

**PUBLIC HEARING  
BOARD OF HOUSING QUALITY APPEALS  
CITY HALL McCLOSKEY CONFERENCE ROOM  
April 15, 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  
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- III. **ELECTION OF 2020 OFFICERS**
- IV. **PETITIONS**
  - 1) 19-TV-95, **703 W. Gourley Pike**, Kelly Cockrell (The Arch Bloomington). Previously heard December 18, 2019. Request for an extension of time to complete repairs. p. 9
  - 2) 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. 18
  - 3) 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. 23
  - 4) 20-TV-11, **308 S. Madison Street**, Brawley Property Management (Scott Owens). Request for an extension of time to complete repairs. p. 31
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  - 7) 20-TV-14, **208-210 S. Burks Drive**, Tempo Properties (Willow Court, LLC). Request for an extension of time to complete repairs. p. 74
  - 8) 20-AA-15, **807 E. 1<sup>st</sup> Street**, Jonathan Sergent. Request for relief from an administrative decision. p. 81
  - 9) 20-AA-17, **2501 S. Rogers Street**, Heather Beery. Request for relief from an administrative decision. p. 86
  - 10) 20-TV-18, **514 W. Kirkwood Avenue**, Arturo Rodriguez (William Shouse). Request for an extension of time to complete repairs. p. 89
  - 11) 20-TV-19, **802 N. College Avenue**, Linda Braunlin. Request for an extension of time to complete repairs. p. 97
  - 12) 20-TV-20, **1123 E. Buckingham East Street**, Choice Realty & Mgmt. (Spicer Rentals). Request for an extension of time to complete repairs. p. 105

- 13) 20-AA-21, **3427 S. Westminster Way**, Sam Roberts. Request for relief from an administrative decision. p. 112
- 14) 20-TV-22, **419-421 S. Village Court**, A-1 Townhomes & Apartments, LLC. Request for an extension of time to complete repairs. p. 115
- 15) 20-TV-23, **1215 S. Pickwick Place**, Christopher & Okcha Atwood. Request for an extension of time to complete repairs. p. 122
- 16) 20-TV-24, **942 E. Waterloo Drive**, Tassawar Hussain. Request for an extension of time to complete repairs. p. 129
- 17) 20-TV-26, **540 S. Basswood Drive**, Limestone Crossing, LLC. Request for an extension of time to complete repairs. p. 136
- 18) 20-RV-27, **2430 S. Rockport Road**, H.A.N.D. (Rick Pauly). Request for rescission of a variance. p. 170
- 19) 20-TV-28, **148-150 E. Willow Court**, Robert Hahn. Request for an extension of time to complete repairs. p. 171
- 20) 20-TV-29, **424 E. Wylie Street**, Leigh Henderson. Request for an extension of time to complete repairs. p. 187
- 21) 20-TV-31, **520 W. Kirkwood Avenue**, Flying Fish Design (Edna Morrison). Request for an extension of time to complete repairs. p. 195
- 22) 20-AA-32, **702 S. Washington Street**, Charles Andrew Wenner. Request for relief from an administrative decision. p. 200
- 23) 20-TV-33, **2036 N. Walnut Street**, Foresite Realty Indiana (Plato's Court, LLC). Request for an extension of time to complete repairs. p. 204
- 24) 20-AA-34, **217 S. Fairview Street**, Diane Grubb. Request for relief from an administrative decision. p. 230
- 25) 20-TV-35, **500 N. Walnut Street, Unit 204**, Autumn McCoy (Daniel Gould). Request for an extension of time to complete repairs. p. 233
- 26) 20-AA-36, **1502 S. Olive Street**, Robert Webb. Request for relief from an administrative decision. p. 239

- V. **GENERAL DISCUSSION**
- VI. **PUBLIC COMMENT**
- VII. **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](mailto: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 (14<sup>th</sup> & 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 (14<sup>th</sup> & 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 Ostwalt (715 E. 10<sup>th</sup> Street)

Meeting start time 4:08 PM.

### **I. CONSENT AGENDA**

20-TV-01, **715 E. 10<sup>th</sup> Street**, Cindy Ostwalt. 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: April 15, 2020  
Petition Type: An extension of time to complete repairs  
Petition Number: 19-TV-95 (Old business)  
Address: 703 W. Gourley Pike  
Petitioner: Kelly Cockrell  
Inspector: Mosier/Liford/Swinney

**Staff Report:**

January 14, 2019 – Conducted Cycle Inspection  
March 11, 2019 – Received BHQA Appeal - Extension all repairs to 7/15/19  
April 24, 2019 – Agent scheduled re-inspection  
June 11, 2019 – Conducted life safety re-inspection  
June 13, 2019 – Received BHQA Appeal – Relief of fines  
July 15, 2019 – Received BHQA Appeal – Extension for structural/drainage issues to 3/21/20  
August 6, 2019 – Received BHQA Appeal – Extension complaint repairs were complied and pulled from agenda.  
October 4, 2019 – Received BHQA Appeal – Extension possible asbestos in unit #196 to 12/2/19  
October 11, 2019 – Received BHQA Appeal – Extension for soffits to 1/10/20  
October 17, 2019 – Conducted re-inspection  
November 8, 2019 – Received BHQA Appeal  
December 20, 2019 – Sent Notice of Board Action  
January 8, 2020 – Conducted Re-inspection for soffits.  
January 28, 2020 Conducted Re-inspection of Complex, Complied except for outstanding BHQA Violations.  
March 2, 2020 – Received BHQA Appeal 19-TV-95 (Old business)  
March 18, 2020 – BHQA meeting cancelled

The Petitioner states that the drainage and structural repairs will not be finished by the deadline of March 21, 2020. The Petitioner also states that they have contracts signed to complete the work, but the work was more than Petitioner had planned. Petitioner is requesting an extension of time until December 31, 2020.

Staff recommendation: Deny 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: None

Attachments: Remaining violations report, BHQA Appeal, Petitioner's Letter

7



Application for Appeal  
To The **RECEIVED**  
Board of Housing Quality Appeals  
P.O. Box 100 **MAR 02-2020**  
Bloomington, IN 47402  
812-349-3420  
hand@bloomington.in.gov

Property Address: The Arch Bloomington  
Petitioner's Name: Kelly Coakell  
Address: 703 W Gourley Pike  
City: Bloomington State: IN Zip Code: 47404  
Phone Number: 812-332-6540 Email Address: kelly.coakell@assetliving.com  
Property Owner's Name: The Arch Bloomington  
Address: 703 W Gourley Pike  
City: Bloomington State: IN Zip Code: 47404  
Phone Number: 812-332-6540 Email Address: TheArchBloomington@assetliving.com  
Occupants: entire property

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 19-TV-95

(old Business)

SEE REVERSE

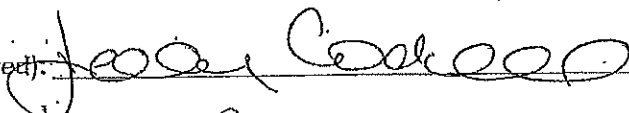
Previously heard Dec. 18, 2019

NM, KL, MS

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.

Drainage and structural will not be completed by 3/21/2020. We have all contracts signed. Just work was more than planned and needs more time. expected completion date 12/31/2020.

Signature (required):



Name (please print):

Kelly Cookrell

Date:

3/2/2020

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  
**BHQA**

REMAINING VIOLATION INSPECTION REPORT

**JAN 29 2020**

416

Owner(s)

Harrison Street Real Estate  
703 W Gourley Pike  
Bloomington, IN 47404

Agent

The Arch Bloomington  
703 W Gourley Pike  
Bloomington, IN 47404

Prop. Location: 703 W Gourley PIKE

Number of Units/Structures: 208/15

Units/Bedrooms/Max # of Occupants: Bld 1: 32/1/5 154/2/5 22/3/5

Date Inspected: 01/14/2019

Primary Heat Source: Electric

Property Zoning: RH

Number of Stories: 2

Inspector: Mosier/Liford

Foundation Type: Slab

Attic Access: Yes

Accessory Structure: Pool House

Monroe County Assessor's records indicate this structure was built in 1982.

**02/12/2008 NOTE:** This permit does not cover unit #129 & #130. These units must remain vacant until such time that the structural repairs have been made and the units re-inspected. This is not a variance to the City of Bloomington Property Maintenance Code.

**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: <a href="mailto:hand@bloomington.in.gov">hand@bloomington.in.gov</a>	<a href="https://bloomington.in.gov/hand">https://bloomington.in.gov/hand</a>	Rental Inspection (812) 349-3420
Neighborhood Division (812) 349-3421	Housing Division (812) 349-3401	Fax (812) 349-3582

### BLDG 13

#### Unit 166

##### Furnace Closet

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)

##### Living Room

The concrete floor in this room is settling and has severe cracking. It is also causing some walls to pull away from the ceiling. Properly repair floor/foundation, and walls. This includes but is not limited to replacing or repairing damaged or deteriorated floor covering, concrete slab, drywall, paint, and structural members. **Review of documentation detailing the proper design and completion of this work from a Licensed Engineer and the Monroe County Building Department will be required.**  
BMC 16.01.060(f)

##### Upstairs

##### Bathroom

Properly repair floor at the tub. This includes but is not limited to replacing or repairing damaged or deteriorated floor covering, decking and structural members. BMC 16.04.060(a)

Properly seal the entire perimeter of the tub/shower including the floor. BMC 16.04.060(a)

##### Back Bedroom

Repair the surface of the ceiling of the closet to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

#### Unit 165

##### Kitchen

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

##### Upstairs

##### Bathroom

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

Properly seal the entire perimeter of the tub/shower including the floor. BMC 16.04.060(a)

#### Unit 164

##### Upstairs

##### Stairway

Remove the nail sticking out of floor at top of stairs. BMC 16.04.060(b)

##### Bathroom

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

#### Unit 163

This unit was not inspected at the time of this inspection, as it was being turned over. 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

**BLDG 14**

**Unit 184**

**Kitchen**

Replace the missing base cabinet. BMC 16.04.060(a)

Install the missing appliances. BMC 16.04.060(a)

**Upstairs**

**Front Bedroom**

Replace the missing door. BMC 16.04.060(a)

**Unit 183**

**Living Room**

Repair or replace the peeling linoleum. BMC 16.04.060(a)

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

**Kitchen**

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

**Bathroom**

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

**Upstairs**

**Bathroom**

Properly seal the entire perimeter of the tub/shower including the floor. BMC 16.04.060(a)

**BLDG 15**

**Unit 194**

**Kitchen**

Install missing appliances. BMC 16.04.060(a)

**Upstairs**

**Bathroom**

Properly seal the entire perimeter of the tub/shower including the floor. BMC 16.04.060(a)

Eliminate the mold/mildew growth on the walls. BMC 16.04.060(a)

**Back Bedroom**

Repair the broken window. BMC 16.04.060(a)

**Unit 193**

**Furnace Closet**

Install missing furnace. BMC 16.04.060 (b,c)

**Kitchen**

Install missing appliances. BMC 16.04.060(a)

Repair garbage disposal to function as intended. BMC 16.04.040 (c)

Properly enclose the spliced wiring for the garbage disposal in an approved junction box with a proper cover. BMC 16.04.060(b)

Upstairs

Bathroom

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

EXTERIOR

BUILDING 5

UNITS 49-65

Repair all damaged/missing brickwork outside entry to 49-54. BMC 16.04.050(a)

BUILDING 7

Repair the erosion on the south side of structure, length of structure. BMC 16.04.040(b)

Repair the broken sidewalk on the SW corner of structure. BMC 16.04.050(a)

Repair the south wall to be plumb, adjacent to the SE corner of structure. The brick façade and hip wall is pulling away from structure. BMC 16.04.050(a)

Review of documentation detailing the proper design and completion of this work from a Licensed Structural Engineer and the Monroe County Building Department will be required.

