4c. Minus savings due to 65 years & older cap	\$ 0.00	\$ 0.00
5. Total property tax liability (See remittance coupon for total amount due)	\$ 1,787.88	\$ 1,827.20

Please see Table 4 for a summary of other charges to this property.

TABLE 2: PROPERTY TAX CAP INFORMATION

Property tax cap (1%, 2%, or 3%, depending upon combination of property types) ¹	\$ 1,863.00	\$ 1,856.00
Adjustment to cap due to voter-approved projects and charges ²	\$ 113.22	\$ 110.30
Maximum tax that may be imposed under cap	\$ 1,976.22	\$ 1,966.30

TABLE 3: GROSS PROPERTY TAX DISTRIBUTION AMOUNTS APPLICABLE TO THIS PROPERTY

TAXING AUTHORITY	TAX RATE 2013	TAX RATE 2014	TAX AMOUNT 2013	TAX AMOUNT 2014	TAX DIFFERENCE 2013-2014	PERCENT DIFFERENCE
COUNTY	0.3404	0.3773	\$312.65	\$344.81	\$32.16	10.29 %
TOWNSHIP	0.0230	0.0230	\$21.12	\$21.02	\$(0.10)	(0.47)%
SCHOOL DISTRICT	0.6801	0.6650	\$624.64	\$607.74	\$(16.90)	(2.71)%
CITY	0.8241	0.8571	\$756.89	\$783.30	\$26.41	3.49 %
LIBRARY	0.0911	0.0926	\$83.67	\$84.63	\$0.96	1.15 %
TAX INCREMENT	0.0000	0.0000	\$0.00	\$0.00	\$0.00	0.00 %
SPECIAL DISTRICT	0.0609	0.0604	\$55.93	\$55.20	\$(0.73)	(1.31)%
TOTAL	2.0196	2.0754	\$1,854.90	\$1,896.70	\$41.80	2.25 %

TABLE 4: OTHER CHARGES/ADJUSTMENTS TO THIS PROPERTY

LEVYING AUTHORITY	2013	2014	% Change
TOTAL ADJUSTMENTS	\$0.00	\$0.00	0.0 %

TABLE 5: DEDUCTIONS APPLICABLE TO THIS PROPERTY

TYPE OF DEDUCTION	2013	2014
Homestead/Standard	\$45,000	\$45,000
Supplemental Standard	\$49,455	\$49,210
Mortgage		
Blind/Disabled		
Geothermal		
Over 65		
Veterans		
Abatement		
Enterprise Zone		
Investment		
Other		
TOTAL DEDUCTIONS	\$94,455	\$94,210

- The property tax cap is calculated separately for each class of property owned by the taxpayer. It is possible, therefore, that you may receive credit for the tax cap on line 4b even if your net property tax bill is lower than this amount.
- Charges not subject to the property tax cap include property tax levies approved by voters through a referendum, as well as any relief provided by the State of Indiana Distressed Unit Appeals Board (for 2011 only). In Lake County and St. Joseph County, this line also reflects debt obligations incurred prior to the creating of the property tax caps. When added to the base property tax cap amount for your property, this creates the effective tax cap rate. For more information, see the back of this document.
- If any circumstances have changed that would make you ineligible for a deduction that you have been granted in Tables 5 on this tax bill, you must notify the county auditor. If such a change in circumstances has occurred and you have not notified the county auditor, the deduction will be disallowed and you will be liable for taxes and penalties on the amount deducted.

SPECIAL MESSAGE TO PROPERTY OWNER

Property taxes are constitutionally capped at 1% of property values for homesteads (owner-occupied), 2% for other residential property and farmland, and 3% for all other property.

Don't lose your homestead benefits - last chance to submit the pink form!

For more information on local spending, visit <http://gateway.ifonline.org>.

TAXPAYER AND PROPERTY INFORMATION

Taxpayer Name	Property Address	Date of Notice	Parcel Number	Taxing District
Littrell, Sondley A & Donna	1105 S Fess Ave Bloomington IN 47401	11/09/2012	53-08-04-403-060.000-009	PERRY CITY
		Legal Description		
		015-64080-00 EDMONT PARK N1/2 LOT 24		

TABLE 1: SUMMARY OF YOUR TAXES

ASSESSED VALUE AND TAX SUMMARY	2011	2012
1a. Gross assessed value of homestead property (capped at 1%)	\$ 0	\$ 0
1b. Gross assessed value of other residential property and farmland (capped at 2%)	\$ 0	\$ 0
1c. Gross assessed value of all other property, including personal property (capped at 3%)	\$ 21,100	\$ 21,100
2. Equals total gross assessed value of property	\$ 21,100	\$ 21,100
2a. Minus deductions (see table 5 below)	\$ 0	\$ 0
3. Equals subtotal of net assessed value of property	\$ 21,100	\$ 21,100
3a. Multiplied by your local tax rate	1.9474	1.9390
4. Equals gross tax liability (see table 3 below)	\$ 410.90	\$ 409.12
4a. Minus local property tax credits	\$ 0.00	\$ 0.00
4b. Minus savings due to property tax cap (see Table 2 and footnotes below)	\$ 0.00	\$ 0.00
4c. Minus savings due to 65 years & older cap	\$ 0.00	\$ 0.00
5. Total property tax liability (See remittance coupon for total amount due)	\$ 410.90	\$ 409.12

Please see Table 4 for a summary of other charges to this property.

TABLE 2: PROPERTY TAX CAP INFORMATION

Property tax cap (1%, 2%, or 3%, depending upon combination of property types) ²	\$ 633.00	\$ 633.00
Adjustment to cap due to voter-approved projects and charges ³	\$ 29.36	\$ 28.08
Maximum tax that may be imposed under cap	\$ 662.36	\$ 661.08

TABLE 3: GROSS PROPERTY TAX DISTRIBUTION AMOUNTS APPLICABLE TO THIS PROPERTY

TAXING AUTHORITY	TAX RATE 2011	TAX RATE 2012	TAX AMOUNT 2011	TAX AMOUNT 2012	TAX DIFFERENCE 2011-2012	PERCENT DIFFERENCE
COUNTY	0.3361	0.3598	\$70.91	\$75.91	\$5.00	7.05%
TOWNSHIP	0.0219	0.0219	\$4.62	\$4.63	\$0.01	0.22%
SCHOOL DISTRICT	0.6787	0.6625	\$143.21	\$139.78	\$(3.43)	-2.40%
CITY	0.7694	0.7800	\$162.34	\$164.58	\$2.24	1.38%
LIBRARY	0.1097	0.0826	\$23.15	\$17.43	\$(5.72)	-24.71%
TAX INCREMENT	0.0000	0.0000	\$0.00	\$0.00	\$0.00	---
SPECIAL DISTRICT	0.0316	0.0322	\$6.67	\$6.79	\$0.12	1.80%
TOTAL	1.9474	1.9390	\$410.90	\$409.12	\$(1.78)	-0.43%

TABLE 4: OTHER CHARGES TO THIS PROPERTY

LEVYING AUTHORITY	2011	2012	% Change
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TABLE 5: DEDUCTIONS APPLICABLE TO THIS PROPERTY

TYPE OF DEDUCTION	2011	2012
-------------------	------	------

Homestead/Standard
Supplemental Standard
Mortgage
Blind/Disabled
Geothermal
Over 65
Veterans
Abatement
Enterprise Zone
Investment
Other

TOTAL OTHER CHARGES \$0.00 \$0.00 0.0% TOTAL DEDUCTIONS 0 0

- The pink homestead verification form must be completed at least once by January 1, 2013 in order to continue receiving homestead benefits. If you did not receive a copy of the form with this statement, it is possible you already verified your eligibility. For more information or to obtain a copy of the form, contact your county auditor.
- The property tax cap is calculated separately for each class of property owned by the taxpayer. It is possible, therefore, that you may receive credit for the tax cap on line 4c even if your net property tax bill is lower than this amount.
- Charges not subject to the property tax cap include property tax levies approved by voters through referendum, as well as any relief provided by the State of Indiana Distressed Unit Appeals Board (for 2011 only). In Lake County and St. Joseph County, this line also reflects debt obligations incurred prior to the creating of the property tax caps. When added to the base property tax cap amount for your property, this creates the effective tax cap rate. For more information, see the back of this document.
- If any circumstances have changed that would make you ineligible for a deduction that you have been allowed in Table 5 on this tax bill, you must notify the county auditor. If such a change in circumstances has occurred and you have not notified the county auditor, the deduction will be disallowed and you will be liable for taxes and penalties on the amount deducted.

SPECIAL MESSAGE TO PROPERTY OWNER

Property taxes are constitutionally capped at 1% of property values for homesteads (owner-occupied), 2% for other residential property and farmland, and 3% for all other property.
Don't lose your homestead benefits - last chance to submit the pink form!
For more information on local spending, visit <http://gateway.ifonline.org>.

TAXPAYER AND PROPERTY INFORMATION

Taxpayer Name	Property Address	Date of Notice	Parcel Number	Taxing District
Littrell, Sondley A & Donna	1105 S Fess Ave Bloomington IN 47401	11/09/2012	53-08-04-403-012.000-009	PERRY CITY
		Legal Description		
		015-64070-00 EDMONT PARK LOT 23		

TABLE 1: SUMMARY OF YOUR TAXES

ASSESSED VALUE AND TAX SUMMARY	2011	2012
1a. Gross assessed value of homestead property (capped at 1%)	\$ 156,400	\$ 160,100
1b. Gross assessed value of other residential property and farmland (capped at 2%)	\$ 0	\$ 0
1c. Gross assessed value of all other property, including personal property (capped at 3%)	\$ 0	\$ 0
2. Equals total gross assessed value of property	\$ 156,400	\$ 160,100
2a. Minus deductions (see table 5 below)	\$ 83,990	\$ 85,285
3. Equals subtotal of net assessed value of property	\$ 72,410	\$ 74,815
3a. Multiplied by your local tax rate	\$ 1,410.12	\$ 1,450.66
4. Equals gross tax liability (see table 3 below)	\$ -63.36	\$ -53.58
4a. Minus local property tax credits	\$ 0.00	\$ 0.00
4b. Minus savings due to property tax cap (see Table 2 and footnotes below)	\$ 0.00	\$ 0.00
4c. Minus savings due to 65 years & older cap	\$ 0.00	\$ 0.00
5. Total property tax liability (See remittance coupon for total amount due)	\$ 1,346.76	\$ 1,397.08

Please see Table 4 for a summary of other charges to this property.

TABLE 2: PROPERTY TAX CAP INFORMATION

Property tax cap (1%, 2%, or 3%, depending upon combination of property types) ²	\$ 1,564.00	\$ 1,601.00
Adjustment to cap due to voter-approved projects and charges ³	\$ 96.28	\$ 95.92
Maximum tax that may be imposed under cap	\$ 1,660.28	\$ 1,696.92

TABLE 3: GROSS PROPERTY TAX DISTRIBUTION AMOUNTS APPLICABLE TO THIS PROPERTY

TAXING AUTHORITY	TAX RATE 2011	TAX RATE 2012	TAX AMOUNT 2011	TAX AMOUNT 2012	TAX DIFFERENCE 2011-2012	PERCENT DIFFERENCE
COUNTY	0.3361	0.3598	\$243.37	\$269.18	\$25.81	10.61%
TOWNSHIP	0.0219	0.0219	\$15.86	\$16.38	\$0.52	3.28%
SCHOOL DISTRICT	0.6787	0.6625	\$491.45	\$495.65	\$4.20	0.85%
CITY	0.7694	0.7800	\$557.13	\$583.56	\$26.43	4.74%
LIBRARY	0.1097	0.0826	\$79.43	\$61.80	\$(17.63)	-22.20%
TAX INCREMENT	0.0000	0.0000	\$0.00	\$0.00	\$0.00	---
SPECIAL DISTRICT	0.0316	0.0322	\$22.88	\$24.09	\$1.21	5.29%
TOTAL	1.9474	1.9390	\$1,410.12	\$1,450.66	\$40.54	2.87%

TABLE 4: OTHER CHARGES TO THIS PROPERTY

TABLE 5: DEDUCTIONS APPLICABLE TO THIS PROPERTY

LEVYING AUTHORITY	2011	2012	% Change	TYPE OF DEDUCTION	2011	2012
				Homestead/Standard - Homestead Verification	45,000	45,000
				Supplemental Standard (Pink form) returned	38,990	40,285
				Mortgage		
				Blind/Disabled		
				Geothermal		
				Over 65		
				Veterans		
				Abatement		
				Enterprise Zone		
				Investment		
				Other		
				TOTAL DEDUCTIONS	83,990	85,285

TOTAL OTHER CHARGES

\$0.00 \$0.00 0.0 %

1. The pink homestead verification form must be completed at least once by January 1, 2013 in order to continue receiving homestead benefits. If you did not receive a copy of the form with this statement, it is possible you already verified your eligibility. For more information or to obtain a copy of the form, contact your county auditor.