BMC 16.01.060(f)

BUILDING 8

UNITS 91-98

During the inspection, drainage issues were noted on this rental property. Provide signed and stamped documentation from a licensed design professional with a plan to implement procedures that will resolve the drainage issues around these buildings. The plan shall include information pertinent to the retaining wall(s) and foundations of the residential buildings. BMC 16.04.050(a)

BUILDING 10

UNITS 115-130

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

BUILDING 11

UNITS 131-146

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

BUILDING 12

UNITS 147-162

All sidewalks, walkways, stairs, driveways, parking spaces and similar areas shall be kept in a proper state of repair, and maintained free from hazardous conditions (properly back-fill where ground has eroded under sidewalk.). BMC 16.04.040(c)

BUILDING 13

UNITS 163-182

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

BUILDING 14

UNITS 183-192

During the inspection, drainage issues were noted on this rental property. Provide signed and stamped documentation from a licensed design professional with a plan to implement procedures that will resolve the drainage issues around these buildings. The plan shall include information pertinent to the retaining wall(s) and foundations of the residential buildings. BMC 16.04.050(a)

Repair/replace the failing retaining wall behind the building. BMC 16.04.050(a)

**BUILDING 15**

**UNITS 193-202**

**During the inspection, drainage issues were noted on this rental property. Provide signed and stamped documentation from a licensed design professional with a plan to implement procedures that will resolve the drainage issues around these buildings. The plan shall include information pertinent to the retaining wall(s) and foundations of the residential buildings. BMC 16.04.050(a)**

Repair/replace the failing retaining wall behind the building. 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: 15 April 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
19 February 2020	BHQA Meeting Cancelled
18 March 2020	BHQA Cancelled

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

Attachments: Tenant Violation Report, Application



RECEIVED  
JAN 17 2020

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 Hagan

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: 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)

OLD BUSINESS

Petition Number: 22-19-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 adauit 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: 1/16/19

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](http://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)

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City Hall

Email: [hnd@bloomington.in.gov](mailto:hnd@bloomington.in.gov)  
 Neighborhood Division (812) 349-3421

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401 N Morton St

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

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Bloomington, IN 47404

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



City of Bloomington  
H.A.N.D.

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

Meeting Date: April 15, 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  
February 19, 2020 – Moved to March 18, 2020 meeting, lack of quorum  
March 18, 2020 – BHQA meeting cancelled

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: None, in compliance.

Attachments: Cycle Report, Remaining Violations 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**  
DEC 13 2019  
BY: .....

Property Address: 321 S. EASTSIDE DR.

Petitioner's Name: NICK PARSCHE

Address: 425 N WALNUT ST. SUITE 1

City: BLOOMINGTON State: IN Zip Code: 47404

Phone Number: 812-343-0999 E-mail Address: nick@thebrawleygroup.com

Owner's Name: THE 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 MELNOFF, 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 month's 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 ~~AN~~ 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  
Email: [hand@bloomington.in.gov](mailto: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

**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)

**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(o)

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](mailto: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) 349-3428  
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.

**2<sup>ND</sup> 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)

# C DB  
F-2/M-20

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(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: April 15, 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  
March 18, 2020 meeting cancelled

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 until April 20, 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 re-inspection.

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



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 PARSONS

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. ~~W~~  
WE REQUEST FOR AN EXTENSION UNTIL APRIL, 20<sup>th</sup>, 2020  
THANK YOU.

Signature (Required):

*Nick Papsch*

Name (Print):

NICK PAPSCH

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.

Print Form



**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](http://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 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.

Basement

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

2<sup>nd</sup> 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: April 15,, 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  
February 19, 2020 BHQA Meeting Canceled  
March 18, 2020 BHQA Meeting Canceled

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

Handwritten initials: JSC

City of Bloomington Legal Department for further action including the possibility of fines.

Compliance Deadline: Exterior Violations: June 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.

18



**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 months agenda!

(Will be assigned by BHQA)

Petition Number: 20-TV-12

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.

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](http://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

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

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

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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

CERTIFICATE OF DEATH

TYPE/PRINT

1. DECEASED—NAME (Print Middle Last) <b>Donna Jean Littrell</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>07:58 AM</b>	3b. DATE OF DEATH (Month, Day, Year) <b>August 8, 2004</b>
4. SOCIAL SECURITY NUMBER <b>308-24-6149</b>	5a. AGE—Last Birthday (Years) <b>76</b>	5b. UNDER 1 YEAR Months Days <b>Months Days</b>	5c. UNDER 1 DAY Hours Minutes <b>Hours Minutes</b>	6. DATE OF BIRTH (Month, Day, Year) <b>February 2, 1928</b>
7a. WAS DECEDENT A U.S. VETERAN? <b>No</b>	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	8. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) <b>Bloomington Hospital</b>		9b. CITY, TOWN, OR LOCATION OF DEATH <b>Bloomington</b>		9c. COUNTY OF DEATH <b>Monroe</b>
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Sondley</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Secretary</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Indiana University</b>
13a. RESIDENCE—STATE <b>IN</b>	13b. COUNTY <b>Monroe</b>	13c. CITY, TOWN, OR LOCATION <b>Bloomington</b>		13d. STREET AND NUMBER <b>1105 S. Fess St</b>
13e. ZIP CODE <b>47401</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <b>12</b> College (1-4 or 5+)		18. FATHER'S NAME (Print Middle Last) <b>George W. Emerick</b>		
19. INFORMANT'S NAME (Type/Print) <b>Sondley A Littrell</b>		20a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1105 S. Fess St, Bloomington, IN 47401</b>		20b. Relationship <b>Husband</b>
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) <b>Aug 12, 2004</b> <b>Valhalla Memory Gardens</b>		21c. LOCATION—City or Town, State <b>Bloomington IN</b>
22a. EMBALMER'S NAME <b>Joe D. Deckard, Jr.</b>		22b. EMBALMER'S LICENSE NO. <b>FDO 9100033</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Arthur L. Sater</i>		24b. LICENSE NUMBER (of Licensee) <b>FDO 1008651</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Allen Funeral Home FH88600416</b> <b>3000 E. Third St., Bloomington, IN 47401</b>
26. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>MI</b> <b>COPD</b> <b>hours</b>				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>				
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>				
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)				
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) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>CC</i>		29c. MEDICAL LICENSE NO. <b>01045412</b>		29d. DATE SIGNED (Month, Day, Year) <b>8/10/04</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) <b>Colin Chang M.D. 719 S. Rogers St., Bloomington, IN 47403</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Thomas W. Sharp</i>				32. DATE FILED (Month, Day, Year) <b>AUG 13 2004</b>
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		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PROHOUNCED DEAD (Month, Day, Year)		34h. 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.

THIS IS AN EXACT COPY OF THE CERTIFICATE OF DEATH AS IT HAS BEEN FILED AND IS ON RECORD IN THE OFFICE OF THE MONROE COUNTY HEALTH DEPARTMENT. THIS IS NOT TO BE CONSIDERED A VALID CERTIFIED COPY UNLESS SEALED WITH THE OFFICIAL RAISED SEAL OF THE HEALTH DEPARTMENT AND STAMPED WITH THE HEALTH OFFICER'S SIGNATURE.

SIGNATURE: *Thomas W. Sharp*

S-E-A-L

AUG 13 2004

DATE:



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

867235

Dec 3

Local No 000092

EDR No 000000242487

State No 005120

1. Decedent's Legal Name (First, Middle, Last) <b>SONDLEY A LITTRELL</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>18:12</b>		4. Date Of Death (Month/Day/Year) <b>01/30/2012</b>	
5. Social Security Number <b>312-20-7791</b>		6a. Age - Yrs <b>85</b>		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) <b>02/07/1926</b>		8. Birthplace (City and State or Foreign Country) <b>MADISON, IN</b>									
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 <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) <b>IU HEALTH BLOOMINGTON HOSPITAL</b>											
12. City Or Town, State, And Zip Code <b>BLOOMINGTON, IN, 47403</b>						13. County Of Death <b>MONROE</b>			14. Marital Status At Time Of Death <input checked="" 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				16a. (If Wife) Give Maiden Last Name				18. Decedent's Usual Occupation <b>SALES</b>		17. Kind Of Business/Industry <b>INSURANCE</b>	
18. Residence - State <b>INDIANA</b>				18a. County <b>MONROE</b>				18b. City Or Town <b>BLOOMINGTON</b>			
18c. Street And Number <b>105 SOUTH FESS AVENUE</b>						18d. Apt. No.		18e. Zip Code <b>47401</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>NICHOLAS FRANK LITTRELL</b>						23. Mother's Name (First, Middle, Last) <b>ALICE OPAL LITTRELL</b>			23a. Mother's Maiden Last Name <b>STAPLES</b>		
24. Informant's Name <b>LISA LITTRELL HOGAN</b>				24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>5135 BRITTEN LANE, ELLICOTT CITY, MD 21043</b>					
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) <b>CLEAR CREEK CEMETERY</b>				25c. Location - City, Town, And State <b>BLOOMINGTON, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ALLEN FUNERAL HOME, INC, 4155 S. OLD STATE ROAD 37, BLOOMINGTON, IN 47401</b>						27a. Funeral Home License Number: <b>FH10800010</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>DAVID R. SHIRLEY, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01023534</b>					
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. <b>CONGESTIVE HEART FAILURE</b> Due to (Or As A Consequence Of): <b>1 WEEK</b>  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. <b>CORONARY ARTERY DISEASE</b> Due to (Or As A Consequence Of): <b>20 YEARS</b> C. _____ Due to (Or As A Consequence Of): _____ D. _____ Due to (Or As A Consequence Of): _____											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>HYPERTENSION</b>						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. 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					
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. Date Of Injury (Month/Day/Year)				35. Time Of Injury	
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)			
36. Location Of Injury - State				38a. City Or Town				38b. Street & Number			
38. Location Of Injury - State				38a. City Or Town				38b. Street & Number			
38c. Apt. No.				38d. Zip Code				39. Describe How Injury Occurred			
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: <b>GREGORY SCOTT HEUMANN, BY ELECTRONIC SIGNATURE</b>			
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						44. License Number <b>01048795A</b>		45. Date Certified <b>02/03/2012</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>GREGORY SCOTT HEUMANN, 550 S LANDMARK AVE, BLOOMINGTON, IN 47403</b>						47. *Akas:		48. Signature Of Local Health Officer: <b>THOMAS W. SHARP, VIA ELECTRONIC SIGNATURE</b>			
48. Signature Of Local Health Officer: <b>THOMAS W. SHARP, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB 07 2012</b>					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