2. The property tax cap is calculated separately for each class of property owned by the taxpayer. It is possible, therefore, that you may receive credit for the tax cap on line 4c even if your net property tax bill is lower than this amount.

3. Charges not subject to the property tax cap include property tax levies approved by voters through referendum, as well as any relief provided by the State of Indiana Distressed Unit Appeals Board (for 2011 only). In Lake County and St. Joseph County, this line also reflects debt obligations incurred prior to the creating of the property tax caps. When added to the base property tax cap amount for your property, this creates the effective tax cap rate. For more information, see the back of this document.

4. If any circumstances have changed that would make you ineligible for a deduction that you have been allowed in Table 5 on this tax bill, you must notify the county auditor. If such a change in circumstances has occurred and you have not notified the county auditor, the deduction will be disallowed and you will be liable for taxes and penalties on the amount deducted.

Your property taxes are capped at 1.5% of property value for homes, 2.5% for other residential property and farmground, and 3.5% for all other property. In 2010, these caps will be fully phased in at 1%, 2%, 3%. State relief is given in the form of a credit (line 4a) for 2007-2008, and a reduced tax rate (line 3a and table 3) and supplemental deduction (line 2b) in 2009.

Taxpayer Name: Littrell, Sondley A & Donna
Property Address: 1105 S Fess Ave
Bloomington IN 47401
Date of Notice: 05/28/2009
Parcel Number: 53-08-04-403-060.000-009
Taxing District: PERRY CITY

EDGEMOOD PARK #24

TAX SUMMARY ITEM	2007	2008	2009
1. Gross assessed value of property			
1a. Gross assessed value of land	\$ 18,400	\$ 21,100	\$ 21,100
1b. Gross assessed value of improvements	\$ 0	\$ 0	\$ 0
2. Equals total gross assessed value of property	\$ 18,400	\$ 21,100	\$ 21,100
2a. Minus deductions (see table 5 below)	\$ 0	\$ 0	\$ 0
2b. Minus new State supplemental deduction (see table 5 below)	\$ 0.00	\$ 0.00	\$ 0
3. Equals subtotal of net assessed value of property	\$ 18,400	\$ 21,100	\$ 21,100
3a. Multiplied by your local tax rate	2.2828	2.2946	1.7458
4. Equals gross tax liability (see table 3 below)	\$ 420.04	\$ 484.16	\$ 368.36
4a. Minus State property tax relief	\$ -101.18	\$ -105.40	\$ 0.00
4b. Minus Local tax relief	\$ 0.00	\$ 0.00	\$ 0.00
4c. Minus savings due to property tax cap (see Table 2 below)	\$ 0.00	\$ 0.00	\$ 0.00
4d. Minus savings due to 65 years & older cap	\$ 0.00	\$ 0.00	\$ 0.00
5. Total property tax liability	\$ 318.86	\$ 378.76	\$ 368.36

Please see Table 4 for a summary of other charges to this property.

Property tax cap (equal to 1.5%, 2.5%, or 3.5% of Line 2, depending upon property type)	\$ 0.00	\$ 0.00	\$ 527.50
Adjustment to cap due to voter-approved projects and charges	\$ 0.00	\$ 0.00	\$ 0.00
Maximum tax that may be imposed under cap	\$ 0.00	\$ 0.00	\$ 527.50

TAXING AUTHORITY	TAX 2007	TAX 2008	TAX 2009	TAX DIFFERENCE 2007-2008	PERCENT DIFFERENCE	TAX DIFFERENCE 2008-2009	PERCENT DIFFERENCE
STATE	\$0.00	\$0.00	\$0.00	\$0.00	---	\$0.00	---
COUNTY	\$69.76	\$83.79	\$75.88	\$14.03	20.11%	\$(7.91)	-9.44%
TOWNSHIP	\$4.89	\$5.65	\$4.49	\$0.76	15.54%	\$(1.16)	-20.53%
SCHOOL DISTRICT	\$188.36	\$219.10	\$103.58	\$30.74	16.32%	\$(115.52)	-52.72%
CITY	\$137.45	\$151.94	\$159.30	\$14.49	10.54%	\$7.36	4.84%
LIBRARY	\$16.45	\$19.86	\$20.32	\$3.41	20.73%	\$0.46	2.32%
TAX INCREMENT	\$0.00	\$0.00	\$0.00	\$0.00	---	\$0.00	---
SPECIAL DISTRICT	\$3.13	\$3.82	\$4.79	\$0.00	22.04%	\$0.97	25.39%
TOTAL	\$420.04	\$484.16	\$368.36	\$64.12	15.27%	\$(115.80)	-23.92%

The tax rate for each unit is equal to the gross property tax for that unit divided by the net assessed value for a given year.

LEVYING AUTHORITY	2007	2008	2009	TYPE OF DEDUCTION	2007	2008	2009
Sewer Lien				Homestead/Standard			
Weed Lien				Supplemental Standard			
Unsafe Building Lien				Mortgage			
Barrett Law				Blind/Disabled			
Ditch Assessment Bill				Geothermal			
Conservancy				Over 65			
Solid Waste				Veterans			
Storm Water				Abatement			
Other				Enterprise Zone			
Total				Investment			
				Other			
				Total Deductions			

1. Charges not subject to the property tax cap include property tax levies approved by voter referendum. In Lake County and St. Joseph County, this line also reflects debt obligations incurred prior to the creation of property tax caps. When added to the base property tax cap amount for your property, this creates the effective tax cap rate. For more information, see the back of this document.

2. If any circumstances have changed that would make you ineligible for a deduction that you have been allowed in the deductions block on this tax bill, you must notify the county auditor. If such a change in circumstances has occurred and you have not notified the county auditor, the deduction will be allowed and you will be liable for taxes and penalties on the amount deducted.

<u>Taxpayer Name</u>	<u>Property Address</u>	<u>Date of Notice</u>	<u>Parcel Number</u>	<u>Taxing District</u>
Littrell, Sondley A & Donna	1105 S Fess Ave Bloomington IN 47401	05/28/2009	53-08-04-403-012.000-009 EDGE MONT PARK lot #23	PERRY CITY

5. Total property tax liability			
Property tax cap (equal to 1.5%, 2.5%, or 3.5% of Line 2, depending upon property type)	\$ 0.00	\$ 2,994.00	\$ 2,311.50
Adjustment to cap due to voter-approved projects and charges	\$ 0.00	\$ 129.38	\$ 0.00
Maximum tax that may be imposed under cap	\$ 0.00	\$ 3,123.38	\$ 2,311.50

TAXING AUTHORITY	TAX 2007	TAX 2008	TAX 2009	TAX DIFFERENCE 2007-2008	PERCENT DIFFERENCE	TAX DIFFERENCE 2008-2009	PERCENT DIFFERENCE
STATE	\$0.00	\$0.00	\$0.00	\$0.00	---	\$0.00	-38.67%
COUNTY	\$396.92	\$415.76	\$255.00	\$18.84	4.75%	\$(160.76)	-46.13%
TOWNSHIP	\$27.85	\$28.07	\$15.12	\$0.22	0.79%	\$(12.95)	-67.98%
SCHOOL DISTRICT	\$1,071.82	\$1,087.20	\$348.12	\$15.38	1.43%	\$(739.08)	-67.98%
CITY	\$782.11	\$753.94	\$535.41	\$(28.17)	-3.60%	\$(218.53)	-28.99%
LIBRARY	\$93.60	\$98.52	\$68.29	\$4.92	5.26%	\$(30.23)	-30.68%
TAX INCREMENT	\$0.00	\$0.00	\$0.00	\$0.00	---	\$0.00	---
SPECIAL DISTRICT	\$17.80	\$18.95	\$16.10	\$0.00	6.46%	\$(2.85)	-15.04%
TOTAL	\$2,390.10	\$2,402.44	\$1,238.04	\$12.34	0.52%	\$(1,164.40)	-48.47%

The tax rate for each unit is equal to the gross property tax for that unit divided by the net assessed value for a given year.

\$2,390.10	\$2,402.44	\$1,238.04	\$12.34	0.3270
The tax rate for each unit is equal to the gross property tax for that unit divided by the net assessed value for a given year.				

The tax rate for each unit is					2007	2008	2009
LEVYING AUTHORITY	2007	2008	2009	TYPE OF DEDUCTION	2007	2008	2009
Sewer Lien				Homestead/Standard	45,000	45,000	45,000
Weed Lien				Supplemental Standard	0	0	38,185
Unsafe Building Lien				Mortgage			
Barrett Law				Blind/Disabled			
Ditch Assessment Bill				Geothermal			
Conservancy				Over 65			
Solid Waste				Veterans			
Storm Water				Abatement			
Other				Enterprise Zone			
Total				Investment			
				Other			
				Total Deductions	45,000	45,000	83,185

1. Charges not subject to the property tax cap include property tax levies approved by voter referendum. In Lake County and St. Joseph County, this line also reflects debt obligations incurred prior to the creation of property tax caps. When added to the base property tax cap amount for your property, this creates the effective tax cap rate. For more information, see the back of this document.

2. If any circumstances have changed that would make you ineligible for a deduction that you have been allowed in the deductions block on this tax bill, you must notify the county auditor. If such a change in circumstances has occurred and you have not notified the county auditor, the deduction will be allowed and you will be liable for taxes and penalties on the amount deducted.



City of Bloomington
H.A.N.D.

**Board of Housing Quality Appeals
Staff Report: Petition for Extension of Time**

Meeting Date: February 19, 2020
Petition Type: An extension of time to complete repairs
Petition Number: 20-TV-13
Address: 3211 E. Moores Pike
Petitioner: Harvey Allen
Inspector: Mosier/Wills
Staff Report: November 12, 2019 – Conducted Cycle Inspection
January 16, 2020 – Received BHQA Appeal

The Petitioner is requesting an extension of time to complete the repairs due to the Petitioner losing their maintenance man. The Petitioner's hiring process is extensive and the petitioner is requesting a 4 month extension of time to complete the repairs.

Staff recommendation: Grant the request.

Conditions: Complete all repairs and schedule for re-inspection no later than the deadline stated below, or this case will be turned over to the City of Bloomington Legal Department for further action including the possibility of fines.

Compliance Deadline: February 28, 2020 – For life safety repairs
June 19, 2020 – For all other repairs

Attachments: Cycle Report, BHQA Appeal, Petitioner's Letter



Application For Appeal
To The
Board of Housing Quality Appeals
P.O. Box 100
Bloomington, IN 47402
812-349-3420
hand@bloomington.in.gov

RECEIVED
JAN 13 2020

Property Address: 3211 E. Moores Pike Bloomington IN. 47401
 Petitioner's Name: HARVEY ALLEN
 Address: 3211 E. Moores Pike
 City: Bloomington State: IN. Zip Code: 47401
 Phone Number: 812 335-0089 E-mail Address: harvey.allen@holidaytouch.com
 Owner's Name: Holiday Retirement
 Address: 631 W. Morse Blvd.
 City: Winter Park State: Florida Zip Code: 32789
 Phone Number: 800 322-0999 E-mail Address: _____
 Occupants: 93

The following conditions must be found in each case in order for the Board to consider the request:

1. That the exception is consistent with the intent and purpose of the housing code and promotes public health, safety, and general welfare.
2. That the value of the area about the property to which the exception is to apply will not be adversely affected.

Identify the variance type that you are requesting from the following drop down menu:

Variance Type: Extension of time to complete repairs

Reminder:

A \$20.00 filing fee must be submitted with the Appeal Application or the application will not be considered to be complete! A completed application has to be submitted prior to the meeting application deadline in order to be placed on that month's agenda!