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) <b>LINDA SUE LITRELL</b>				2. Maiden Name (If Female) <b>LITRELL</b>				3. Sex <b>FEMALE</b>		4. Time Of Death <b>22:15</b>		5. Date Of Death (Month/Day/Year) <b>03/01/2017</b>							
6. Social Security Number <b>305-64-2290</b>		6a. Age - Yrs <b>62</b>		6b. Under 1 Year Months <b>0</b>		6c. Under 1 Month Days <b>0</b>		6d. Under 1 Day Hours <b>0</b>		6e. Under 1 Hour Minutes <b>0</b>		7. Date Of Birth (Month/Day/Year) <b>10/19/1954</b>		8. Birthplace (City and State or Foreign Country) <b>MARION COUNTY, IN</b>					
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) <b>3100 SOUTH WALNUT STREET PIKE</b>																			
12. City Or Town, State, And Zip Code <b>BLOOMINGTON, IN 47401</b>								13. County Of Death <b>MONROE</b>				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 <b>CERTIFIED NURSING ASSISTANT</b>				17. Kind Of Business/Industry <b>GOLDEN LIVING CENTER</b>			
18. Residence - State <b>INDIANA</b>				18a. County <b>MONROE</b>				18b. City Or Town <b>BLOOMINGTON</b>											
19c. Street And Number <b>3100 SOUTH WALNUT STREET PIKE</b>										19d. Apt. No.		19e. Zip Code <b>47401</b>		19f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>											
22. Parent's Name (First, Middle, Last) <b>SONDLEY A. LITRELL</b>				23. Parent's Name (First, Middle, Last) <b>DONNA J. LITRELL</b>				23a. Parent's Last Name Before First Marriage <b>EMRICK</b>											
24. Informant's Name <b>JAMES BRIDGEWATER</b>				24a. Relationship To Decedent <b>SON</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>5302 WEST SYKES COURT, BLOOMINGTON, IN 47404</b>											
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) <b>SOUTH CENTRAL CREMATORY</b>				25c. Location (City, Town, And State) <b>NORTH VERNON, IN</b>											
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>THE FUNERAL CHAPEL, 3000 EAST THIRD STREET, BLOOMINGTON, IN 47401</b>				27a. Funeral Home License Number <b>FH11600006</b>											
27b. Signature Of Indiana Funeral Service Licensee <b>DAVID MARTIN COLLIER, BY ELECTRONIC SIGNATURE</b>								27c. License Number (Of Licensee) <b>FD09100015</b>											
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) <b>A. CARDIAC ARRHYTHMIA</b> 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>B. CIRRHOSIS, EMPHYSEMA, HEPATITIS</b>														Approximate Interval: Onset To Death					
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. <b>CIRRHOSIS, EMPHYSEMA, HEPATITIS</b>														29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				32. 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"/> Not Pregnant, But Pregnant At Time Of Death <input type="checkbox"/> Unborn Fetus/Infant 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 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)				38. City, State, And Zip Code							
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Foot/Hand <input type="checkbox"/> Other (Specify)															
41. Signature Of Person Certifying Cause Of Death <b>JOANI LEE SHIELDS, BY ELECTRONIC SIGNATURE</b>														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 <b>JOANI LEE SHIELDS, 301 N. COLLEGE AVENUE, BLOOMINGTON, IN 47404</b>														44. License Number		45. Date Certified <b>03/02/2017</b>			
46. Additional Funeral Service Provider														47. *Akas					
48. Signature Of Local Health Officer <b>THOMAS W. SHARP, VIA ELECTRONIC SIGNATURE</b>														49. For Registrar Only - Date Filed (Month/Day/Year) <b>MAR 07 2017</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)																			



# NOTICE OF ASSESSMENT OF LAND AND STRUCTURES

State Form 21366 (R16 / 12-17)

Prescribed by Department of Local Government Finance

Does 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](http://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 6-1.1-16-1):

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 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):

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, 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 53626 (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)

### INSTRUCTIONS:

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

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, 2014, payable in 2015	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 border="1"> <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 border="1"> <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																														
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Cap 2 - NH Res	\$0																														
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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](http://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		

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## 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

<b>Taxpayer Name</b>	<b>Property Address</b>	<b>Date of Notice</b>	<b>Parcel Number</b>	<b>Taxing District</b>
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
		<b>Legal Description</b>		
		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) <sup>1</sup>	\$ 1,863.00	\$ 1,856.00
Adjustment to cap due to voter-approved projects and charges <sup>2</sup>	\$ 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	\$756.82	\$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 <sup>3</sup>

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 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**

<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	11/09/2012	53-08-04-403-060.000-009	PERRY CITY
		<u>Legal Description</u>		
		015-64080-00 EDGE MONT 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
<b>2. Equals total gross assessed value of property</b>	<b>\$ 21,100</b>	<b>\$ 21,100</b>
2a. Minus deductions (see table 5 below)	\$ 0	\$ 0
<b>3. Equals subtotal of net assessed value of property</b>	<b>\$ 21,100</b>	<b>\$ 21,100</b>
3a. Multiplied by your local tax rate	1.9474	1.9390
<b>4. Equals gross tax liability (see table 3 below)</b>	<b>\$ 410.90</b>	<b>\$ 409.12</b>
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
<b>5. Total property tax liability (See remittance coupon for total amount due)</b>	<b>\$ 410.90</b>	<b>\$ 409.12</b>

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) <sup>2</sup>	\$ 633.00	\$ 633.00
Adjustment to cap due to voter-approved projects and charges <sup>3</sup>	\$ 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%
<b>TOTAL</b>	<b>1.9474</b>	<b>1.9390</b>	<b>\$410.90</b>	<b>\$409.12</b>	<b>\$(1.78)</b>	<b>-0.43%</b>

### TABLE 4: OTHER CHARGES TO THIS PROPERTY

<u>LEVYING AUTHORITY</u>	<u>2011</u>	<u>2012</u>	<u>% Change</u>
<div> <div>ADULTED</div> <div>TAX BILL</div> </div>			
TOTAL OTHER CHARGES	\$0.00	\$0.00	0.0 %

## TABLE 5. DEDUCTIONS APPLICABLE TO THIS PROPERTY:

<b><u>TYPE OF DEDUCTION</u></b>	<b><u>2011</u></b>	<b><u>2012</u></b>
Homestead/Standard		
Supplemental Standard		
Mortgage		
Blind/Disabled		
Geothermal		
Over 65		
Veterans		
Abatement		
Enterprise Zone		
Investment		
Other		
<b>TOTAL DEDUCTIONS</b>	<b>0</b>	<b>0</b>

TOTAL OTHER CHARGES

**\$0.00**

**\$0.00**

0.0 %

TOTAL DEDUCTIONS

{

4

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.

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 Tables 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.

**Don't lose your homestead benefits - last chance to submit the pink form!**  
For more information on local spending, visit <http://gateway.ifionline.org>

TOTAL OTHER CHARGES	\$0.00	\$0.00	0.0%	TOTAL DEDUCTIONS
<p>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 this form, contact your county auditor.</p> <p>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.</p> <p>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.</p> <p>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.</p>				

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  
*EDGEWOOD PARK 1/2 LOT #24*

TAX SUMMARY ITEM	2007	2008	2009
<b>1. Gross assessed value of property</b>			
1a. Gross assessed value of land	\$ 18,400	\$ 21,100	\$ 21,100
1b. Gross assessed value of improvements	\$ 0	\$ 0	\$ 0
<b>2. Equals total gross assessed value of property</b>	\$ 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
<b>3. Equals subtotal of net assessed value of property</b>	\$ 18,400	\$ 21,100	\$ 21,100
3a. Multiplied by your local tax rate	2.2828	2.2946	1.7458
<b>4. Equals gross tax liability (see table 3 below)</b>	\$ 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
<b>5. Total property tax liability</b>	\$ 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%
<b>TOTAL</b>	<b>\$420.04</b>	<b>\$484.16</b>	<b>\$368.36</b>	<b>\$64.12</b>	<b>15.27%</b>	<b>\$(115.80)</b>	<b>-23.92%</b>

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			

- 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.
- 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.



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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** 53-08-04-403-012.000-009  
**Taxing District** PERRY CITY  
**EDGE MOUNT PARK LOT #23**

TAX SUMMARY ITEM	2007	2008	2009
1. Gross assessed value of property	\$ 32,000	\$ 36,700	\$ 36,700
1a. Gross assessed value of land	\$ 117,700	\$ 113,000	\$ 117,400
1b. Gross assessed value of improvements	\$ 149,700	\$ 149,700	\$ 154,100
2. Equals total gross assessed value of property	\$ 45,000	\$ 45,000	\$ 45,000
2a. Minus deductions (see table 5 below)	\$ 0.00	\$ 0.00	\$ 38,185
2b. Minus new State supplemental deduction (see table 5 below)	\$ 104,700	\$ 104,700	\$ 70,915
3. Equals subtotal of net assessed value of property	2,2828	2,2946	1,7458
3a. Multiplied by your local tax rate	\$ 2,390.10	\$ 2,402.44	\$ 1,238.04
4. Equals gross tax liability (see table 3 below)	\$ -869.40	\$ -1,410.90	\$ -82.96
4a. Minus State property tax relief	\$ 0.00	\$ 0.00	\$ -59.88
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	\$ 1,520.70	\$ 991.54	\$ 1,095.20
5. Total property tax liability			

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	\$ 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	----
COUNTY	\$396.92	\$415.76	\$255.00	\$18.84	4.75%	\$(160.76)	-38.67%
TOWNSHIP	\$27.85	\$28.07	\$15.12	\$0.22	0.79%	\$(12.95)	-46.13%
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%
<b>TOTAL</b>	<b>\$2,390.10</b>	<b>\$2,402.44</b>	<b>\$1,238.04</b>	<b>\$12.34</b>	<b>0.52%</b>	<b>\$(1,164.40)</b>	<b>-48.47%</b>

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				Homesend/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			
Oilier				Enterprise Zone			
Total				Investment			
				Other			
				<b>Total Deductions</b>	<b>45,000</b>	<b>45,000</b>	<b>83,185</b>

1. Changes 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: April 15, 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  
February 19, 2020 – Moved to March meeting, lack of quorum  
March 18, 2020 – BHQA meeting cancelled

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: April 30, 2020 – For life safety repairs  
July 18, 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

BY: .....

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.

INTERIORMain Level:Mechanical Room

No violations noted.

✓ MARK NOTES LIFE SAFETY  
VIOLATIONS NORMAN MOSIER

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.

**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)

**2<sup>nd</sup> 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 327****Living Room**

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

**Unit 328****Bathroom**

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

**Unit 329, 330, 331**

No violations noted.

**Unit 332****Bathroom**

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

**Unit 333****Bathroom**

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 337****Bathroom**

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 339****Bathroom**

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 2<sup>nd</sup> and 3<sup>rd</sup> 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., 3<sup>rd</sup> 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. 3<sup>rd</sup> 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: April 15, 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.  
February 19, 2020 BHQA Meeting canceled due to no quorum.  
February 21, 2020 Completed Reinspection. All complied except window violations.  
March 18, 2020 BHQA Meeting Canceled

Petitioner is requesting an extension of time to replace windows for both sides of duplex. . All other violations have been complied.

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: June 01, 2020

Attachments: Application for Appeal, Cycle Report

DSR



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:** kresetarlts@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](http://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](mailto: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: April 15, 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 1<sup>st</sup> 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 un-changed from the current status. The property status will be checked yearly to verify no changes have been made. If unchanged from 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 months agenda!

(Will be assigned by BHQA)

Petition Number: 20-AA-15

JH

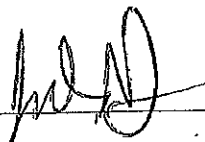
In the space provided below please write a brief narrative regarding your request. Be specific as to what you are requesting, the reason(s) or justification(s) for your request, the amount of time needed to bring the property into compliance, as well as any modifications and/or alterations you are suggesting.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

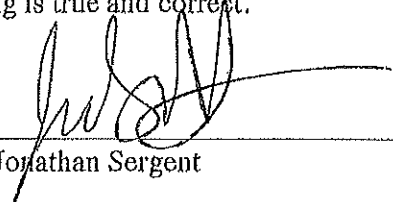
I, the undersigned, do hereby swear, certify, and affirm that:

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

### ACKKNOWLEDGMENT

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 Sargent  
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 county 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 Relief from an Administrative Decision**

Meeting Date: April 15, 2020  
Petition Type: Relief from an administrative decision  
Variance Request: Relief from the requirement to register and inspect.  
Petition Number: 20-AA-17  
Address: 2501 S Rogers Street  
Petitioner: Heather Beery  
Inspector: John Hewett

Staff Report: September 12, 2016 HAND issued permit with expiration date of  
January 29, 2020.  
January 22, 2020 HAND representative spoke with owner, the only  
tenant is the owner's daughter. Mailed appeal form to owner.  
January 27, 2020 Received appeal and fee from the owner.  
March 18, 2020 BHQA meeting cancelled.