(Will be assigned by BHQA)

Petition Number: 20-TV-13

NM

NM, DW

In the space provided below please write a brief narrative regarding your request. Be specific as to what you are requesting, the reason(s) or justification(s) for your request, the amount of time needed to bring the property into compliance, as well as any modifications and/or alterations you are suggesting. The following information must be included dependent upon the type of variance you are requesting:

- A. An extension of time to complete repairs. (Petition type: TV)
 - 1. Specify the items that need the extension of time to complete.
 - 2. Explain why the extension is needed.
 - 3. Specify the time requested.
- B. A modification or exception to the Housing Property Maintenance Code. (Petition type: V)
 - 1. Specify the code reference number you are appealing.
 - 2. Detail why you are requesting the variance.
 - 3. Specify the modifications and or alterations you are suggesting.
- C. Relief from an administration decision. (Petition type: AA)
 - 1. Specify the decision being appealed and the relief you are seeking.
- D. Rescind a variance. (Petition type: RV)
 - 1. Detail the existing variance.
 - 2. Specify the reason the variance is no longer needed.

OUR MAINTENANCE MAN HAS QUIT SO WE HAVE NO ONE TO COMPLETE THE REPAIR LIST. WE ARE GETTING BIDS FROM LOCAL COMPANIES TO COMPLETE THE EXTERIOR REPAIRS AND WE ARE LOOKING TO HIRE A NEW MAINTENANCE MAN TO FINISH THE INTERIOR REPAIRS. OUR HIRING PROCESS IS LONG WITH MANY INTERVIEWS AND BACKGROUND CHECKS, IT COULD TAKE AWHILE TO FIND, HIRE AND TRAIN A NEW EMPLOYEE. CAN WE HAVE A 4 MONTH EXTENSION TO FINISH.

Signature (Required):

H.D. Allen

Name (Print):

HARVEY ALLEN

Date:

1/8/20

Important information regarding this application format:

- 1. This form is designed to be filled out electronically, printed, then returned/submitted manually (e.g. postal mail).
- 2. This document may be saved on your computer for future use, however, any data that you have entered will not be saved.

Print Form



**City Of Bloomington
Housing and Neighborhood Development**

CYCLE INSPECTION REPORT

6115

Owner(s)

Snr 27 Redbud Hills Owner Llc
5885 Meadows Rd Ste 500
Lake Oswego, OR 97035

Agent

Redbud Hills
3211 E. Moores Pike
Bloomington, IN 47401

Prop. Location: 3211 E Moores PIKE

Number of Units/Structures: 112/1

Units/Bedrooms/Max # of Occupants: Bld 1: 48/Eff/3 49/1/3 15/2/3

Date Inspected: 11/12/2019
Primary Heat Source: Electric
Property Zoning: PUD
Number of Stories: 3

Inspector: Mosier/ Wills
Foundation Type: Slab
Attic Access: No
Accessory Structure: Garages

Monroe County Assessor's records indicate this structure was built in 1997.

Minimum emergency egress requirements for the time of construction:

Openable area required: 5.7sq. ft.

Clear width required: 20"

Clear height required: 24"

Maximum Allowable Sill Height: 44" above finished floor

All units have the following egress openings (sliding windows):

Height: 44 inches
Width: 22 inches
Sill Height: 36 inches
Openable Area: 6.72 sq. ft.

Height: 56 inches
Width: 22 inches
Sill Height: 24 inches
Openable Area: 8.55 sq. ft.

Or a door to the exterior.

Note: Floor plans and room dimensions are in the file.

City Hall
Email: hand@bloomington.in.gov
Neighborhood Division (812) 349-3421

401 N Morton St
<https://bloomington.in.gov/hand>
Housing Division (812) 349-3401

Bloomington, IN 47404
Rental Inspection (812) 349-3420
Fax (812) 349-3582

INTERIORMain Level:Mechanical Room

No violations noted.

Unit 105Left Bedroom

✓ Properly repair the window to completely close and latch. BMC 16.04.060(b)

Living Room

✓ Replace the missing smoke detector. The missing smoke detector was hard wired and must be replaced with a hard wired model. IC 22-11-18-3.5

Kitchenette

✓ Replace non-functioning or incorrectly wired GFCI receptacle(s), per Indiana Electric Code requirements. BMC 16.04.020 (IEC 210.8) and BMC 16.04.060(b)

Unit 104Left Bedroom, Bathroom

This room was not accessible at the time of this inspection. This room must be brought into compliance with-in the same 60 day deadline as the remainder of this property. BMC 16.03.040

Unit 103Bedroom

✓ Properly repair the window to open and closet with east so that it functions as intended. BMC 16.04.060(b)

Unit 106, Unit 107, Unit 108

No violations noted.

Housekeeping Closet, Laundry Room

No violations noted.

Unit 109Living Room

✓ Replace broken outlet cover plate. (adjacent to hall closet) BMC 16.04.060(b)

Unit 102Living Room

Interior walls shall be free of cracks, peeling paint and/or deteriorated drywall/plaster. (adjacent to bathroom at corner) BMC 16.04.060(a)

Properly repair or replace damaged, or missing floor covering. BMC 16.04.060(a)

Bathroom

Repair/replace the damaged door. BMC 16.04.060(a)

Unit 110, Unit 111

No violations noted.

✓ MARK NOTES LIFE SAFETY
VIOLATIONS NORMAN MOSIER

Unit 101, Unit 112

This unit/room was not inspected at the time of this inspection, as it was vacant and being turned over. This unit/room must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property, or prior to this unit being occupied. All work in this unit shall be completed in a workmanlike manner.

Unit 001**Kitchenette**

✓ Replace non-functioning or incorrectly wired GFCI receptacle(s), per Indiana Electric Code requirements. BMC 16.04.020 (IEC 210.8) and BMC 16.04.060(b)

Office Area, Men's/ Women's Bathroom

No violations noted.

Activity Area

✓ Properly secure all outlets. (adjacent to sink) BMC 16.04.060(b)

Unit 002**Bedroom**

✓ Properly secure the loose electrical outlets. (under left window, and behind door) BMC 16.04.060(b)

Unit 113, Unit 115

No violations noted.

Unit 114**Living Room**

✓ Properly secure the loose electrical outlet. (adjacent to the rear entry door) BMC 16.04.060(b)

Bathroom

Repair the toilet to eliminate unnecessary water use. BMC 16.04.060(c)

Bedroom

✓ Properly secure all outlet plates in this room. BMC 16.04.060(b)

Unit 133, Unit 132, Unit 130, Unit 129**Living Room**

Properly repair/ replace the storm door locking mechanism to function as intended. BMC 16.04.060(a)

Storage Closet, Laundry Room, Community Store

No violations noted.

Unit 131**Bathroom**

This room was not accessible at the time of this inspection. This room must be brought into compliance with-in the same 60 day deadline as the remainder of this property. BMC 16.03.040

Unit 128**Right Bedroom**

Provide electrical power to the receptacles in this room so that they function as intended. BMC 16.04.060(c)

Unit 125, Unit 127

No violations noted.

Unit 126

This unit/room was not inspected at the time of this inspection, as it was vacant and being turned over. This unit/room must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property, or prior to this unit being occupied. All work in this unit shall be completed in a workmanlike manner.

Unit 124**Living Room**

- ✓ Properly secure the loose electrical outlet (adjacent to closet) so that it functions as intended. BMC 16.04.060(b)

Unit 123

- ✓ Properly secure the loose electrical outlet (below rear window) so that it functions as intended. BMC 16.04.060(b)

Unit 122**Living Room**

- ✓ Properly secure the loose electrical outlet (left of closet) so that it functions as intended. BMC 16.04.060(b)

Unit 121**Kitchenette**

- ✓ Properly secure the loose electrical outlet (left wall) so that it functions as intended. BMC 16.04.060(b)

Unit 120**Bathroom**

- ✓ Replace non-functioning or incorrectly wired GFCI receptacle(s), per Indiana Electric Code requirements. BMC 16.04.020 (IEC 210.8) and BMC 16.04.060(b)

Unit 119, Unit 118, Unit 116

No violations noted.

Unit 117

Repair the sink drain to function as intended. (slow) BMC 16.04.060(c)

2nd Level:**Unit 233, Unit 235**

No violations noted.

Unit 232**Living Room**

- ✓ Properly secure the loose electrical outlet (left of closet) so that it functions as intended. BMC 16.04.060(b)

Bathroom

- ✓ Properly secure the loose GFCI electrical outlet so that it functions as intended. BMC 16.04.060(b)

Living Room

- ✓ Properly secure the loose electrical outlet. (left of the rear entry door) BMC 16.04.060(b)

Unit 230

Properly repair/ secure the loose frame for the rear entry storm door so that it functions as intended. BMC 16.04.060(a)

Storage Room

No violations noted.

Unit 229, Unit 228, Unit 227, Unit 226, Unit 224

No violations noted.

Unit 225**Bathroom**

This room was not accessible at the time of this inspection. This room must be brought into compliance with-in the same 60 day deadline as the remainder of this property. BMC 16.03.040

Unit 223**Living Room**

Install approved transition strips along the edge of floor covering in a manner that reduces trip hazards. BMC 16.04.060(a)

Unit 222**Living Room**

✓ Properly secure the loose electrical outlet. (left of the rear entry door) BMC 16.04.060(b)

Unit 221, Unit 220, Unit 236, Unit 237, Unit 218, Unit, Unit 238, Unit 239

No violations noted.

Storage Closets

No violations noted.

Unit 219**Kitchen**

✓ Properly secure the loose GFCI electrical outlet. BMC 16.04.060(b)

Unit 217

This unit/room was not inspected at the time of this inspection, as it was vacant and being turned over. This unit/room must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property, or prior to this unit being occupied. All work in this unit shall be completed in a workmanlike manner.

Unit 216**Bathroom**

✓ Replace broken/ cracked GFCI outlet so that it functions as intended. BMC 16.04.060(b)

TV Room

✓ Properly secure the loose electrical outlet. (adjacent to the restroom) BMC 16.04.060(b)

Library Room, Work Out Room

No violations noted.

Unit 214**Bathroom**

✓ Replace non-functioning or incorrectly wired GFCI receptacle(s), per Indiana Electric Code requirements. BMC 16.04.020 (IEC 210.8) and BMC 16.04.060(b)

Unit 213**Entry Hall**

Repair the hole in the wall. BMC 16.04.060(a)

Unit 212

No violations noted.

Unit 201, 202, 203, Unit 204:

No violations noted.

Hallway Laundry Room:

✓ Secure the loose receptacle adjacent to the laundry sink. BMC 16.04.060 (b)

✓ Install the missing cover plate on the above receptacle. BMC 16.04.060 (b)

Unit 205**Bathroom**

Finish the repairs in the bathroom. BMC 16.04.060 (a)

Unit 206**Kitchen**

Repair the sink drain to function as intended, slow. BMC 16.04.060(c)

Unit 207

Finish the turn-over of the unit. BMC 16.04.060 (a)

Unit 208**Bathroom**

Seal edge of floor covering adjacent to shower. BMC 16.04.060(a)

Unit 209**Bathroom:**

Repair the toilet to function as intended. BMC 16.04.060 (c)

Unit 210

No violations noted.

Third Level:**Unit 301, 302, 303**

No violations noted.

Unit 304**Bathroom**

Determine the source and eliminate the water leak under the sink. BMC 16.04.060(a)

Secure the loose toilet to its mountings. BMC 16.04.060 (c)

Hallway Laundry Room

No violations noted.

Unit 305, 306, 307, 308

No violations noted.

Unit 309**Bathroom**

Secure the loose toilet to its mountings. BMC 16.04.060 (c)

Unit 310**Bathroom**

Seal edge of floor covering adjacent to shower. BMC 16.04.060(a)

Unit 311**Kitchen**

Repair the sink drain to function as intended, slow. BMC 16.04.060(c)

Unit 312**Bathroom**

✓ Secure the loose gfci receptacle. BMC 16.04.060 (b)

Unit 313**Bathroom**

Replace the missing trim at floor, around the perimeter of room. BMC 16.04.060 (a)

Unit 314, 315, 316, 317, 318, 319

No violations noted.

Storage Room

No violations noted.

Unit 320**Bathroom**

✓ Secure the loose gfci receptacle. BMC 16.04.060 (b)

Unit 321**Bathroom**

Seal edge of floor covering adjacent to shower. BMC 16.04.060(a)

Unit 322

No violations noted.

Unit 323

No violations noted.

Unit 324**Rear Bathroom**

Seal edge of floor covering adjacent to shower. BMC 16.04.060(a)

Unit 325

No violations noted.

Unit 326**Bathroom**

Seal edge of floor covering adjacent to shower. BMC 16.04.060(a)

Unit 327Living Room

✓ Secure the loose receptacle adjacent to the balcony door. BMC 16.04.060 (b)

Unit 328Bathroom

Seal edge of floor covering adjacent to shower. BMC 16.04.060(a)

Unit 329, 330, 331

No violations noted.

Unit 332Bathroom

Seal edge of floor covering adjacent to shower. BMC 16.04.060(a)

Unit 333Bathroom

Seal edge of floor covering adjacent to shower. BMC 16.04.060(a)

Hallway Laundry Room

No violations noted.

Unit 334, 335, 336

No violations noted.

Unit 337Bathroom

Replace the torn, linoleum adjacent to the tub. BMC 16.04.060 (a)

Seal edge of floor covering adjacent to shower. BMC 16.04.060(a)

Unit 338

No violations noted.

Unit 339Bathroom

The water supply system shall be installed and maintained to provide a supply of water to plumbing fixtures, devices and appurtenances in sufficient volume and at pressures adequate to enable the fixtures to function properly, safely, and free from defects and leaks (repair the sink faucet in a manner so that there is adequate water pressure and volume). BMC 16.04.060(c)

Unit 340

No violations noted.

Library, Chapel, Beauty Parlor, Laundry Rooms, Storage Rooms, TV Rooms, Card Rooms, Offices, other common rooms:

No violations noted.

EXTERIOR

General Violation:

Properly seal all gutter joints to prevent leaking. BMC 16.04.0520(a)

Clean debris from the roof, gutters and downspouts. BMC 16.04.050(a)

Properly repair or replace damaged or deteriorated siding in a manner that leaves the structure weather tight. This is to be done in a workmanlike manner and includes but is not limited to all damaged or deteriorating siding and structural members. (East End of Bldg. North side, between 2nd and 3rd level above window) BMC 16.04.050(a)

Properly repair or replace damaged or deteriorated Vertical siding in a manner that leaves the structure weather tight. This is to be done in a workmanlike manner and includes but is not limited to all damaged or deteriorating siding and structural members. (NE End of Bldg. North side adjacent to generator) BMC 16.04.050(a)

Properly re-connect the condensation drain for the PTAC Heater. (North side of Bldg., 3rd Level) BMC 16.04.050(a)

Trim all tree branches away from the siding and roofline to maintain a 3' clearance. (West Side of Bldg.) BMC 16.04.040(e)

Properly re-connect the condensation drain for the PTAC Heater. (SW Corner of Bldg. 3rd Level) BMC 16.04.050(a)

Properly repair or replace damaged/deteriorated soffit/fascia in a manner that seals all openings. (Inside corner of SW side of Bldg.) BMC 16.04.050(a)

Properly replace missing flashing for the roof at the South Front Dormer on the East and West Side. BMC 16.04.050(a)

Properly reconnect all gutters/downspouts in a manner that reasonably directs water away from the structure. (east side adjacent to south dormer) BMC 16.04.050(a)

Garage:

Properly repair or replace damaged or deteriorated siding (West side behind # 8) in a manner that leaves the structure weather tight. This is to be done in a workmanlike manner and includes but is not limited to all damaged or deteriorating siding and structural members. BMC 16.04.050(a)

OTHER REQUIREMENTS

When issued, a copy of the new Rental Occupancy Permit shall be posted as required by BMC 16.03.030(d): All rental units shall be required to have a current occupancy permit displayed in an accessible location inside the unit. The permit shall contain the name of the owner and the agent, the occupant load of the unit, the number of bedrooms, the expiration date of the permit, and any variances that have been granted for the property. BMC 16.03.030(c)

This is the end of this report.



City of Bloomington
H.A.N.D.

**Board of Housing Quality Appeals
Staff Report: Petition for Extension of Time**

Meeting Date: February 19, 2020

Petition Type: An extension of time to complete repairs

Petition Number: 20-TV-14

Address: 208 – 210 E Burks Drive

Petitioner: Tempo Properties, Inc.

Inspector: Dee Wills

Staff Report: October 29, 2019 Completed Cycle Inspection
January 07, 2020 Reinspection scheduled for January 27, 2020 for all violations except window violations.
January 14, 2020 Received Application for Appeal for windows.
January 27, 2020 Reinspection was a "No Show"
January 27, 2020 Agent rescheduled reinspection for February 21, 2020.

Petitioner is requesting an extension of time to replace windows for both sides of duplex. . All other violations have been scheduled for reinspection on February 21, 2020.

Staff recommendation: Grant the extension of time.

Conditions: Complete all repairs and schedule for re-inspection no later than the deadline stated below, or this case will be turned over to the City of Bloomington Legal Department for further action including the possibility of fines.

Compliance Deadline: Window Violations: April 01, 2020
All Other Violations: Reinspection scheduled for February 21, 2020

Attachments: Application for Appeal, Cycle Report

SL



RECEIVED
JAN 14 2020

Page 1 of 2

BY:

**Application For Appeal
To The
Board of Housing Quality Appeals
P.O. Box 100
Bloomington, IN 47402
812-349-3420
hand@bloomington.in.gov**

Property Address: 208-210 S Burks Ct Bloomington IN 47401

Petitioner's Name: Tempo Properties, Inc.

Address: 213 S Rogers St

City: Bloomington **State:** Indiana **Zip Code:** 47404

Phone Number: (812) 336-2026 **E-mail Address:** alyssa@tempopropertiesinc.com

Owner's Name: Willow Court, LLC

Address: 3755 E 82nd St Suite 300

City: Indianapolis **State:** Indiana **Zip Code:** 46240

Phone Number: 317-845-4171 **E-mail Address:** kresetarits@bgdlegal.com

Occupants: 210 Burks - Vacant, 208 Burks - 2 occupants Ann & Tyler Shaffer

The following conditions must be found in each case in order for the Board to consider the request:

1. That the exception is consistent with the intent and purpose of the housing code and promotes public health, safety, and general welfare.
2. That the value of the area about the property to which the exception is to apply will not be adversely affected.

Identify the variance type that you are requesting from the following drop down menu:

Variance Type: An extension of time to complete repairs. (Petition Type: TV)

Reminder:

A \$20.00 filing fee must be submitted with the Appeal Application or the application will not be considered to be complete! A completed application has to be submitted prior to the meeting application deadline in order to be placed on that month's agenda!

(Will be assigned by BHQA)

Petition Number: 20-TV-14

DW

In the space provided below please write a brief narrative regarding your request. Be specific as to what you are requesting, the reason(s) or justification(s) for your request, the amount of time needed to bring the property into compliance, as well as any modifications and/or alterations you are suggesting. The following information must be included dependent upon the type of variance you are requesting:

- A. An extension of time to complete repairs. (Petition type: TV)
 - 1. Specify the Items that need the extension of time to complete.
 - 2. Explain why the extension is needed.
 - 3. Specify the time requested.
- B. A modification or exception to the Housing Property Maintenance Code. (Petition type: V)
 - 1. Specify the code reference number you are appealing.
 - 2. Detail why you are requesting the variance.
 - 3. Specify the modifications and or alterations you are suggesting.
- C. Relief from an administration decision. (Petition type: AA)
 - 1. Specify the decision being appealed and the relief you are seeking.
- D. Rescind a variance. (Petition type: RV)
 - 1. Detail the existing variance.
 - 2. Specify the reason the variance is no longer needed.

Hello,			
We would like to request an extension of time to replace windows in both sides of this duplex. The re-inspection for the	life-safety	Items	is scheduled!
Thank			you,
Alyssa Tempo (812) alyssa@tempopropertiesinc.com	Properties,		Gilliland Inc. 336-2026

Signature (Required):

Alyssa Gilliland

Name (Print): Alyssa Gilliland

Date: 1/10/20

Important information regarding this application format:

- 1. This form is designed to be filled out electronically, printed, then returned/submitted manually (e.g. postal mail).
- 2. This document may be saved on your computer for future use, however, any data that you have entered will not be saved.

Print Form



City Of Bloomington
Housing and Neighborhood Development

RENTAL INSPECTION INFORMATION

NOV 15 2019

Willow Court Llc
P.O. Box 5727
Bloomington, IN 47407

RE: 210 E Burks DR

Please find the enclosed Rental Inspection Report which contains pertinent information about the Cycle Inspection that was recently conducted at the above referenced property. The inspector has listed all noted violations and recommendations on the enclosed Rental Inspection Report. **You have sixty (60) days from the date of this letter to correct the violations listed on the report.**

Once violations have been corrected, it is your responsibility to call the Housing and Neighborhood Development office within this 60 day window but no later than **JAN 14 2020** to schedule a re-inspection. You have the right to appeal any violation of Bloomington Municipal Code Title 16 noted on the rental inspection report to the Board of Housing Quality Appeals.

This report is issued in accordance with BMC 16.10.020 and 16.10.040 of the Residential Rental Unit and Lodging Establishment Inspection Program. Residential Rental Occupancy Permits will not be issued until all interior and exterior violations have been corrected, and all fees have been paid. Bloomington Municipal Code requires that all violations of all Titles of the BMC must be in compliance before a permit will be issued. Please be advised that non-compliance by the deadlines listed in this letter may limit the permit period to a maximum of three (3) years.

If the owner's or agent's contact information has changed since your last inspection, please submit a new registration form to the HAND Department. The registration must be signed by the owner of the property, not the agent. All rental forms and documents can be found at www.bloomington.in.gov/hand. If you do not have access to the internet, you may contact **HAND at 812-349-3420 and forms will be provided.**

If you have any questions regarding the permit process, please call weekdays between 8:00 a.m. and 5:00 p.m., at (812) 349-3420.

Sincerely,

Housing & Neighborhood Development
Encl: Inspection Report,
Xc: Tempo Properties Inc.: P.O. Box 5727, Bloomington, IN 47407

City Hall
Email: hand@bloomington.in.gov
Neighborhood Division (812) 349-3421

401 N Morton St
<https://bloomington.in.gov/hand>
Housing Division (812) 349-3401

Bloomington, IN 47404
Rental Inspection (812) 349-3420
Fax (812) 349-3582



**City Of Bloomington
Housing and Neighborhood Development**

CYCLE INSPECTION REPORT

5163

Owner(s)

Willow Court Llc
P.O. Box 5727
Bloomington, IN 47407

Agent

Tempo Properties Inc.
P.O. Box 5727
Bloomington, IN 47407

Prop. Location: 210 E Burks DR
Number of Units/Structures: 2/1
Units/Bedrooms/Max # of Occupants: Bld 1: 2/3/5

Date Inspected: 10/29/2019
Primary Heat Source: Electric
Property Zoning: RM
Number of Stories: 1

Inspector: Dee Wills
Foundation Type: Crawl Space
Attic Access: No
Accessory Structure: None

The Monroe County Assessors records indicate that this structure was built in 1993. These are the minimum egress requirements for One and two Family Dwellings built or altered between 1990 and 1996.

Clear opening height: 24"
Clear opening width: 18"
Sill height: 44" above finished floor
Openable area: 4.75 sq. ft.

INTERIOR

210 E. Burks:

Living Room (11-4 x 18-7)

Every window shall have a functioning locking device, window latch and shall be maintained in good condition. Window locks in rental units shall be capable of tightly securing the window and shall be openable without special knowledge or effort. BMC 16.04.060(b)

Garage, Bathroom/ Laundry, Furnace Closet
No violations noted.

Hallway

The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Kitchen (9-7 x 17-2)
No violations noted.

Right Bedroom (9-4 x 8-5), Center Bedroom (12-0 x 9-8), Left Bedroom (8-6 x 15-5)
No violations noted.

Existing Egress Window Measurements:

Height: 52 inches

Width: 34 inches

Sill Height: 30 inches

Openable Area: 12.78 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

208 E. Burks:

Living Room (11-4 x 18-7)

Every window shall have a functioning locking device, window latch and shall be maintained in good condition. Window locks in rental units shall be capable of tightly securing the window and shall be openable without special knowledge or effort. BMC 16.04.060(b)

Hallway

The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Repair the hole(s) in the closet door or replace the door. BMC 16.04.060(a)

Garage, Furnace Closet
No violations noted.

Bathroom/ Laundry

Properly repair, then clean and surface coat damaged or stained ceiling area. BMC 16.04.060(a)

Repair the hole(s) in the closet door or replace the door. BMC 16.04.060(a)

Kitchen (9-7 x 17-2)
No violations noted.