This house is occupied by the owner's daughter, Roxanne Meadows. The owner is asking for relief from the requirements of Title 16. If her daughter moves from the property she plans to sell instead of maintaining the property as a rental.

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 un-changed from the current status. Housing and Neighborhood Development will require affidavits of occupancy yearly to verify changes of this status. If this status changes, the requirements of Title 16 may be re-instated.

Compliance Deadline: The affidavit will be due in January of each year.

Attachments: Appeal form



**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 27 2020**

BY: .....

**Property Address:** 2501 S. Rogers St. Bloomington, IN 47403

**Petitioner's Name:** Heather Beery

**Address:** 2435 N. Mt. Gilead Rd.

**City:** Bloomington

**State:** Indiana

**Zip Code:** 47408

**Phone Number:** (812) 345-0125

**E-mail Address:** heather.beery@gmail.com

**Owner's Name:** Heather Beery

**Address:** 2435 N. Mt. Gilead Rd.

**City:** Bloomington

**State:** Indiana

**Zip Code:** 47408

**Phone Number:** 812-345-0125

**E-mail Address:** heather.beery@gmail.com

**Occupants:** Roxanne Meadows

**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 months agenda!

(Will be assigned by BHQA)

Petition Number: 20-AA-17

JH

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 submitting that a "Rental Occupancy Permit" is no longer needed for this property. It is currently inhabited by my daughter, Roxanne Meadows, and she does not pay rent. There are no roommates or other tenants in the home. If/when Roxanne vacates the property I plan to sell it rather than use it as a rental property. However, if this should change, and I begin receiving rent from property inhabitants, I will have the appropriate inspections and will submit the appropriate paperwork to the City of Bloomington.

Signature (Required):

*Heather Beery*

Name (Print): Heather Beery

Date: 1/22/20

**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  
H.A.N.D.

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

Meeting Date: April 15 2020

Petition Type: An extension of time to complete repairs

Petition Number: 20-TV-18

Address: 514 W. Kirkwood Avenue

Petitioner: William Shouse

Inspector: Jo Stong

Staff Report: November 26, 2019: Conducted cycle inspection  
December 11, 2019: Mailed and emailed report  
January 6, 2020: Report returned.  
January 7, 2020: Report mailed to new address  
January 27, 2020: Received appeal  
February 20, 2020: Conducted reinspection. All complied except window and addition issues.  
March 13, 2020: Meeting cancelled due to Covid-19 virus protocols

During a cycle inspection of the above property it was noted that rooms and a stairway had been added to Unit 5, including a sitting room and two bedrooms. The property has four approved sleeping rooms (one in each unit). The windows in the two new bedrooms do not meet egress requirements for the time of construction. The petitioner is seeking an extension of time to have the bedrooms approved.

Staff recommendation: Grant an 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: June 1, 2020

Attachments: Cycle report, appeal

Handwritten signature or initials.



RECEIVED  
JAN 27 2020

RV: .....

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: 514 W. Kinkwood

Petitioner's Name: William Shouse

Address: 4243 Hochstetler St

City: Coal City State: IN Zip Code: 47427

Phone Number: 812-821-7981 Email Address: Triple SS praying@gmail.com

Property Owner's Name: SAME / Arturo Rodriguez

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupants: 5

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-18

SEE REVERSE

March

JS

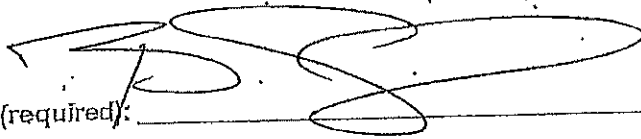
Please provide details regarding your request below; you may attach any exhibits or additional comments as you deem necessary and pertinent to your request. Be specific as to what you are requesting, the reason or justification for your request; the amount of time needed to bring the property into compliance,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

Waiting on advance for 2 upper windows from the state which could take up to 6 months.

I am working with State & County for building permit now.

Per John Hewett

Signature (required):



Name (please print):

Bill Shouse

Date:

1-27-20

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**

**DEC 11 2019**

**RENTAL INSPECTION INFORMATION**

Arturo Rodriguez III  
514 W. Kirkwood Ave.  
Bloomington, IN 47404

RE: 514 W Kirkwood 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 **FEB 09 2020** 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](http://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





City Of Bloomington  
Housing and Neighborhood Development

CYCLE INSPECTION REPORT

1797

Owner

Arturo Rodriguez III  
514 W. Kirkwood Ave.  
Bloomington, IN 47404

Prop. Location: 514 W Kirkwood AVE  
Number of Units/Structures: 4/1  
Units/Bedrooms/Max # of Occupants: Bld 1: 2/1/5, 1/Eff/5, 1/2/5

Date Inspected: 11/26/2019  
Primary Heat Source: Gas  
Property Zoning: CG  
Number of Stories: 3

Inspector: Jo Stong  
Foundation Type: Basement  
Attic Access: No  
Accessory Structure: None

**Note:** At the cycle inspection it was noted that Unit #5 (2<sup>nd</sup> floor east) had been altered since the last inspection (2/4/2014). The third floor was finished and has two bedrooms and a sitting room. This unit has 4 approved sleeping rooms. During the cycle inspection, conditions were noted that indicate that this property may be in violation of Bloomington Municipal Code Title 20 with regard to sleeping rooms and density. This unit needs to be brought into compliance with Title 20 within sixty (60) days from the date of this inspection to avoid possible legal action by the City of Bloomington Legal Department. *The City's Planning Department will be the Department which decides whether or not a violation of Title 20 has occurred and whether or not any violation of Title 20 has been remedied.* For more information, please contact the Planning Department at 349-3423. *Please note that the City of Bloomington Housing and Neighborhood Development Department will not issue a residential rental occupancy permit for any property that is not compliance with Title 20 of the Bloomington Municipal Code.*

**INTERIOR:**

**MAIN LEVEL**

Entry, Common Laundry:

No violations noted.

**Unit #3 (west)**

Kitchen (14-0 x 6-0), Living Room (15-0 x 14-6), Hall, Bedroom (13-7 x 10-9), Bath:

No violations noted.

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

**Unit #4 (east)**

Living Room/Kitchen (12-0 x 8-0):

Properly repair the soft spot in the wood flooring near the center of the room south of the kitchen tile floor. This includes but is not limited to replacing or repairing damaged or deteriorated floor covering, decking and structural members. BMC 16.04.060(a)

Secure the loose electrical receptacle on the north wall. BMC 16.04.060(b)

Replace the missing outlet cover plate on this same outlet. BMC 16.04.060(b)

Bedroom (17-0 x 14-6):

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

Repair the east window to latch securely. BMC 16.04.060(b)

Closet:

No violations noted.

Bath:

Properly secure the doorknob. BMC 16.04.060(a)

Enclosed North Porch:

Locks on egress doors shall be readily openable from the side from which egress is to be made without the need for keys, special knowledge or effort. Replace the lock with a single cylinder, thumb-lever lock. BMC 16.04.020(a) IFC 1030.7

**SECOND FLOOR**

Common Hall:

No violations noted.

**Unit #5 (East)**

Living Room (17-8 x 15-6):

Replace the southeast electric receptacle between the windows (bottom receptacle is blocked). BMC 16.04.060(c)

Kitchen:

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

Bath:

No violations noted.

**UPSTAIRS (third floor)**

Hall, Closet:

No violations noted.

East Bedroom (measure at reinspection), West Bedroom (measure at reinspection):

**Note: The violation below is contingent on the decision(s) of the City Planning Department regarding the number of allowed bedrooms in this structure.**

The emergency egress window does not meet the minimum requirements for a multi-unit structure built in 2016. The relevant code is the 2014 Indiana Residential Code/ Indiana Building Code, section: 1029.

Openable area required: 5.7 sq. ft.	<b>Existing area: 4.01 sq. ft.</b>
Clear width required: 20"	Existing width: 21"
Clear height required: 24"	Existing height: 27.5"
Maximum sill height: 44" above finished floor	Existing sill: 6"

The emergency egress window does not meet the minimum code requirements for the time these bedrooms were added to the structure. For that reason, the City will not issue a rental permit until either the window is altered or replaced to meet the code requirement at the time of construction, or an egress variance is received from the Indiana Fire Prevention and Building Safety Commission. BMC-16.04.020 (b).

The State variance application forms are available at the *Department of Homeland Security* on the *Fire Prevention and Building Safety Commission's* web site at [www.in.gov/dhs/3865.htm](http://www.in.gov/dhs/3865.htm). If you need any further clarification, the Commission can be reached at 317-232-1402.

Sitting Room (measure at reinspection):

No violations noted.

**Note: There are no windows in this room.**

Unit #6 (west)

Living Room/ Bedroom:

The smoke detector on the north wall 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, or remove the detector (it is unnecessary as there is a detector near the south wall as well as the central fire alarm system). 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

Balcony Porch:

No violations noted.

Kitchen, Bath:

No violations noted.

**EXTERIOR:**

**Basement (four gas furnaces here)**

See Other Requirements at the end of the report for required furnace documentation.

Eliminate all unused openings in the electric service panels by installing approved rigid knockout blanks. BMC 16.04.060(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)

**Required documentation**

Provide documentation of the fire alarm systems annual inspection as required by the Indiana Fire Prevention Code. BMC 16.01.060(f)

**Furnace Inspection Documentation**

Thoroughly clean and service the four furnaces, and 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 tests 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:	50ppm

BMC 16.01.060(f), BMC 16.04.060(b), (c)

**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 & Damages 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)

Thank you for your cooperation in the Residential Rental Occupancy Permit Program.

**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: 15 April 2020

Petition Type: An extension of time to complete repairs

Petition Number: 20-TV-019

Address: 802 N College Ave

Petitioner: Linda Braunlin

Inspector: Michael Arnold

Staff Report: 13 September 2019 Cycle Inspection  
24 September 2019 Sent Report  
22 November 2019 Reinspection Scheduled  
28 January 2020 Reinspection  
28 January 2020 BHQA Application  
18 March 2020 Meeting Cancelled

During the cycle inspection items for repair were noted in apartment #1. This apartment has an accumulation of items making it difficult for access to do repairs. The owner is requesting more time to complete these repairs. It was indicated at the reinspection that the tenant was supposed to have moved out but is still occupying the unit. The foundation repair work has been completed.

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: Schedule immediately - Smoke detector compliance  
18 May 2020 – All other items

Attachments: Cycle Inspection Report, Application

AL



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JAN 28 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: 802 N College Ave

Petitioner's Name: LINDA Braunlin

Address: 6465 W Tarkington Lane

City: Bloomington State: IN Zip Code: 47403

Phone Number: 812 272-4550 E-mail Address: HIDDENCAVERNSFARM@yahoo.com

Owner's Name: LINDA BRAUNLIN

Address: 6465 W Tarkington Ln

City: Bloomington State: IN Zip Code: 47403

Phone Number: 812 272-4550 E-mail 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.

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

Variance Type: \_\_\_\_\_

**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-19

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.

1/28/20

Appt. 1 cannot be addressed until the tenant cleans. It is currently not accessible. There is only a path from the door to the kitchen. He is a hoarder.

\* All other items were completed and re-inspected today by Mike Arnold. We also completed the foundation repair for \$22,000 - by Baker Stone Works

Signature (Required):

*Linna L Braumen*

Name (Print):

LINNA L BRAUMEN

Date:

1/27/20

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**

189

Owner(s)

Linda L. Braunlin  
6465 W. Tarkington Lane  
Bloomington, IN 47403

Prop. Location: 802 N College AVE

Number of Units/Structures: 7/1

Units/Bedrooms/Max # of Occupants: Bld 1: 1/Eff/5 6/1/5

Date Inspected: 09/16/2019

Primary Heat Source: Gas

Property Zoning: CD

Number of Stories: 3

Inspector: Mike Arnold

Foundation Type: Basement

Attic Access: Yes

Accessory Structure: none

Monroe County records show this structure was built in 1920. There were no minimum emergency egress requirements at the time of construction.

**Interior:**

**Lower Level:**

**Unit 7 (South Unit):**

**This unit is not currently used as an apartment**

Install a smoke detector in an approved location. 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

**Bathroom:**

Repair the wall at the base of the shower adjacent to the sink. BMC 16.04.060(a)

**West Room (Under Front Porch):**

Secure the outlet to the ceiling. BMC 16.04.060(b)

**Main Level:**

**Common Hallway:**

No violations noted



**Unit 1:**

**Living Room (16-6 x 13-6):**

Repair the wall under the window. BMC 16.04.060(a) (North wall – West window).

Properly repair and surface coat the damaged portion of the ceiling. BMC 16.04.060(a)

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

**Kitchen (6-6 x 6-0):**

Properly repair and surface coat the damaged portion of the ceiling. BMC 16.04.060(a)

**Bathroom:**

Repair/replace the outlet. BMC 16.04.060(b) (Ground prong is broken off in the outlet).

Properly repair and surface coat the damaged portion of the ceiling. BMC 16.04.060(a)

**Bedroom (10-7 x 9-7):**

Existing Egress:

Height: 22 inches

Width: 27 inches

Sill Height: 25 inches

Openable Area: 4.13 sq. ft.

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

No violations noted

**Unit 2:**

**Living Room (16-4 x 11-8), Study (9-8 x 7-4), Bathroom:**

No violations noted

**Kitchen:**

Eliminate the source of the leak on the sink drain line. BMC 16.04.060(c) (Wet on top joint of trap)

Replace the missing drawer front. BMC 16.04.060(a)

**Bedroom (10-9 x 7-9):**

Existing Egress:

Height: 38 inches

Width: 40 inches

Sill Height: 30 inches

Openable Area: 10.56 sq. ft.

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

No violations noted

**Unit 3:**

**Living Room (15-7 x 14-7), Kitchen (7-9 x 7-0), Bathroom:**

No violations noted

**Bedroom (14-6 x 10-0):**

Existing Egress:

Height: 22 inches

Width: 27 inches

Sill Height: 25 inches

Openable Area: 4.13 sq. ft.

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

Repair window to latch securely. BMC 16.04.060(b) (West wall)

**Unit 4:**

**Bathroom:**

Eliminate the leak/drip at the sink faucet. BMC 16.04.060(c)

**Living Room (15-3 x 11-0):**

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

**Kitchen:**

No violations noted

**Bedroom (9-3 x 8-3):**

Existing Egress:

Height: 30 inches

Width: 43 inches

Sill Height: 24 inches

Openable Area: 8.96 sq. ft.

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

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 5:**

**Main Room (11-4 x 10-5):**

**This room has a door to the exterior**

No violations noted

**Kitchen, Bathroom:**

No violations noted

**Unit 6:**

**Living Room/Kitchen/Bedroom [(13-5 x 11-1)+(14-4 x 8-8)]:**

Existing Egress:

Height: 10 inches  
Width: 33.5 inches  
Sill Height: 21.5 inches  
Openable Area: 2.33 sq. ft.

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

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.

No violations noted

**Bathroom:**

No violations noted

**Exterior:**

Properly repair the foundation, the front wall and the wing walls of the front porch. 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)

Repair the hole in the roof overhang. BMC 16.04.050(a) (South side)

Repair the loose board/hole at the window on the north side of the structure. BMC 16.04.050(a)

Scrape and paint interior surfaces where paint is peeling or bare surfaces are exposed. BMC 16.04.060(f) (This item has a deadline of 13 September 2020) (Primarily windows and window trim where peeling).

**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)	

**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 or his agent and the expiration date of the permit. 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: April 15, 2020

Petition Type: An extension of time to complete repairs

Petition Number: 20-TV-20

Address: 1123 E. Buckingham East ST

Petitioner: Choice Realty & Management

Inspector: Dee Wills

Staff Report: Petitioner is requesting an extension of time for the exterior replacement of the front concrete patio. Due to winter weather, it has not been possible to complete the work within the deadline of February 21, 2020. The petitioner is requesting an extension of 90 days to be able to complete the patio replacement. All other violations were in compliance at the re-inspection 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: June 18, 2020 for the patio replacement violation.

Attachments: Application for Appeal, Cycle Report

25  
26



**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  
FEB 06 2020  
ES: .....

**Property Address:** 1123 Buckingham

**Petitioner's Name:** Choice Realty & Management

**Address:** 1715 S Walnut St

**City:** Bloomington

**State:** Indiana



**Zip Code:** 47401

**Phone Number:** 8123317353

**E-mail Address:** dena@callchoicerealty.com

**Owner's Name:** Spicer Rentals

**Address:** 1155 College Mall Rd Suite C

**City:** Bloomington

**State:** Indiana



**Zip Code:** 47401

**Phone Number:** 8123273122

**E-mail Address:** Kspicer@c21scheetz.com

**Occupants:** 2

**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-20

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.

Request to allow additional time for the replacement of the front patio area of the unit; based on winter weather unable to get this scheduled & completed by deadline.  
Requesting a 90 day extension for this item on the list of requirements.

Signature (Required):

*Dena Dobson*

Name (Print): Dena Dobson - Choice Realty & Management

Date: 2-4-2020

**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**

**DEC 23 2019**

**RENTAL INSPECTION INFORMATION**

Spicer Rentals  
237 E. Winslow Road  
Bloomington, IN 47401

RE: 1123 E Buckingham East 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 **FEB 21 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](http://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: Choice Realty & Management: 1715 S. Walnut Street, Bloomington, IN 47401





**City Of Bloomington**  
**Housing and Neighborhood Development**

CYCLE INSPECTION REPORT

10032

Owner(s)

Spicer Rentals  
237 E. Winslow Road  
Bloomington, IN 47401

Agent

Choice Realty & Management  
1715 S. Walnut Street  
Bloomington, IN 47401

Prop. Location: 1123 E Buckingham East ST  
Number of Units/Structures: 1/1  
Units/Bedrooms/Max # of Occupants: Bld 1: 1/2/5

Date Inspected: 12/10/2019  
Primary Heat Source: Gas  
Property Zoning: RM  
Number of Stories: 1

Inspector: Dee Wills  
Foundation Type: Slab  
Attic Access: Yes  
Accessory Structure: None

Variance: 04/08/2013 This property has been granted a variance from the Indiana State Fire Safety and Building Safety Commission on April 02, 2013 for the egress requirements. Project Name: 1123 E BUCKINGHAM EAST ST WINDOWS; Variance Number: 13-04-1.

Monroe County Assessor's records indicate this structure was built in 1978.  
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

INTERIOR

Living Room (12-11 x 25-7), Dining Room (10-5 x 10-5), Kitchen (10-1 x 9-4)  
No violations noted.

Laundry Area, Pantry

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

Garage

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

Master Bedroom (15-10 x 15-10), Bathroom

No violations noted.

Existing Egress Window Measurements:

Height: 24 inches

Width: 41 inches

Sill Height: 12 inches

Openable Area: 6.8 sq. ft.

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

Center Bedroom (10-11 x 12-5), Hall Bathroom

No violations noted.

Existing Egress Window Measurements:

Height: 22 inches

Width: 41 inches

Sill Height: 27 inches

Openable Area: 6.2 sq. ft.

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

*MC - 340A repairs*

**EXTERIOR**

Properly repair/ replace/ seal all cracks and deterioration of concrete deck porch area. 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.**



City of Bloomington  
H.A.N.D.

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

Meeting Date: April 15, 2020

Petition Type: Relief from an administrative decision

Variance Request: Relief from the requirement to register and inspect.

Petition Number: 20-AA-21

Address: 3427 Westminster Drive

Petitioner: Sam S. Roberts

Inspector: John Hewett

Staff Report:	April 21, 2017	HAND issued permit with expiration date of June 29, 2019.
	June 28, 2019	Sent notice to schedule Cycle inspection.
	November 06, 2019	Called Owner, left message to schedule or appeal.
	November 26, 2019	Started Legal.
	December 13, 2019	Legal Demand Letter sent.
	January 16, 2020	Owner and Director exchange emails.
	February 12, 2020	Received appeal and fee from the owner.
	March 18, 2020	BHQA meeting cancelled

This house is occupied by the owner's son and family. The owner is asking for relief from the requirements of Title 16.

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 un-changed from the current status. Housing and Neighborhood Development will require affidavits of occupancy yearly to verify changes of this status. If this status changes, the requirements of Title 16 may be re-instated.

Compliance Deadline: The affidavit will be due in January of each year.

Attachments: Appeal form



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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: 3427 Westminster Dr.

Petitioner's Name: Sam S. Roberts

Address: 1805 E Winslow Rd

City: Bloomington

State: Indiana

Zip Code: 47401

Phone Number: (812) 331-2200

E-mail Address: PoliceCarSam@gmail.com

Owner's Name: Sam S. Roberts

Address: 1805 E Winslow Rd

City: Bloomington

State: Indiana

Zip Code: 47401

Phone Number: 812-331-2200

E-mail Address: PoliceCarSam@gmail.com

Occupants: 3

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: A modification or exception to the Housing Property Maintenance Code. (Petition Type: V)

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-21

FA

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.

B. Exception to the status of my condo as a rental property. My son, Nicholas Roberts, his wife, and child are living at the residence. The utilities are in my name. We do not rent this condo, but rather provide it as a family to family member courtesy. If this were an actual rental property, I would otherwise welcome the City's intrusion. Please grant us an exemption from the City's designation as a rental property in this case, as it is a family property, occupied by my own family members. Thanks you, Sam Roberts

Signature (Required):



Name (Print): Sam S. Roberts

Date: 11/13/19

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  
H.A.N.D.

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

Meeting Date: April 15, 2020

Petition Type: An extension of time to complete repairs.

Petition Number: 20-TV-22

Address: 419 & 421 S Village Ct.

Petitioner: Robert A. Tamborrino

Inspector: Matt Swinney

Staff Report: October 21, 2019 Completed Cycle Inspection Report  
January 27, 2020 Completed re-inspection, violations remain.  
February 17, 2020 BHQA App received.  
March 18, 2020 BHQA meeting cancelled.

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 until April 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 re-inspection.

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



RECEIVED  
FEB 17 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](mailto:hand@bloomington.in.gov)

Property Address: 421 & 419 VILLAGE COURT  
Petitioner's Name: A-1 TOWNHOMES & APTS, LLC  
Address: P.O. BOX 145  
City: BLOOMINGTON State: IN Zip Code: 47402  
Phone Number: 812-345-5009 Email Address: rtamborr@gmail.com  
Property Owner's Name: ROBERT A. TAMBORRINO  
Address: 3011 TAPPS TURN  
City: BLOOMINGTON State: IN Zip Code: 47401  
Phone Number: 812-345-5009 Email Address: rtamborr@gmail.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.

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-22

SEE REVERSE

MS



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.