Center Bedroom (12-0 x 9-8)), Left Bedroom (8-6 x 15-5)

Every window shall have a functioning locking device, window latch and shall be maintained in good condition. Window locks in rental units shall be capable of tightly securing the window and shall be openable without special knowledge or effort. BMC 16.04.060(b)

Existing Egress Window Measurements:

Height: 52 inches

Width: 34 inches

Sill Height: 30 inches

Openable Area: 12.78 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

Right Bedroom (9-4 x 8-5)

Every window shall have a functioning locking device, window latch and shall be maintained in good condition. Window locks in rental units shall be capable of tightly securing the window and shall be openable without special knowledge or effort. BMC 16.04.060(b)

Every window shall be capable of being easily opened and held in position by its own hardware. (top sash) BMC 16.04.060(b)

Repair the hole(s) in the closet door or replace the door. BMC 16.04.060(a)

EXTERIOR

Unit 208

Remove the vines that are growing on the structure. BMC 16.04.050(a)

Properly secure the exterior dryer vent cover so that it functions as intended. BMC 16.04.050(a)

Secure the loose deck board so it is capable of withstanding normally imposed loads. BMC 16.04.050(b)

Unit 210

Secure the loose lattice boards to deck. BMC 16.04.050(a)

OTHER REQUIREMENTS

When issued, a copy of the new Rental Occupancy Permit shall be posted as required by BMC 16.03.030(d); All rental units shall be required to have a current occupancy permit displayed in an accessible location inside the unit. The permit shall contain the name of the owner and the agent, the occupant load of the unit, the number of bedrooms, the expiration date of the permit, and any variances that have been granted for the property. BMC 16.03.030(c)

This is the end of this report.



City of Bloomington
H.A.N.D.

Board of Housing Quality Appeals
Staff Report: Petition for Relief from an Administrative Decision

Meeting Date: February 19, 2020
Petition Type: Relief from an administrative decision
Variance Request: Relief from the requirement to register the property.
Petition Number: 20-AA-15
Address: 807 E 1st Street.
Petitioner: Jonathan Sergent
Inspector: John Hewett

Staff Report:

This property was last inspected and issued a permit in 2002. When HAND contacted the owner to schedule the Cycle inspection, HAND received an appeal to get relief from the requirements of Title 16. The property is occupied by the owner's sister and her family. The owner is asking for relief from the requirements of Title 16. The owner has no plans to rent the property to anyone else. The owner has included an affidavit stating the above information is correct.

Staff recommendation: Grant the relief from administrative decision.

Conditions: This unit will be granted relief from the requirements of Title 16 for as long as the current owner and tenant are still un-changed from the current status. The property status will be checked yearly to verify no changes have been made. If still current owner and tenant, an affidavit must be signed. If this status changes, the requirements of Title 16 may be re-instated. A yearly affidavit of residency will be required.

Compliance Deadline: The affidavit will be due each January.

Attachments: Appeal form, Owner's Affidavit



**Application For Appeal
To The
Board of Housing Quality Appeals
P.O. Box 100
Bloomington, IN 47402
812-349-3420
hand@bloomington.in.gov**

RECEIVED
JAN 13 2020

Property Address: 807 East 1st St, Bloomington, Indiana 47401

Petitioner's Name: Jonathan Sergent

Address: 1155 Merrill St Apt 106

City: Menlo Park

State: California



Zip Code: 94025

Phone Number: 5103968695

E-mail Address: sergent@gmail.com

Owner's Name: Jonathan Sergent

Address: 1155 Merrill St Apt 106

City: Menlo Park

State: California



Zip Code: 94025

Phone Number: 5103968695

E-mail Address: sergent@gmail.com

Occupants: Melissa Hall (sister), and her two children (my niece and nephew)

The following conditions must be found in each case in order for the Board to consider the request:

1. That the exception is consistent with the intent and purpose of the housing code and promotes public health, safety, and general welfare.
2. That the value of the area about the property to which the exception is to apply will not be adversely affected.

Identify the variance type that you are requesting from the following drop down menu:

Variance Type: Relief from an administrative decision. (Petition Type: AA)



Reminder:

A \$20.00 filing fee must be submitted with the Appeal Application or the application will not be considered to be complete! A completed application has to be submitted prior to the meeting application deadline in order to be placed on that month's agenda!

(Will be assigned by BHQA)

Petition Number: 20-AA-15

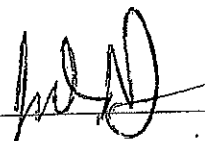
In the space provided below please write a brief narrative regarding your request. Be specific as to what you are requesting, the reason(s) or justification(s) for your request, the amount of time needed to bring the property into compliance, as well as any modifications and/or alterations you are suggesting. The following information must be included dependent upon the type of variance you are requesting:

- A. An extension of time to complete repairs. (Petition type: TV)
 - 1. Specify the items that need the extension of time to complete.
 - 2. Explain why the extension is needed.
 - 3. Specify the time requested.
- B. A modification or exception to the Housing Property Maintenance Code. (Petition type: V)
 - 1. Specify the code reference number you are appealing.
 - 2. Detail why you are requesting the variance.
 - 3. Specify the modifications and/or alterations you are suggesting.
- C. Relief from an administration decision. (Petition type: AA)
 - 1. Specify the decision being appealed and the relief you are seeking.
- D. Rescind a variance. (Petition type: RV)
 - 1. Detail the existing variance.
 - 2. Specify the reason the variance is no longer needed.

I am requesting an exemption from the requirement to register and inspect the house at 807 E 1st St. I live in California and own this house. I bought it for my sister and her two children, my niece and nephew, to live in after my sister got divorced in 2019. They live in the house rent-free and I pay for gas, water, and electricity. I do not intend to let anyone else other than my family live there and I do not intend to use it as a rental property.

Because I live in California and will not be able to attend your meeting I have attached a notarized affidavit declaring these same facts.

Signature (Required):



Name (Print): Jonathan Sergeant

Date: 1/9/2020

Important information regarding this application format:

- 1. This form is designed to be filled out electronically, printed, then returned/submitted manually (e.g. postal mail).
- 2. This document may be saved on your computer for future use, however, any data that you have entered will not be saved.

Print Form

California General Affidavit

State of California

County of San Mateo

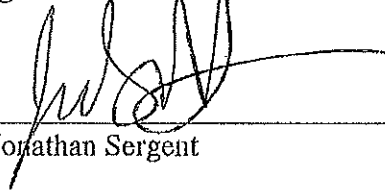
I, the undersigned, do hereby swear, certify, and affirm that:

1. I am over the age of 18 and a resident of the state of California . I have personal knowledge of the facts in this affidavit, and, if called as a witness, could testify competently about them.
2. I am currently living at: 1155 Merrill St Apt 106, Menlo Park, California 94025.
3. My sister, Melissa Hall, and her two teenage children, my niece and nephew, live at 807 E 1st St, Bloomington, Indiana 47401.
4. In 2019, I purchased the house at 807 E 1st St for my sister and her children to live in to support her after she went through a divorce.
5. Only my sister, niece, and nephew live in the house. They do not pay rent. I pay for their water, gas, and electricity.
6. I do not intend to let anyone else live in the house or use it as a rental.

I declare under penalty of perjury that the foregoing is true and correct.

Date: _____

1/9/2020


Jonathan Sargent

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Mateo

On 01/09/2020 before me, Rithika Nayak, Notary Public
(Here insert name and title of the officer)

personally appeared Jonathan Samuel Sergeant
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

R. Nayak

Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

California General

(Title or description of attached document)

Affidavit

(Title or description of attached document continued)

Number of Pages 2 Document Date 01/09/2020

CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual(s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County Information must be the State and County where the document signor(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signor(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signor(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they - is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the deputy clerk.
 - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - Indicate title or type of attached document, number of pages and date.
 - Indicate the capacity claimed by the signor. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.



City of Bloomington
H.A.N.D.

**Board of Housing Quality Appeals
Staff Report: Petition for Extension of Time**

Meeting Date: February 19, 2020

Petition Type: An extension of time to complete repairs

Petition Number: 20-TV-16

Address: 2611 E. 2nd St.

Petitioner: Deer Park Mgmt.

Inspector: Mosier/Liford

Staff Report: October 14, 2019 – Conducted Cycle Inspection
December 5, 2019 – Agent Scheduled Re-inspection for 01/21/2020
January 16, 2020 – Received BHQA Appeal for units on appeal form
January 21, 2020 – Conducted Re-inspection on complex

Petitioner is requesting an extension of time to complete the repairs due to trying to get contractors in and out of the units. Petitioner is requesting extension of time until March 1st, 2020.

Staff recommendation: Grant the request

Conditions: Complete all repairs and schedule for re-inspection no later than the deadline stated below, or this case will be turned over to the City of Bloomington Legal Department for further action including the possibility of fines.

Compliance Deadline: February 28, 2020 – For life safety violations.
March 1, 2020 – For all other repairs

Attachments: Cycle Report, Remaining Violations Report, BHQA Appeal, Petitioner's Letter



RECEIVED
JAN 16 2020

Application for Appeal
To The
Board of Housing Quality Appeals
P.O. Box 100
Bloomington, IN 47402
812-349-3420
hand@bloomington.in.gov

Property Address: 2619/2627/2631 E 2nd St Bloomington
Petitioner's Name: Deer Park Management IN 47401
Address: 1501 E Hillside Dr.
City: Bloomington State: IN Zip Code: 47401
Phone Number: 812-333-9355 Email Address: kelsey@deerparkmgmt.com
Property Owner's Name: Joseph Fitzgerald
Address: 1501 E Hillside Dr.
City: Bloomington State: IN Zip Code: 47401
Phone Number: 812-333-9355 Email Address: _____
Occupants: _____

The following conditions must be found in each case in order for the Board to consider the request:

1. That the exception is consistent with the intent and purpose of the housing code and promotes public health, safety and general welfare.
2. That the value of the area about the property to which the exception is to apply will not be adversely affected.

Please circle the petition type that you are requesting:

☒ A) An extension of time to complete repairs (Petition type TV)

☐ B) A modification or exception to the Residential Rental Unit and Lodging Establishment Inspection Program (Petition type V)

☐ C) Relief from an administrative decision (Petition type AA)

☐ D) Rescind a variance (Petition type RV)

REMINDER: A \$20 filing fee must be submitted with this application before the property can be placed on the meeting agenda.

OFFICE USE ONLY

Petition Number 20-TV-16

SEE REVERSE

NM, KL, M

Please provide details regarding your request below; you may attach any exhibits or additional comments as you deem necessary and pertinent to your request. Be specific as to what you are requesting, the reason or justification for your request; the amount of time needed to bring the property into compliance, and any modifications and/or alterations you are suggesting.

2631 APT → 2

APT → 3

APT → 4

APT → 6

APT → 10

APT → 13

} need more time to get vendors
in to do repairs

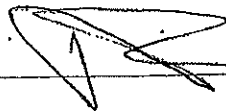
2627 APT → 9

2619 → entire
building

} trying to get vendors in +
out of apartments.

MARCH 1st PER COMPLETION

Signature (required):



Name (please print):

Joseph Fitzgerald

Date:

1-16-20

You may attend the meeting. If you attend, please note that all petitioners presenting a matter to the Board shall be limited to no more than five minutes to present their case and arguments. Additional time can be granted if deemed appropriate by the Board. Please note that if your property is listed on the consent agenda it is more likely than not that your property will not be individually discussed during the Board's meeting.



City Of Bloomington
Housing and Neighborhood Development

CYCLE INSPECTION REPORT

2995

Owner(s)

Deer Park Management
1501 E Hillside Dr
Bloomington, IN 47401

Agent

Latham, Michael
1501 E. Hillside Drive
Bloomington, IN 47401

Prop. Location: 2611 E 2nd ST

Number of Units/Structures: 115/8

Units/Bedrooms/Max # of Occupants: Bld 1: Bld 2: 2/1/5 9/5/5 2/3/5, Bld 3: 13/2/5, Bld 4: 5/1/5 8/2/5
5/3/5, Bld 5: 2/1/5 9/2/5 2/3/5, Bld 6: 1/1/5 11/2/5 1/3/5, Bld 7: 13/2/5, Bld 8: 2/1/5 9/2/5 2/3/5, Bld 1:
5/1/5 9/2/5 5/3/5

Date Inspected: 10/14/2019
Primary Heat Source: Electric
Property Zoning: RH
Number of Stories: 2

Inspector: Mosier/Liford/Arnold
Foundation Type: Basement
Attic Access: Yes
Accessory Structure: None

Monroe County Assessor's records indicate this structure was built in 1965.
There were no requirements for emergency egress at the time of construction.

NOTE:

☞ Only Units/Rooms with violations shall be listed on this report.