WE ARE REQUESTING AN EXTENSION OF TIME TO  
COMPLETE THE EXTERIOR POWER WASHING. IT IS  
DIFFICULT TO DO THIS WORK WITH FREEZING TEMPERATURES.  
IT IS OUR INTENTION TO POWER WASH MULTIPLE DUPLEXES ON  
VILLAGE COURT THIS SPRING. IF WE COULD HAVE UNTIL APRIL  
THAT WOULD BE HELPFUL. THANK YOU.

Signature (required):

*Robert A. Tamborrino*

Name (please print):

ROBERT A. TAMBORRINO

Date:

2/17/20

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**

RENTAL INSPECTION INFORMATION

**OCT 31 2019**

Robert A. Tamborrino  
P.O. Box 145  
Bloomington, IN 47402

RE: 421 S Village CT

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 **DEC 30 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](http://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,

City Hall  
Email: [hand@bloomington.in.gov](mailto: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

3689

Owner

Robert A. Tamborrino  
P.O. Box 145  
Bloomington, IN 47402

Prop. Location: 421 S Village CT  
Number of Units/Structures: 2/1  
Units/Bedrooms/Max # of Occupants: Bld 1: 2/3/5

Date Inspected: 10/16/2019  
Primary Heat Source: Gas  
Property Zoning: PUD  
Number of Stories: 2

Inspector: Matt Swinney  
Foundation Type: Crawl Space  
Attic Access: Yes  
Accessory Structure: None

The Monroe County Assessors records indicate that this structure was built in 1992. 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

421

Entry

Replace existing smoke detector with a new smoke detector. IC 22-11-18-3.5

Kitchen

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

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) won't trip

Upstairs

Front Bedroom

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

Bathroom

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

Properly re-caulk around the countertop to eliminate water infiltration. BMC 16.04.060(a)

Back Bedroom

Properly re-caulk around the countertop to eliminate water infiltration. BMC 16.04.060(a)

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

419

Entry

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

½ Bath

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

Properly re-caulk around the countertop to eliminate water infiltration. BMC 16.04.060(a)

Upstairs

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

Bathroom

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

Repair the broken tub faucet. BMC 16.04.060(c)

Master Bathroom

Replace bad switch for vanity light. BMC 16.04.060(b)

Center Bedroom

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

Replace the missing protective cover for the light fixture. BMC 16.04.060(c)

EXTERIOR

Power-wash or otherwise remove all mold and mildew on the siding of the structure. Exterior surfaces on residential rental units and their accessory structures shall be maintained free of mold. BMC 16.04.050(f)

Secure the Deck handrail for 419 and 421 so it is capable of withstanding normally imposed loads. BMC 16.04.050(b)

Repair/replace the smashed downspouts. BMC 16.04.050(a)

Clear out clogged dryer vents. BMC 16.04.050(c)

Properly install approved crawlspace entry cover in a manner that is reasonably weather tight. BMC 16.04.050(a) and (b)

#### **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.**



City of Bloomington  
H.A.N.D.

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

Meeting Date: April 15, 2020

Petition Type: An extension of time to complete repairs

Petition Number: 20-TV-23

Address: 1215 S. Pickwick Place

Petitioner: Christopher & Okcha Atwood

Inspector: Norman Mosier

Staff Report: December 9, 2019 – Conducted Cycle Inspection  
February 17, 2020 – Received BHQA Appeal  
March 13, 2020 – BHQA meeting cancelled

The Petitioner is requesting and extension of time to complete the repairs after the tenants move out in August.

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 30, 2020 – Life Safety Violations  
August 31, 2020 – For all other repairs.

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

*df*

RECEIVED  
FEB 17 2020

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: 1215 Pickwick Place, Bloomington, IN 47401

Petitioner's Name: Christopher & Okcha Atwood

Address: 1417 Lawndale Rd

City: Havertown

State: Pennsylvania

Zip Code: 19083

Phone Number: (484) 417-6880

E-mail Address: oca369@gmail.com

Owner's Name: Christopher & Okcha Atwood

Address: 1417 Lawndale Rd

City: Havertown

State: Pennsylvania

Zip Code: 19083

Phone Number: 484-417-6880

E-mail Address: oca369@gmail.com

Occupants: James Walker, Ashley Walker, and their children

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-23

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.

Please see the next page for the explanation.

Signature (Required):

Name (Print): Christopher & Okcha Atwood

Date: 2/14/20

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



## Explanation

Hi,

Based on the inspection report, there are four items we need to take care:

- Item 1: Fireplace (living room, main level)
- Item 2: Floor covering (hall bathroom, main level)
- Item 3: Miscellaneous items (NW room, basement)
- Item 4: Furnace

We had discussed these issues with the inspector and were told that Item 1 would be satisfied if we present the receipt of our gas log installation<sup>1</sup>. We were also told that Item 4 could be ignored since our home heating is powered by an electric boiler, not a gas furnace.

For the remaining Item 2 and 3, we are hoping to get an extension, allowing us to fix them in early August of this year after our tenants move out. Here are a few reasons:

- We have sent a repair tape to the tenant to temporarily fix Item 2 which they did.
- The remaining Item 3 is in the basement, away from the living area. In our understanding there are no holes, cracks, peeling paint, or sagging materials, etc. on the wall or ceiling which are associated with general deterioration. But there are the following issues we need to fix:
  1. A junction box on the ceiling without a cover.  
This junction box is empty without any wire going through.
  2. A rectangle opening on a drywall.  
This hole was left on purpose to access the water shut-off valve.
  3. A few areas on the ceiling drywall with primer, but without paint.  
These are related to our previous home improvement project.
  4. A few nail holes and old paint on the wall surrounding the basement window.  
The area left that way because we were planning to upgrade that window.

These issues listed above are away from the living area and appear to be minor issues in our opinion. But fixing them now would be quite inconvenient for both the tenant and ourselves since we are living in another state. We are hoping to handle this by ourselves in the coming summer to save money and to meet our own needs as well. Thank you for your consideration.

Christopher & Okcha Atwood

---

<sup>1</sup>The fireplace has a gas log which was newly installed in the summer of 2018. It is a vent-free type. Please see the receipt in the following page.



City Of Bloomington  
Housing and Neighborhood Development  
CYCLE INSPECTION REPORT

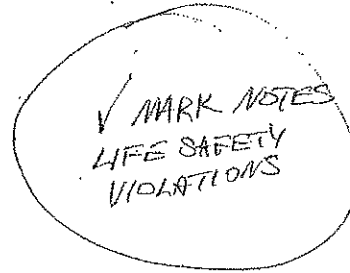
11098

Owner(s)

Atwood, Christopher & Okcha  
1417 Lawndale Road  
Havertown, PA 19083

Agent

Bauman, Tapa  
3461 S. Oaklawn Circle  
Bloomington, IN 47401



Prop. Location: 1215 S Pickwick PL  
Number of Units/Structures: 1/1  
Units/Bedrooms/Max # of Occupants: Bld 1: 1/3/3

Date Inspected: 12/09/2019  
Primary Heat Source: Other  
Property Zoning: RS  
Number of Stories: 1

Inspector: Norman Mosier  
Foundation Type: Basement  
Attic Access: Yes  
Accessory Structure: Gazebo

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

MAIN LEVEL

Living Room 23 x 14: Fireplace located here.

RECD  
2-17-20  
NM  
Show documentation that the fireplace has 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)

Dining Room 12-7 x 8-9, Sun Room 15-4 x 11-2, Garage:  
No violations noted.

Attic:  
No access.

Kitchen 12-3 x 6, 1/2 Bath, Hallway:  
No violations noted.

Hall Bath:  
Seal edge of floor covering adjacent to bathtub. BMC 16.04.060(a)

SW Bedroom 12-3 x 8-10:

No violations noted.

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

Height: 36.5 inches

Width: 15.5 inches

Sill Height: 43 inches

Openable Area: 3.93 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.

NW Master Bedroom 13 x 12-3: Same window as above.

No violations noted.

NE Bedroom 12-8 x 9-11: Same window as above.

No violations noted.

**BASEMENT**

Stairway:

No violations noted.

Family Room 34-7 x 15: Fireplace located here.

No violations noted.

NW Room 14-5 x 12-11:

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. Finish the drywall repair on the ceiling, sand and paint ceiling. BMC 16.04.060(a)

Interior walls shall be free of holes, cracks, peeling paint and/or deteriorated drywall/plaster. Repair the hole in the north wall. BMC 16.04.060(a)

✓ Replace the missing junction box cover plate in the ceiling. BMC 16.04.060 (b)

Laundry Room:

No violations noted.

SE Boiler Room: Boiler located here, see other requirements.

No violations noted.

**EXTERIOR:**

No violations noted.

**OTHER REQUIREMENTS:**

**Furnace Inspection Documentation**

Thoroughly clean and service the boiler, 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)

C  
ELECTRIC  
BOILER  
N/M

**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: April 15, 2020  
Petition Type: An extension of time to complete repairs  
Petition Number: 20-TV-24  
Address: 942 E Waterloo DR  
Petitioner: Tassawar Hussain  
Inspector: Dee Wills  
Staff Report: October 10, 2020 Completed Cycle Inspection  
February 14, 2020 Received Application for Appeal  
March 18, 2020 BHQA Meeting Canceled

Petitioner is requesting an extension of time for a window violation.  
The petitioner states that the window was note repairable, and has had to  
Order a new window. The new window will not be available until  
April or May due to back log.

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.

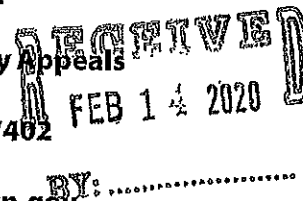
Compliance Deadline: Window Violation: June 30, 2020  
All other Violations: Schedule Re-inspection Immediately

Attachments: Application for Appeal, Cycle Inspection

*[Handwritten 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



**Property Address:** 942 Waterloo Drive, Bloomington, IN 47401

**Petitioner's Name:** Tassawar Hussain

**Address:** 5427 Stonewood Drive

**City:** Bloomington

**State:** Indiana

**Zip Code:** 47403

**Phone Number:** (617) 800-4018

**E-mail Address:** tassawarmd@gmail.com

**Owner's Name:** Tassawar Hussain

**Address:** 5427 Stonewood Drive

**City:** Bloomington

**State:** Indiana

**Zip Code:** 47403

**Phone Number:** 617-800-4018

**E-mail Address:** tassawarmd@gmail.com

**Occupants:** Llane Johnson

**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 months agenda!

(Will be assigned by BHQA)

Petition Number: 20-TV-24

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.

A window needed to be repaired so it could function as intended. Initially it was felt that window could be repaired but it was not possible. I then had to get permission to get this replaced by the time I got everything properly done. Time has run out. Window replacement company cannot replace the window until late April or early May due to back log. Window is on order at this time.

Signature (Required):



Name (Print):

Tassawar Hussain

Date:

2/10/20

**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**

**DEC 20 2019**

**RENTAL INSPECTION INFORMATION**

Tassawar Hussain  
5427 Stonewood Drive  
Bloomington, IN 47403

RE: 942 E Waterloo 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 **FEB 18 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](http://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,

City Hall  
Email: [hand@bloomington.in.gov](mailto: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

44





**City Of Bloomington**  
**Housing and Neighborhood Development**

**CYCLE INSPECTION REPORT**

10702

**Owner(s)**

Tassawar Hussain  
5427 Stonewood Drive  
Bloomington, IN 47403

Prop. Location: 942 E Waterloo DR  
Number of Units/Structures: 1/1  
Units/Bedrooms/Max # of Occupants: Bld 1: 1/3/5

Date Inspected: 12/10/2019  
Primary Heat Source: Gas  
Property Zoning: RM  
Number of Stories: 2

Inspector: Dee Wills  
Foundation Type: Slab  
Attic Access: Yes  
Accessory Structure: None

Monroe County Assessor's records indicate this structure was built in 1974.  
There were no requirements for emergency egress at the time of construction.

**INTERIOR**

**Main Level**

**Living Room (22-11 x 13-9)**

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

**Dining Area (9-8 x 9), Kitchen (10-1 x 4-3), Furnace closet, Laundry Area, ½ Bathroom**

No violations noted.

**Garage**

Properly adjust the entry door so that it completely closes with no gaps at the bottom to prevent air infiltration. BMC 16.04.060(a)

**Upper Level**

**Bathroom, Attic, Hallway**

No violations noted.

**Front (Right) Bedroom (9-6 x 9-5)**

No violations noted.

Existing Egress Window Measurements

Height: 52.5 inches

Width: 31.5 inches

Sill Height: 25.5 inches

Openable Area: 11.5 sq. ft.

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

**Rear Left Bedroom (10-9 x 9-9)**

No violations noted.

Existing Egress Window Measurements:

Height: 21.5 inches

Width: 29 inches

Sill Height: 24 inches

Openable Area: 4.3 sq. ft.

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

**Center Right Bedroom (12-8 x 9-8)**

Properly repair the broken window so that it functions as intended. BMC 16.04.060(b)

Existing Egress Window Measurements:

Height: 21.5 inches

Width: 29 inches

Sill Height: 24 inches

Openable Area: 4.3 sq. ft.

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

**EXTERIOR**

No violations noted.

## 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)

### 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 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 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: April 15<sup>th</sup>, 2020  
Petition Type: An extension of time to complete repairs.  
Petition Number: 20-TV-26  
Address: 540 South Basswood Drive.  
Petitioner: Diana Rollins, PM and Jolie Green, RM  
Inspector: Kenny Liford/Matt Swinney/Dee Wills  
Staff Report: December 12<sup>th</sup>, 2019 Completed Cycle Inspection Report  
February 20<sup>th</sup>, 2020 BHQA application received

Owner has requested an extension of time to complete repairs. Entire complex is undergoing a complete remodel.

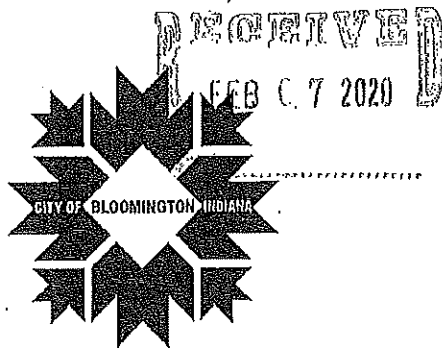
Staff recommendation: Grant the request.

Conditions: Have all repairs completed and a re-inspection scheduled by the date listed below. The date for the rental permit will begin at the original 60 day deadline after all repairs have been made.

Compliance Deadline: December 20<sup>th</sup>, 2020.

Attachments: Cycle report, BHQA Appeal

22



**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:** 540 S Basswood Dr, Bloomington, IN 46240

**Petitioner's Name:** Diana Rollins, PM and Jolie Green, RM

**Address:** 540 S Basswood Dr

**City:** Bloomington

**State:** Indiana

**Zip Code:** 47403

**Phone Number:** (812) 332-7522

**E-mail Address:** Bloomington@hermankittle.com

**Owner's Name:** Limestone Crossing, LLC

**Address:** 540 S. Basswood Dr

**City:** Bloomington

**State:** Indiana

**Zip Code:** 47403

**Phone Number:** 812-332-7522

**E-mail Address:** Bloomington@hermankittle.com or jgreen@hermank

**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:** 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-26

KL, DW, MS

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.

Limestone Crossing Apartments is undergoing a rehab of the entire property which started May 2019. The regularly scheduled HAND site inspection took place on 12/9/19 with a deadline for corrections of 2/7/20.

Given that many of the correction items will be included in the rehab of the units, we are asking for an extension for final reinspection until the rehab is done in December 2020. We are working on all the life safety coded items and have many completed, but we have made them a priority to be completed first.

We currently have 114 units occupied at the site.

Please let us know if you have any further questions or concerns we need to address with you.

Signature (Required): \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: 2/7/20

**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

**DEC 09 2019**

Herman & Kittle Properties  
 500 E. 96th St. Suite 300  
 Indianapolis, IN 46240

RE: 540 S Basswood 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 **FEB 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](http://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: Chris Rubeck: 540 S. Basswood Dr., Bloomington, IN 47403



**City Of Bloomington  
Housing and Neighborhood Development**

CYCLE INSPECTION REPORT

7739

Owner(s)

Herman & Kittle Properties  
500 E. 96th St. Suite 300  
Indianapolis, IN 46240

Agent

Chris Rubeck  
540 S. Basswood Dr.  
Bloomington, IN 47403

Prop. Location: 540 S Basswood DR

Number of Units/Structures: 208/17

Units/Bedrooms/Max # of Occupants: Bld 1: Bld 1: 12/2/5, Bld 2: 8/3/5, Bld 3: 16/3/5, Bld 4: 8/1/5,  
Bld 5: 12/2/5, Bld 6: 12/2/5, Bld 7: 16/2/5, Bld 8: 16/2/5, Bld 9: 16/2/5, Bld 10: 8/1/5 8/2/5, Bld 11:  
12/1/5, Bld 12: 8/3/5, Bld 13: 16/3/5, Bld 14: 8/3/5, Bld 15: 8/3/5, Bld 16: 12/2/5, Bld 17: 12/1/5

Date Inspected: 11/18/2019  
Primary Heat Source: Electric  
Property Zoning: RH  
Number of Stories: 2

Inspector: Swinney/ Liford/ Wills  
Foundation Type: Slab  
Attic Access: Yes  
Accessory Structure: Garages

The Monroe County Assessor's records indicate that these structures were built in 2002.  
Minimum egress requirements for a multi-family dwelling built at the time of construction.

Openable area: 5.7 Sq. Ft.

Clear height: 24 inches

Clear width: 20 inches

Sill height: Not more than 44 inches above finished floor.

NOTE:

- ☞ Room dimensions are in the file or listed on the previous cycle inspection report.
- ☞ Only Units/Rooms with violations shall be listed on this report.

City Hall

Email: [hnd@bloomington.in.gov](mailto:hnd@bloomington.in.gov)  
Neighborhood Division (812) 349-3421

401 N Morton St

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

Bloomington, IN 47404

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



**Egress window measurements for complex are as follows:**

**TYPE 1**

Existing Egress Window Measurements: Single hung pop out: Const. Yr. - 2002  
 Height: 25 inches  
 Width: 36 inches  
 Sill Height: 24 inches  
 Openable Area: 6.25 sq. ft.

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

**TYPE 2**

Existing Egress Window Measurements: Single hung pop out: Const. Yr. - 2002  
 Height: 26 inches  
 Width: 35 inches  
 Sill Height: 24 inches  
 Openable Area: 6.32 sq. ft.

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

**TYPE 3**

Existing Egress Window Measurements: Single hung pop out: Const. Yr. - 2002  
 Height: 27 inches  
 Width: 34 inches  
 Sill Height: 24 inches  
 Openable Area: 6.38 sq. ft.

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

**INTERIOR**

**Building 564:**

**General Violations:**

**All Bathrooms:**

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

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

**Unit A**

**See General Violations**

**Master Bathroom**

Repair the surface of the ceiling to be free of cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

**Unit B**

See General Violations

**Unit C****Kitchen**

Replace the missing rubber grommet for the garbage disposal. BMC 16.04.060(c)

See General Violations

**Unit D**

See General Violations

**Bedroom**

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

**Unit E**

See General Violations

**Unit F****Living Room**

Complete the installation of carpeting. BMC 16.04.060(a)

**Kitchen**

Replace the missing rubber grommet for the garbage disposal. BMC 16.04.060(c)

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

**Laundry Closet**

Replace missing light switch cover plate. BMC 16.04.060(b)

**Hall Bathroom**

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

See General Violations

**Master Bathroom**

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

**Master Bedroom**

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

**Unit G**

See General Violations

**Unit H****Kitchen**

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

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

**Hall Bathroom**

Repair the surface of the ceiling to be free of cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

Furnace Closet

Adjust the furnace closet door to completely close with ease. BMC 16.04.060(a)

Unit I

See General Violations

Unit J

See General Violations

Balcony

Repair the light switch fixture for the balcony to function as intended. (possible short in wiring) BMC 16.04.060(b)

Master Bathroom

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

Hall Bathroom

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

Unit K

See General Violations

Unit L

This unit was not inspected at the time of this inspection, as it was not accessible. (big dog) This unit must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. BMC 16.03.040

Building 568:General Violations:All Bathrooms:

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

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

Unit A

See General Violations

HallwayFurnace Closet

This closet was not accessible at the time of this inspection. This closet 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

Hallway, Bedroom

Remove the plastic covers from the smoke detectors. IC 22-11-18-3.5

Unit B

See General Violations

Bedroom

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

Unit C

See General Violations

Kitchen

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

Unit D

See General Violations

Kitchen

Correct the polarity of the electrical receptacle. There is an open neutral. BMC 16.04.060(b)

Hall Bathroom

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

Bedroom

The window in this room was not inspected at the time of the cycle inspection as there was no access. (Boxes) The window in this room must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. BMC 16.03.040

Unit E, Unit F

See General Violations

Unit G

See General Violations

Kitchen

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

Unit H

See General Violations

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.

Unit I

See General Violations

Bathroom

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

Unit J

See General Violations

Balcony, Furnace Closet

These areas were not accessible at the time of this inspection. These areas 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

Bedrooms

The window in this room was not inspected at the time of the cycle inspection as there was no access. (Boxes) The window in this room must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. BMC 16.03.040

Unit K, Unit L

See General Violations

Building 560:General Violation for Upstairs Units:

Eliminate the mold/mildew growth at the windows above the entry doors for the upstairs units. BMC 16.04.060(a)

General Violation for All Units/ All Rooms that have smoke detectors:

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 A, Unit B, Unit C, Unit D, Unit E

See General Violations

Unit F

See General Violations

Balcony

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

Unit G

See General Violations

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 H

See General Violations

Left Bedroom

The window in this room was not inspected at the time of the cycle inspection as there was no access. (Boxes) The window in this room must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. BMC 16.03.040

**Unit I, Unit J, Unit K, Unit M**See General Violations**Unit L**See General Violations**Bedrooms**

The window in this room was not inspected at the time of the cycle inspection as there was no access. (Boxes) The window in this room must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property. BMC 16.03.040

**Building 556:****Unit A - Unit H**

These units were not inspected at the time of this inspection, as they are vacant and being renovated. (guttled at this time) These units 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.