GENERAL VIOLATION:

MC Show documentation that the fireplaces have been inspected within the last twelve months, and that it is safe for use, or permanently and visibly seal the fireplace to prevent its use. Service and inspection shall include the firebox, damper, chimney and/or flue. Cleaning by a professional service is highly recommended. BMC 16.01.060(f)

City Hall
Email: hand@bloomington.in.gov
Neighborhood Division (812) 349-3421

401 N Morton St
<https://bloomington.in.gov/hand>
Housing Division (812) 349-3401

Bloomington, IN 47404
Rental Inspection (812) 349-3420
Fax (812) 349-3582

GENERAL STATEMENT:

There are 4 different types of egress windows, measurements are as follows:

TYPE 1

Existing Egress Window Measurements: Slider: Const. Yr. - 1965

Height: 33 inches

Width: 44 inches

Sill Height: 36 inches

Openable Area: 10.08 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

TYPE 2

Existing Egress Window Measurements: Slider: Const. Yr. - 1965

Height: 33 inches

Width: 32 inches

Sill Height: 44 inches

Openable Area: 7.33 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

TYPE 3

Existing Egress Window Measurements: Slider: Const. Yr. - 1965

Height: 44 inches

Width: 21 inches

Sill Height: 36 inches

Openable Area: 6.41 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

TYPE 4

Existing Egress Window Measurements: Slider: Const. Yr. - 1965

Height: 22.5 inches

Width: 32.75 inches

Sill Height: 48 inches

Openable Area: 5.12 sq. ft.

Note: These measurements are for reference only. There is no violation of the emergency egress requirements.

Building 2623

Unit 1

Living Room:

C Repair the outlet to be wired correctly. (West wall)(Tests as reverse wired). BMC 16.04.060(b)

Hallway:

C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall

mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 2

Bathroom:

- C Complete the repair and properly surface coat the ceiling. BMC 16.04.060(a)

Hallway:

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 3

Hallway:

- C Provide operating power to the smoke detector. IC 22-11-18-3.5 (Battery)

Bathroom:

- C Seal the cracks in the tile surround. BMC 16.04.060(a)

Unit 9

Hallway:

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 10

Bathroom:

- C Repair the exhaust fan to function as intended. BMC 16.04.060(c) (Loud)

Unit 11

Living Room:

- C Repair the sliding door to open easily. BMC 16.04.060(a)

Kitchen:

- C Repair the sprayer to function as intended. BMC 16.04.060(c)

Unit 4

Living Room:

- C Provide operating power to the smoke detector. IC 22-11-18-3.5 (Battery)

Bathroom:

- C Secure loose electrical receptacle. BMC 16.04.060(b)

Unit 5

Living Room:

- C Replace the broken outlet. BMC 16.04.060(b) (North wall)

Hallway:

- C Provide operating power to the smoke detector. IC 22-11-18-3.5 (Battery)

Bathroom:

- C Repair the sink to drain as intended. BMC 16.04.060(c) (Slow to drain)
- C Replace the missing caulk/grout in the corners of the shower surround. BMC 16.04.060(a)

Attic:

No violations noted

Common Hallway

- C Remove/replace the broken glass in the fire extinguisher cabinet. BMC 16.04.060(a)

Unit 12

Hallway:

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Bathroom:

- C Repair the exhaust fan to function as intended. BMC 16.04.060(c)

Unit 13

Living Room:

- C Secure the sliding door handle. BMC 16.04.060(a)

Master Bedroom:

- C Secure the loose portion of the ceiling and seal the cracks. BMC 16.04.060(a)

Bathroom:

- C Caulk/seal the gaps/cracks in the tiles of the shower surround. BMC 16.04.060(a)

Unit 6

Kitchen:

- C Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Bathroom:

- C Caulk/seal the gaps/cracks in the tiles of the shower surround. BMC 16.04.060(a)
- C Seal the base of shower surround at the top of the tub. BMC 16.04.060(a)

Hallway:

- C Provide operating power to the smoke detector. IC 22-11-18-3.5 (Battery)

Common Hallway

- C Repair the building entry door closer to function as intended. BMC 16.04.060(c)

Unit 7

Hallway:

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 8

No violations noted

Unit 14

Hallway:

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 15

Hallway:

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Bathroom:

- C Repair the exhaust fan to function as intended. BMC 16.04.060(c)

Unit 16

No violations noted

Unit 17

Hallway:

- C Provide operating power to the smoke detector. IC 22-11-18-3.5 (Battery)

Unit 18

Hallway:

- C Replace the missing smoke detector. IC22-11-18-3.5

Unit 19

No violations noted.

Building 2611

Unit 6

Master Bedroom:

- C Repair and surface coat the cracks in the walls. BMC 16.04.060(a) (At the ceiling)

Kitchen:

- C Repair and surface coat the cracks in the walls. BMC 16.04.060(a) (At the ceiling)

- C Level the dishwasher so it closes easily. BMC 16.04.060(a)

Unit 7

Living Room:

- C Repair window to latch securely. BMC 16.04.060(b)

Kitchen:

- C Repair window to latch securely. BMC 16.04.060(b)

Common Hall South

- C Repair the cracks in the walls adjacent to unit 8 and the entry door. BMC 16.04060(a)

Unit 8

Living Room:

- C Repair window to latch securely. BMC 16.04.060(b)

Hallway:

- C Provide operating power to the smoke detector. IC 22-11-18-3.5 (Battery)

Common Hallway Upper Level South

- C Repair the cracks in the walls. BMC 16.04060(a)

Unit 14

No violations noted

Unit 15

Living Room:

- C Repair the latch on the sliding door to function as intended. BMC 16.04.060(a)

Master Bathroom:

- C Repair the sink to drain as intended. BMC 16.04.060(c)

Unit 16

Living Room:

- C Repair the entry door to open as intended. (difficult to open) BMC 16.04.060(a)

Hallway:

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Laundry Room:

- C Repair the damaged dryer exhaust lines. BMC 16.04.060(c)

Unit 17

Bathroom:

- C Repair the toilet to eliminate unnecessary water use. BMC 16.04.060(c)

Common Hallway South

- C Repair the cracks in the walls. BMC 16.04060(a)
- C Re-attach the loose trim tiles at the floor. BMC 16.04.060(a)

Unit 18

Entry Door:

- C Seal the gaps around the frame. BMC 16.04.060(a)

Hallway:

- C Replace the missing smoke detector. IC22-11-18-3.5

Unit 19

No violations noted

Unit 4

Living Room:

- C Repair the sliding door to latch as intended. BMC 16.04.060(a)

Unit 5

Living Room:

- C Repair window to latch securely. BMC 16.04.060(b)

Unit 12

Hallway:

- C Repair the damaged carpet at the bedroom door. BMC 16.04.060(a)

Unit 13

Living Room:

- C No access to the balcony. Check at re-inspection.

Kitchen:

- C Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Unit 1

Hallway:

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 2

Bedroom:

- MC The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 3

No violations noted

Unit 9

Hallway:

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 11

No violations noted

Unit 10

Living Room:

- C Repair the sliding door to lock. BMC 16.04.060(a)

Unit 16

- C Scrape and paint exterior surfaces where paint is peeling or wood is exposed. BMC 16.04.050(e) (Trim around sliding door).

Building 2627

Unit 1

Kitchen

- C Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Hallway

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 2

Living Room

- C Secure all loose electrical receptacles in this room. BMC 16.04.060(b)

Hallway

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

- C Provide operating power to the smoke detector. IC 22-11-18-3.5

Unit 3

Kitchen

- C Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)
- C Enclose electrical wiring where the power supply enters the garbage disposal with protective insulation removed inside the garbage disposal and secure with a cable clamp. BMC 16.04.060(c)

Hallway

- C Provide operating power to the smoke detector. IC 22-11-18-3.5

Unit 4

Hallway

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

- C Provide operating power to the smoke detector. IC 22-11-18-3.5

Unit 5

Hallway

- C Provide operating power to the smoke detector. IC 22-11-18-3.5

Unit 6

Kitchen

- C Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Hallway

- C Replace the missing smoke detector. IC22-11-18-3.5

Bathroom

- C Replace/repair the piece of wood being used as a patch beside toilet. BMC 16.04.060(a)

Unit 7

Kitchen

- C Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Hallway

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 8

Hallway

- C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

- C Provide operating power to the smoke detector. IC 22-11-18-3.5



Unit 9

This unit was not inspected at the time of this inspection, as it was not accessible. This unit must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. **This applies even if the tenants do not have access to this area of the property.** BMC 16.03.040

Unit 10

Living Room

- C Replace the missing smoke detector. IC22-11-18-3.5

Unit 11

No violations noted.

Unit 12

Hallway

- C Provide operating power to the smoke detector. IC 22-11-18-3.5

Bathroom

- C Clean and service the exhaust fan so that it functions as intended. BMC 16.04.060(c)

Left Bedroom

- C Repair or replace door knob/lock assembly in a manner so that it functions as intended. BMC 16.04.060(a)

Unit 13

No violations noted.

Building 2615

Unit 1

Entry

- C Repair or replace door knob/lock assembly in a manner so that it functions as intended. BMC 16.04.060(a)

Kitchen

- C Enclose electrical wiring where the power supply enters the garbage disposal with protective insulation removed inside the garbage disposal and secure with a cable clamp. BMC 16.04.060(c)

Hallway

- C Provide operating power to the smoke detector. IC 22-11-18-3.5

Bathroom

- C Repair the tub faucet to eliminate the constant dripping. BMC 16.04.060(c)

Right Bedroom

- C Replace broken/missing outlet cover plate. BMC 16.04.060(b)

Unit 2

Hallway

- C Provide operating power to the smoke detector. IC 22-11-18-3.5

Bathroom

- C Clean and service the exhaust fan so that it functions as intended. BMC 16.04.060(c)

Unit 3

Kitchen

- C Repair garbage disposal to function as intended. BMC 16.04.060(c)

Unit 4

Hallway

- C Provide operating power to the smoke detector. IC 22-11-18-3.5

Bathroom

- C Secure toilet to its mountings. BMC 16.04.060(c)

- C Clean and service the exhaust fan so that it functions as intended. BMC 16.04.060(c)

Unit 5

Entry

- C Properly ground the electrical receptacle (By entry door). If the receptacle is on an ungrounded system, it is acceptable to install a 2-pole, ungrounded receptacle, or a GFCI receptacle. If a GFCI receptacle is installed, mark receptacle with the wording "no equipment ground". BMC 16.04.020(a)(5); 2009 IEC Article 406.3(B) Grounding & 2009 IEC Article 406.3 (D) Replacements

Unit 6

Hallway

- C Repair the hole(s) in the closet door or replace the door. BMC 16.04.060(a)

Bathroom

- C Seal edge of floor covering adjacent to bathtub. BMC 16.04.060(a)

Unit 7

No violations noted.

Unit 8

Bathroom

- C Secure toilet to its mountings. BMC 16.04.060(c)

Unit 9

No violations noted.

Unit 10

Bathroom

MC Secure toilet to its mountings. BMC 16.04.060(c)

Unit 11

Kitchen

C Properly repair or replace loose, damaged, or missing floor covering. BMC 16.04.060(a)

C Properly secure the faucet on the sink. BMC 16.04.060(c)

Hallway

C Provide operating power to the smoke detector. IC 22-11-18-3.5

Right Bedroom

N/C ACCESS Repair the window to open and close completely as intended and to be weather tight (Large gap around edges). BMC 16.04.060(a)

Unit 12

Hallway

C The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

C Provide operating power to the smoke detector. IC 22-11-18-3.5

Right Bedroom

C Replace broken/missing outlet cover plates. BMC 16.04.060(b)

Unit 13

Kitchen

C Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

C Properly repair and seal the whole outside of main window. BMC 16.04.050(a)

Building 2635

Unit 1, 2

No violations noted.

Unit 3

This unit was not inspected at the time of this inspection, as it was not accessible. This unit must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. This applies even if the tenants do not have access to this area of the property. BMC 16.03.040

Unit 4

Kitchen

C Repair garbage disposal to function as intended. BMC 16.04.060(c)

LR - LOOSE RECEPT W. WALL KIT - GD CLAMP BATH - TOILET LOOSE SHOWER FACEST HARD TO TURN DIVERTER STOCK

Unit 5

Hallway

C Replace the missing smoke detector. IC22-11-18-3.5

Unit 6

Kitchen

C Properly secure the faucet on the sink. BMC 16.04.060(c)

Hallway

C Provide operating power to the smoke detector. IC 22-11-18-3.5

Left Bedroom

C Properly repair, then clean and surface coat damaged or stained ceiling area. BMC 16.04.060(a)

Unit 7

Kitchen

C Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Unit 8

Kitchen

C Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Unit 9

Left Bedroom

N/C Repair or replace closet doors so they function as intended. BMC 16.04.060(a)

Unit 10, 11

No violations noted.

Unit 12

Hallway

C Provide operating power to the smoke detector. IC 22-11-18-3.5

Unit 13

Left Bedroom

C Repair or replace closet doors so they function as intended. BMC 16.04.060(a)

BUILDING 2639

Unit 1

Hallway

C Provide operating power to the smoke detector. IC 22-11-18-3.5

Unit 2

Hallway

C Provide operating power to the smoke detector. IC 22-11-18-3.5

Unit 3

Kitchen

C Replace the missing or damaged cove base. BMC 16.04.060(a)

Bathroom

N/C Repair the sink faucet to eliminate the constant dripping. BMC 16.04.060(c)

Unit 4

Kitchen

Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Bathroom

Clean and service the exhaust fan so that it functions as intended. BMC 16.04.060(c)

Unit 5

Kitchen

Secure all loose electrical receptacles in this room. BMC 16.04.060(b)

Hallway

The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 6

Kitchen

Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Unit 7

Hallway

Provide operating power to the smoke detector. IC 22-11-18-3.5

Unit 8

This unit was not inspected at the time of this inspection, as it was not accessible. This unit must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. **This applies even if the tenants do not have access to this area of the property.** BMC 16.03.040

Unit 9

Kitchen

Repair the water pressure to the sink faucet (very low). The water supply system shall be installed and maintained to provide a supply of water to plumbing fixtures, devices and appurtenances in sufficient volume and at pressures adequate to enable the fixtures to function properly, safely, and free from defects and leaks. BMC 16.04.060(c)

Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Living Room

Provide operating power to the smoke detector. IC 22-11-18-3.5

Bathroom

Replace all damaged or missing tile(s). BMC 16.04.060(a)

Properly install or replace the aerator on the sink faucet so that it functions as intended. BMC 16.04.060(c)

Unit 10

Bathroom

Properly ground the electrical receptacle. If the receptacle is on an ungrounded system, it is acceptable to install a 2-pole, ungrounded receptacle, or a GFCI receptacle. If a GFCI receptacle is installed, mark receptacle with the wording "no equipment ground". BMC16.04.020(a)(5); 2009 IEC Article 406.3(B)Grounding & 2009 IEC Article 406.3 (D)Replacements

Unit 11

No violations noted.

Unit 12

Bathroom

Secure toilet to its mountings. BMC 16.04.060(c)

Unit 13

Hallway

Provide operating power to the smoke detector. IC 22-11-18-3.5

BUILDING 2619

BASEMENT

Laundry Room:

Properly label electrical service meters/disconnects with corresponding unit numbers.
BMC 16.04.020 NEC 225.37

Repair or replace existing smoke detector in a manner so that it functions as intended.
IC 22-11-18-3.5

Unit 13

Kitchen:

Properly install or replace the aerator on the sink faucet so that it functions as intended.
BMC 16.04.060(c)

Secure the loose sprayer to its base. BMC 16.04.060(c)

Hallway:

Install/replace batteries in smoke detectors so that they function as intended. IC 22-11-18-3.5

Bathroom:

Repair the tub faucet handle not to leak when turned on. BMC 16.04.060 (c)

L Bedroom:

Repair the windows to latch properly. BMC 16.04.060 (b)

Unit 1

Living Room:

Replace the broken receptacle cover plate on the south wall. BMC 16.04.060 (b)

Repair/replace the torn carpet at doorway. BMC 16.04.060 (a)

Kitchen:

Repair the defective GFCI receptacle adjacent to the sink, won't reset. BMC 16.04.060 (b)

Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Determine the source and eliminate the water leak under the sink. BMC 16.04.060(a)

Properly install or replace the aerator on the sink faucet so that it functions as intended.
BMC 16.04.060(c)

Replace the defective smoke detector. IC22-11-18-3.5

Bathroom:

Repair the sink drain to function as intended, slow. BMC 16.04.060(c)

R Bedroom:

Interior walls shall be free of holes, cracks, **peeling paint** and/or deteriorated drywall/plaster. BMC 16.04.060(a)

Repair the window to lock as intended. BMC 16.04.060 (b)

L Bedroom

Repair the door to function as intended, off hinges. BMC 16.04.060 (a)

Repair the windows to latch, missing lock. BMC 16.04.060 (b)

Unit 3

Living Room:

Repair the windows to latch, missing lock. BMC 16.04.060 (b)

Hallway:

Repair or replace existing smoke detector in a manner so that it functions as intended.
IC 22-11-18-3.5

Unit 4

Living Room:

Replace the missing receptacle and light switch cover plates. BMC 16.04.060 (b)

Kitchen:

Secure the loose receptacle at sink. BMC 16.04.060 (b)

Replace the missing receptacle and light switch cover plates. BMC 16.04.060 (b)
Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Hallway:

Replace the missing smoke detector. IC22-11-18-3.5

Replace the missing receptacle and light switch cover plates. BMC 16.04.060 (

Furnace Closet:

Replace the missing door stop trim. BMC 16.04.060 (a)

Bathroom:

Repair the tub faucet handle not to leak when turned on. BMC 16.04.060(c)

L Bedroom:

Replace the missing door stop trim. BMC 16.04.060 (a)

Repair the windows to latch and to be weathertight. BMC 16.04.060 (b)

R Bedroom:

Repair the left side window to open as intended. BMC 16.04.060 (b)

Replace the missing receptacle and light switch cover plates. BMC 16.04.060 (b)

Unit 6

Hallway:

Install/replace batteries in smoke detectors so that they function as intended. IC 22-11-18-3.5

Bathroom:

Repair the sink drain to function as intended, slow. BMC 16.04.060(c)

Repair/replace the exhaust fan, stuck. BMC 16.04.060 (c)

Unit 2

Hallway:

Repair or replace existing smoke detector in a manner so that it functions as intended.
IC 22-11-18-3.5

Clean the dusty return air grill. BMC 16.04.060 (a)

Bathroom:

Repair the sink faucet to eliminate the constant dripping. BMC 16.04.060(c)

Secure the loose sink faucet handles. BMC 16.04.060 (c)

R Bedroom:

Repair/replace the broken latch on the windows. BMC 16.04.060 (b)

W Common Stairway:

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

Unit 8

Kitchen:

Secure the loose sprayer to its base. BMC 16.04.060 (c)

Hallway:

Install/replace batteries in smoke detectors so that they function as intended. IC 22-11-18-3.5

R Bedroom:

Restore power to the receptacle on the south wall, left receptacle. BMC 16.04.060 (a)

Unit 7

Kitchen:

Replace the defective Gfci receptacle at sink, won't reset. BMC 16.04.060 (b)

Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Hallway:

Install/replace batteries in smoke detectors so that they function as intended. IC 22-11-18-3.5

L Bedroom:

Repair/replace the broken window latch on the left window. BMC 16.04.060 (b)

Closet:

Repair the light fixture to function as intended, pull string mechanism broken.
BMC 16.04.060(c)

Unit 9

Hall Bath:

Repair/replace the tub faucet handle, leaks when turned on. BMC 16.04.060(c)

Replace the missing waste and overflow plate. BMC 16.04.060 (c)

Unit 10

Living Room:

Restore power to the receptacle on the south wall. BMC 16.04.060 (a)

Hallway:

The smoke detector in this hallway appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Bathroom:

Repair/replace the defective hot water handle on the sink, spins and doesn't shut off properly. BMC 16.04.060 (c)

Repair/replace the defective diverter valve in the tub, stuck. BMC 16.04.060(c)

R Bedroom:

Interior walls shall be free of holes, cracks, peeling paint and/or deteriorated drywall/plaster, north wall, left end of window. BMC 16.04.060(a)

Unit 12

Kitchen:

Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Repair the failing drain to function as intended, taped up. BMC 16.04.060 (c)

Unit 11

Hallway:

The smoke detector in this hallway appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Bathroom:

Repair/replace the diverted valve in the tub, stuck. BMC 16.04.060 (c)

Unit 5

No violations noted.

BUILDING 2631

Common Hallway Attic (West end):

Secure the loose receptacle adjacent the opening, receptacle hanging out. BMC 16.04.060 (b)

Unit 2- Tenants ill

This unit was not inspected at the time of this inspection, as it was not accessible. This unit must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. **This applies even if the tenants do not have access to this area of the property.** BMC 16.03.040

Unit 8

Hallway:

The smoke detector in this hallway appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit 7 - No keys

L. BED - NO ACCESS

This unit was not inspected at the time of this inspection, as it was not accessible. This unit must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. **This applies even if the tenants do not have access to this area of the property.** BMC 16.03.040

Unit 9

Bathroom:

Repair/replace the tub faucet handle, hard to pull on and off. BMC 16.04.060 (c)

Unit 10

Living Room:

Install/replace batteries in smoke detectors so that they function as intended. IC 22-11-18-3.5

Kitchen:

Secure the loose sprayer to its base. BMC 16.04.060 (c)

Bathroom:

Secure the loose toilet to its mountings. BMC 16.04.060 (c)

Remove the mold in the shower. BMC 16.04.060 (a)

Unit 12

Bathroom:

Replace the loud exhaust fan. BMC 16.04.060 (c)

Unit 11

Kitchen:

Repair garbage disposal to function as intended, jammed. BMC 16.04.060(c)

Hallway:

Replace the missing smoke detector. IC22-11-18-3.5

Bathroom:

Clean and service the exhaust fan so that it functions as intended. BMC 16.04.060(c)

C Secure the loose toilet seat to the toilet. BMC 16.04.060 (c)

L Bedroom:

C Repair the door to latch properly. BMC 16.04.060 (a)

Unit 5

Kitchen:

C Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

C It is strongly recommended that a minimum 1A 10BC classification fire extinguisher be mounted in a visible, accessible location, in or adjacent to the kitchen, away from the range, and in the path of egress.

Hallway:

C Repair or replace existing smoke detector in a manner so that it functions as intended.
IC 22-11-18-3.5

★ BASEMENT

Unit 13

Living Room:

Repair the north window to latch as intended. BMC 16.04.060 (b)

Kitchen:

Repair the sink faucet to eliminate the constant dripping. BMC 16.04.060(c)

Bathroom:

Repair/replace the tub faucet handle, hard to pull on and off. BMC 16.04.060 (c)

R Bedroom:

Repair the broken latch on the window. BMC 16.04.060 (b)

Unit 1

No violations noted.

★ Unit 3

Kitchen:

The water supply system shall be installed and maintained to provide a supply of water to plumbing fixtures, devices and appurtenances in sufficient volume and at pressures adequate to enable the fixtures to function properly, safely, and free from defects and leaks (repair the sink faucet in a manner so that there is adequate water pressure and volume). BMC 16.04.060(c)

Hallway:

Replace the missing smoke detector. IC22-11-18-3.5

Bathroom:

Repair/replace the loose tiles in the tub. BMC 16.04.060 (a)

Remove the mold in the tub. BMC 16.04.060 (a)

Remove the mold on the ceiling. BMC 16.04.060 (a)

Fix ceiling above the tub, left end. BMC 16.04.060(a)

★ **Unit 4**

Hallway:

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

Bathroom:

Secure the loose sink faucet to its base. BMC 16.04.060 (c)

R Bedroom:

Every window shall be capable of being easily opened and held in position by its own hardware. BMC 16.04.060(b)

★ **Unit 6**

Kitchen:

Replace the loud garbage disposal. BMC 16.04.060 (c)

EXTERIOR:

GENERAL VIOLATION:

C Remove all trash in and around the dumpster areas. BMC 16.04.050(a)

Bldg 2611

North Entry for 6-8:

C Repair the concrete and properly secure the railing posts. BMC 16.04.050(a)

South Exterior Wall:

C Seal the crack in the wall. BMC 16.04.050(a) (West of Center).

Bldg 2623

Main Entry at Unit 9:

C Repair the concrete at the railing post. BMC 16.04.050(a) (Balcony for Unit 9)

Bldg 2619

C Repair the sidewalk on the SW corner of structure, trip hazard. BMC 16.04.050(b)

C Repair the sidewalk adjacent to unit 6, trip hazard. BMC 16.04.050(b)

Bldg 2631

C Repair the broken handrail adjacent to unit 5, north side. BMC 16.04.050(b)

Bldg 2639

C Repair the broken fence at the ramp. BMC 16.04.050 (a)

Bldg 2635

Repair/replace the broken handrail on the east end of structure. BMC 16.04.050(a)

Bldg 2627

C Remove the tree from the window well on the east end of structure, south window well. BMC 16.04.050(a)

OTHER REQUIREMENTS:

When issued, a copy of the new Rental Occupancy Permit shall be posted as required by BMC 16.12.080 (b): All rental units shall be required to have a current occupancy permit displayed in an accessible location inside the unit. The permit shall contain the name of the owner or his agent and the expiration date of the permit. BMC 16.03.030(d)

This is the end of this report.



City Of Bloomington
Housing and Neighborhood Development

REMAINING VIOLATION INSPECTION REPORT

2995

JAN 28 2020

Owner(s)

Deer Park Management
1501 E Hillside Dr
Bloomington, IN 47401

NOTE: ✓ MARK NOTES
LIFE SAFETY VIOLATIONS.

Agent

Michael Latham
1501 E. Hillside Drive
Bloomington, IN 47401

Prop. Location: 2611 E 2nd ST

Number of Units/Structures: 115/8

Units/Bedrooms/Max # of Occupants: Bld 1: Bld 2: 2/1/5 9/5/5 2/3/5, Bld 3: 13/2/5, Bld 4: 5/1/5 8/2/5
5/3/5, Bld 5: 2/1/5 9/2/5 2/3/5, Bld 6: 1/1/5 11/2/5 1/3/5, Bld 7: 13/2/5, Bld 8: 2/1/5 9/2/5 2/3/5, Bld 1:
5/1/5 9/2/5 5/3/5

Date Inspected: 10/14/2019
Primary Heat Source: Electric
Property Zoning: RH
Number of Stories: 2

Inspector: Mosier/Liford
Foundation Type: Basement
Attic Access: Yes
Accessory Structure: None

Monroe County Assessor's records indicate this structure was built in 1965.
There were no requirements for emergency egress at the time of construction.

GENERAL VIOLATIONS:

Show documentation that the fireplaces have been inspected within the last twelve months, and that it is safe for use, or permanently and visibly seal the fireplace to prevent its use. Service and inspection shall include the firebox, damper, chimney and/or flue. Cleaning by a professional service is highly recommended. BMC 16.01.060(f)

- ✓ Install a smoke detector in an approved location all units. If wall mounted, it shall be located between 4 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

City Hall
Email: hand@bloomington.in.gov
Neighborhood Division (812) 349-3421

401 N Morton St
<https://bloomington.in.gov/hand>
Housing Division (812) 349-3401

Bloomington, IN 47404
Rental Inspection (812) 349-3420
Fax (812) 349-3582

Building 2611

Unit 2

Bedroom:

✓ The smoke detector in this room appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Building 2627

Unit 9

This unit was not inspected at the time of this inspection, as it was not accessible. This unit must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. **This applies even if the tenants do not have access to this area of the property.** BMC 16.03.040

Building 2615

Unit 10

Bathroom

Secure toilet to its mountings. BMC 16.04.060(c)

Unit 11 NO ACCESS

Right Bedroom

Repair the window to open and close completely as intended and to be weather tight (Large gap around edges). BMC 16.04.060(a)

Building 2635

Unit 3

Living Room:

✓ Secure the loose receptacle on the west wall. BMC 16.04.060 (b)

Kitchen:

Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Bathroom:

Secure the loose toilet to its mountings. BMC 16.04.060 (c)

Repair the tub faucet handle, hard to pull on and shut off. BMC 16.04.060 (c)

Repair the tub diverter to function as intended, stuck in place. BMC 16.04.060 (c)

Unit 9

Left Bedroom

Repair or replace closet doors so they function as intended, keeps falling out of track. BMC 16.04.060(a)

BUILDING 2639

Unit 3

Bathroom

Repair the sink faucet to eliminate the constant dripping. BMC 16.04.060(c)

BUILDING 2619

BASEMENT

Laundry Room:

Properly label electrical service meters/disconnects with corresponding unit numbers.

BMC 16.04.020 NEC 225.37

- ✓ Repair or replace existing smoke detector in a manner so that it functions as intended. IC 22-11-18-3.5

Unit 13

Kitchen:

Properly install or replace the aerator on the sink faucet so that it functions as intended. BMC 16.04.060(c)

Secure the loose sprayer to its base. BMC 16.04.060(c)

- ✓ Hallway:
Install/replace batteries in smoke detectors so that they function as intended. IC 22-11-18-3.5

Bathroom:

Repair the tub faucet handle not to leak when turned on. BMC 16.04.060 (c)

- ✓ L Bedroom:
Repair the windows to latch properly. BMC 16.04.060 (b)

Unit 1

Living Room:

- ✓ Replace the broken receptacle cover plate on the south wall. BMC 16.04.060 (b)

Repair/replace the torn carpet at doorway. BMC 16.04.060 (a)

- ✓ Kitchen:
Repair the defective GFCI receptacle adjacent to the sink, won't reset. BMC 16.04.060 (b)

Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Determine the source and eliminate the water leak under the sink. BMC 16.04.060(a)

Properly install or replace the aerator on the sink faucet so that it functions as intended. BMC 16.04.060(c)

- ✓ Replace the defective smoke detector. IC22-11-18-3.5

Bathroom:

Repair the sink drain to function as intended, slow. BMC 16.04.060(c)

R Bedroom:

Interior walls shall be free of holes, cracks, **peeling paint** and/or deteriorated drywall/plaster. BMC 16.04.060(a)

- ✓ Repair the window to lock as intended. BMC 16.04.060 (b)

L Bedroom

Repair the door to function as intended, off hinges. BMC 16.04.060 (a)

- ✓ Repair the windows to latch, missing lock. BMC 16.04.060 (b)

Unit 3

Living Room:

- ✓ Repair the windows to latch, missing lock. BMC 16.04.060 (b)

Hallway:

- ✓ Repair or replace existing smoke detector in a manner so that it functions as intended.
IC 22-11-18-3.5

Unit 4

Living Room:

- ✓ Replace the missing receptacle and light switch cover plates. BMC 16.04.060 (b)

Kitchen:

- ✓ Secure the loose receptacle at sink. BMC 16.04.060 (b)
- ✓ Replace the missing receptacle and light switch cover plates. BMC 16.04.060 (b)

Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Hallway:

- ✓ Replace the missing smoke detector. IC22-11-18-3.5
- ✓ Replace the missing receptacle and light switch cover plates. BMC 16.04.060 (b)

Furnace Closet:

Replace the missing door stop trim. BMC 16.04.060 (a)

Bathroom:

Repair the tub faucet handle not to leak when turned on. BMC 16.04.060(c)

L Bedroom:

Replace the missing door stop trim. BMC 16.04.060 (a)

- ✓ Repair the windows to latch and to be weathertight. BMC 16.04.060 (b)

R Bedroom:

- ✓ Repair the left side window to open as intended. BMC 16.04.060 (b)
- ✓ Replace the missing receptacle and light switch cover plates. BMC 16.04.060 (b)

Unit 6

Hallway:

- ✓ Install/replace batteries in smoke detectors so that they function as intended, IC 22-11-18-3.5

Bathroom:

Repair the sink drain to function as intended, slow. BMC 16.04.060(c)

Repair/replace the exhaust fan, stuck. BMC 16.04.060 (c)

Unit 2

Hallway:

- ✓ Repair or replace existing smoke detector in a manner so that it functions as intended.
IC 22-11-18-3.5

Clean the dusty return air grill. BMC 16.04.060 (a)

Bathroom:

Repair the sink faucet to eliminate the constant dripping. BMC 16.04.060(c)

Secure the loose sink faucet handles. BMC 16.04.060 (c)



R Bedroom:

Repair/replace the broken latch on the windows. BMC 16.04.060 (b)

W Common Stairway:

Repair the surface of the ceiling to be free of holes, cracks, **peeling paint** and/or sagging materials. BMC 16.04.060(a)

Unit 8

Kitchen:

Secure the loose sprayer to its base. BMC 16.04.060 (c)



Hallway:

Install/replace batteries in smoke detectors so that they function as intended. IC 22-11-18-3.5

R Bedroom:

Restore power to the receptacle on the south wall, left receptacle. BMC 16.04.060 (a)

Unit 7



Kitchen:

Replace the defective Gfci receptacle at sink, won't reset. BMC 16.04.060 (b)

Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)



Hallway:

Install/replace batteries in smoke detectors so that they function as intended. IC 22-11-18-3.5



L Bedroom:

Repair/replace the broken window latch on the left window. BMC 16.04.060 (b)

Closet:

Repair the light fixture to function as intended, pull string mechanism broken. BMC 16.04.060(c)

Unit 9

Hall Bath:

Repair/replace the tub faucet handle, leaks when turned on. BMC 16.04.060(c)

Replace the missing waste and overflow plate. BMC 16.04.060 (c)

Unit 10

Living Room:

Restore power to the receptacle on the south wall. BMC 16.04.060 (a)

Hallway:

✓ The smoke detector in this hallway appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Bathroom:

Repair/replace the defective hot water handle on the sink, spins and doesn't shut off properly.
BMC 16.04.060 (c)

Repair/replace the defective diverter valve in the tub, stuck. BMC 16.04.060(c)

R Bedroom:

Interior walls shall be free of holes, cracks, peeling paint and/or deteriorated drywall/plaster, north wall, left end of window. BMC 16.04.060(a)

Unit 12

Kitchen:

Install a cable clamp where the power supply enters the garbage disposal. BMC 16.04.060(c)

Repair the failing drain to function as intended, taped up. BMC 16.04.060 (c)

Unit 11

Hallway:

✓ The smoke detector in this hallway appears to be more than ten years old and the manufacturer will not guarantee it to provide adequate protection. Install a new smoke detector in an approved location. If wall mounted, it shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Bathroom:

Repair/replace the diverted valve in the tub, stuck. BMC 16.04.060 (c)

Unit 5

No violations noted.

BUILDING 2631

Common Hallway Attic (West end):

✓ Secure the loose receptacle adjacent the opening, receptacle hanging out. BMC 16.04.060 (b)

Unit 2- Tenants ill

This unit was not inspected at the time of this inspection, as it was not accessible. This unit must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. This applies even if the tenants do not have access to this area of the property. BMC 16.03.040

Unit 7 - NO ACCESS

L Bedroom:

This room was not accessible at the time of this re-inspection. This room must be brought into compliance with-in the same 60 day deadline as the remainder of this property. This applies even if the tenants do not have access to this area of the property. BMC 16.03.040

Unit 10

Living Room:

✓ Install/replace batteries in smoke detectors so that they function as intended. IC 22-11-18-3.5

Kitchen:

Secure the loose sprayer to its base. BMC 16.04.060 (c)

Bathroom:

Secure the loose toilet to its mountings. BMC 16.04.060 (c)

Remove the mold in the shower. BMC 16.04.060 (a)

BASEMENT

Unit 13

✓ Living Room:

Repair the north window to latch as intended. BMC 16.04.060 (b)

Kitchen:

Repair the sink faucet to eliminate the constant dripping. BMC 16.04.060(c)

Bathroom:

Repair/replace the tub faucet handle, hard to pull on and off. BMC 16.04.060 (c)

✓ R Bedroom:

Repair the broken latch on the window. BMC 16.04.060 (b)

Unit 3

Kitchen:

The water supply system shall be installed and maintained to provide a supply of water to plumbing fixtures, devices and appurtenances in sufficient volume and at pressures adequate to enable the fixtures to function properly, safely, and free from defects and leaks (**repair the sink faucet in a manner so that there is adequate water pressure and volume**). BMC 16.04.060(c)

✓ Hallway:

Replace the missing smoke detector. IC22-11-18-3.5

Bathroom:

Repair/replace the loose tiles in the tub. BMC 16.04.060 (a)

Remove the mold in the tub. BMC 16.04.060 (a)

Remove the mold on the ceiling. BMC 16.04.060 (a)

Fix ceiling above the tub, left end. BMC 16.04.060(a)

Unit 4

Hallway:

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

Bathroom:

Secure the loose sink faucet to its base. BMC 16.04.060 (c)

R Bedroom:

- ✓ Every window shall be capable of being easily opened and held in position by its own hardware.
BMC 16.04.060(b)

Unit 6

Kitchen:

Replace the loud garbage disposal. BMC 16.04.060 (c)

OTHER REQUIREMENTS:

When issued, a copy of the new Rental Occupancy Permit shall be posted as required by BMC 16.12.080 (b): All rental units shall be required to have a current occupancy permit displayed in an accessible location inside the unit. The permit shall contain the name of the owner or his agent and the expiration date of the permit. BMC 16.03.030(d)

This is the end of this report.