**Building 548****General Violation for Upstairs Units:**

Eliminate the mold/mildew growth at the windows above the entry doors for the upstairs units. BMC 16.04.060(a)

**General Violation for All Units/ All Rooms that have smoke detectors:**

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 A**See General Violations

Replace the missing/ broken cover for the outside GFCI electrical outlet. BMC 16.04.050(b)

**Master Bathroom**

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

**Unit B**See General Violations**Balcony**

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. BMC 16.04.050(a)

**Master Bathroom**

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

**Unit C**

See General Violations

**Kitchen**

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

**Unit D**

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 E**

See General Violations

**Master 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 F**

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. BMC 16.03.040

**Unit G**

See General Violations

**Hall Bathroom**

Properly repair or replace broken or missing cabinet drawer. BMC 16.04.060(a)

**Master Bathroom**

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

**Unit H, Unit I**

See General Violations

**Unit J**

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. BMC 16.03.040

**Unit K**

See General Violations

**Kitchen**

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

**Right Bedroom**

Rearrange furniture in a manner that does not block or hinder access to emergency egress window. BMC 16.04.020(a)(3), 2014 IFC 1003.6, 1030

**Unit L**

This room was not accessible at the time of this inspection. (big dog) 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 M**

See General Violations

**Unit N**

See General Violations

**Balcony**

Replace the missing protective cover for the light fixture. BMC 16.04.060(c)

Repair the hole in the wall behind the balcony door. BMC 16.04.060(a)

**Front Bedroom**

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

**Hall Bathroom**

Replace the missing towel racks. BMC 16.04.060(a)

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

Interior walls shall be free of deteriorated drywall/plaster. BMC 16.04.060(a)

**Hallway**

Replace the missing protective cover for the light fixtures. BMC 16.04.060(c)

**Unit O**

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. BMC 16.03.040

**Unit P**

See General Violations

**Hall Bathroom**

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

**Building 544:****General Violation for Upstairs Units:**

Eliminate the mold/mildew growth at the windows above the entry doors for the upstairs units. BMC 16.04.060(a)



**General Violation for All Units/ All Rooms that have smoke detectors:**

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 A**

See General Violations

**Unit B**

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. BMC 16.03.040

**Unit C**

See General Violations

Repair the balcony entry door to be weather tight. No gaps shall be visible around the edges. BMC 16.04.060(a)

**Unit D**

See General Violations

**Kitchen**

Properly secure the loose sink faucet assembly so that it functions. BMC 16.04.060(c)

**Laundry Closet**

Properly connect washer and dryer hook ups so that they function as intended. BMC 16.04.060(c)

**Bedroom**

Rearrange furniture in a manner that does not block or hinder access to emergency egress window. BMC 16.04.020(a)(3), 2014 IFC 1003.6, 1030

**Furnace Closet**

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

**Unit E**

See General Violations

**Kitchen**

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

Replace the damaged cabinet door. (burned) BMC 16.04.060(a)

**Unit F**

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. BMC 16.03.040

**Unit G**

See General Violations

Living Room

Repair the surface of the ceiling to be free of cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

Furnace Closet

Properly secure the panel for the furnace so that it functions as intended. BMC 16.04.060(c)

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 faucet in a manner so that there is adequate water pressure and volume) . BMC 16.04.060(c)

Unit H

See General Violations

Building 536General Violation for Upstairs Units:

Eliminate the mold/mildew growth at the windows above the entry doors for the upstairs units. BMC 16.04.060(a)

General Violation for All Units/ All Rooms that have smoke detectors:

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 A, Unit B

See General Violations

Unit C

See General Violations

Kitchen

Properly secure the loose sink faucet assembly so that it functions. BMC 16.04.060(c)

Right Bedroom

Properly seal the failing drywall tape at the ceiling so that it functions as intended. BMC 16.04.060(a)

Unit D

See General Violations

Unit E

See General Violations

Kitchen

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

Hallway

Repair the surface of the ceiling to be free of cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

**Unit F**

This unit was not inspected at the time of this inspection, as it was not accessible. (being treated for bed bugs) This unit must be inspected and brought into compliance with-in the same 60 day deadline as the remainder of this property BMC 16.03.040

**Unit G, Unit H, Unit I**

See General Violations

**Unit J**

See General Violations

**Kitchen**

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

**Hallway**

Properly seal the failing drywall tape at the ceiling so that it functions as intended. BMC 16.04.060(a)

**Unit K**

See General Violations

**Hall Bathroom**

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

**Unit L**

See General Violations

**Building 532:****General Violation for Upstairs Units:**

Eliminate the mold/mildew growth at the windows above the entry doors for the upstairs units. BMC 16.04.060(a)

**General Violation for All Units/ All Rooms that have smoke detectors:**

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 L**

See General Violations

**Unit K**

See General Violations

**Kitchen**

Secure the loose faucet. BMC 16.04.060(a)

**Unit J****See General Violations**

There was no electrical or water service to this unit at the time of the Cycle Inspection. Electrical and water service shall be restored and all associated items shall be checked at re-inspection. Any violations noted at that time shall have the same 60 day compliance deadline as the remainder of this report. BMC 16.04.060(c)

**Unit I****See General Violations**

There was no electrical or water service to this unit at the time of the Cycle Inspection. Electrical and water service shall be restored and all associated items shall be checked at re-inspection. Any violations noted at that time shall have the same 60 day compliance deadline as the remainder of this report. BMC 16.04.060(c)

**Bedroom**

Repair the broken window. BMC 16.04.060(a)

**Kitchen**

Replace the missing protective cover for the light fixture. BMC 16.04.060(c)

**Unit H****See General Violations****Bedroom**

Secure loose electrical receptacle. BMC 16.04.060(b)

**Unit G, Unit F, Unit E, Unit D, Unit C****See General Violations****Unit B****See General Violations**

There was no water service to this unit at the time of the Cycle Inspection. Water service shall be restored and all associated items shall be checked at re-inspection. Any violations noted at that time shall have the same 60 day compliance deadline as the remainder of this report. BMC 16.04.060(c)

**Unit A****See General Violations****Building 516:****Unit P****See General Violations**

There was no water service to this unit at the time of the Cycle Inspection. Water service shall be restored and all associated items shall be checked at re-inspection. Any violations noted at that time shall have the same 60 day compliance deadline as the remainder of this report. BMC 16.04.060(c)

**Unit O****See General Violations**

Unit N

See General Violations

Bedroom

Secure loose electrical receptacle. BMC 16.04.060(b)

Unit M, Unit L

See General Violations

Unit K

See General Violations

Living Room

Replace broken light switch cover plate. BMC 16.04.060(b)

Left Bedroom

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)

Master Bathroom

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

Bathroom

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

Bedroom

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

Master Bathroom

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

Unit J

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 I

See General Violations

Living Room

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

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

Unit H

See General Violations

Master Bedroom

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

**Unit G**

See General Violations

**Kitchen**

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

**Unit F**

See General Violations

**Bathroom**

Replace missing/broken cabinet drawer face. BMC 16.04.060(a)

**Unit E, Unit D, Unit C, Unit B, Unit A**

These units were not inspected at the time of this inspection, as they were not accessible. These units 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 520:****Unit A**

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 B**

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 C**

See General Violations

**Master Bathroom**

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

**Unit D**

See General Violations

**Unit E**

See General Violations

**Kitchen**

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

Replace the missing protective cover for the light fixture. BMC 16.04.060(c)

**Living Room**

Repair the entry door to be weather tight. No gaps shall be visible around the edges. BMC 16.04.060(a)

**Unit F****See General Violations****Entry**

Replace missing outlet cover plate. BMC 16.04.060(b)

**Kitchen**

Replace the missing protective cover for the light fixture. BMC 16.04.060(c)

**Master Bathroom**

Secure toilet to its mountings. BMC 16.04.060(c)

**Bathroom**

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

**Unit G**

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 H****See General Violations****Kitchen**

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

**Hallway**

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

**Building 504:****Unit P****See General Violations****Furnace Closet**

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)

**Unit O****See General Violations****Kitchen**

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

**Unit N**

See General Violations

**Hallway**

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

**Unit M**

See General Violations

**Hallway**

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

**Bathroom**

Secure loose electrical receptacle. BMC 16.04.060(b)

**Unit L**

See General Violations

**Unit K**

See General Violations

**Kitchen**

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

**Unit J**

See General Violations

**Unit I**

See General Violations

**Unit H**

See General Violations

**Living Room**

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

**Kitchen**

Replace missing microwave door. BMC 16.04.060(a)

**Unit G**

See General Violations

**Master Bathroom**

Secure loose GFCI electrical receptacle. BMC 16.04.060(b)

**Apt F, Unit E**

See General Violations



**Unit D**

See General Violations

**Furnace Closet**

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)

**Unit C**

See General Violations

**Bathroom**

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

**Unit B**

See General Violations

**Kitchen**

Replace missing microwave door. BMC 16.04.060(a)

**Unit A**

See General Violations

**Building 500:****Unit O, Unit P**

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 N, Unit M, Unit L**

See General Violations

**Unit K**

See General Violations

**Entry**

Secure the loose entry door knob. BMC 16.04.060(a)

**Kitchen**

Repair the broken window. BMC 16.04.060(a)

**Right Bedroom**

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

Repair the broken window. BMC 16.04.060(a)

Master Bedroom

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

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

Bathroom

Replace missing/broken cabinet drawer. BMC 16.04.060(a)

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

Unit J

See General Violations

Kitchen

Secure the loose Ceiling vent. BMC 16.04.060(a)

Right Bedroom Master

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

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

Unit I

See General Violations

Kitchen

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

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

Unit H

See General Violations

Master Bathroom

Repair tub stopper to function as intended. BMC 16.04.060(c)

Unit G

See General Violations

Kitchen

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

Unit F

See General Violations

Apt E

See General Violations

Bathroom

Replace the missing shower head. BMC 16.04.060(a)

**Unit D**See General ViolationsEntry

Replace the broken threshold in the exterior doorway. BMC 16.04.060(b)

**Unit C**See General ViolationsEntry

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

Kitchen

Repair the faucet sprayer on the sink to be secure and function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

Hallway

Replace the missing protective cover for the light fixture. BMC 16.04.060(c)

Right Bedroom

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

Replace missing outlet cover plate. BMC 16.04.060(b)

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

Living Room

Replace missing outlet cover plate. BMC 16.04.060(b)

**Unit B**See General Violations**Unit A**See General Violations**Building 508:****Unit P**See General ViolationsMaster Bedroom

Replace missing outlet cover plate. BMC 16.04.060(b)

Furnace Closet

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)

### **Unit O**

See General Violations

### **Master Bathroom**

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

### **Unit N**

See General Violations

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

### **Kitchen**

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

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

### **Unit M**

See General Violations

### **Unit L**

See General Violations

### **Kitchen**

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

### **Unit K**

See General Violations

### **Unit J**

See General Violations

### **Kitchen**

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

### **Unit I, Unit H**

See General Violations

### **Unit G**

See General Violations

### **Hallway**

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

**Unit F, Unit E**  
See General Violations

**Building 508:**

**Unit E**  
See General Violations

Replace the melted siding by front door. BMC 16.04.050(a)

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

Master Bathroom  
 Secure toilet to its mountings. BMC 16.04.060(c)

Laundry Closet  
 Replace the door knob. BMC 16.04.060(a)

**Unit D**  
See General Violations

Furnace Closet  
 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)

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

Master 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 C**  
 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 B**  
See General Violations

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

Replace the missing attic access panel. BMC 16.04.060(a)

Bathroom

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

Unit A

See General Violations

Kitchen

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

Building 512:Unit A

See General Violations

Unit B

See General Violations

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 C

See General Violations

Kitchen

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

Unit D

See General Violations

Unit E

See General Violations

Kitchen

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

Unit F

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 G

See General Violations

Kitchen

Repair the refrigerator to function as intended. BMC 16.04.060(a)

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

**Unit H****See General Violations****Back Right Bedroom**

Repair the broken window. BMC 16.04.060(a)

Replace the all missing smoke detectors. The missing smoke detectors were hard wired and must be replaced with a hard wired model. IC 22-11-18-3.5

**Unit I****See General Violations****Front Bedroom**

Repair/replace the window tilt latches to function as intended. BMC 16.04.060(a)

**Bathroom**

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

**Unit J****See General Violations****Unit K****See General Violations**

There was no electrical service to this unit/room at the time of the Cycle Inspection. Electrical service shall be restored and all associated items shall be checked at re-inspection. Any violations noted at that time shall have the same 60 day compliance deadline as the remainder of this report. BMC 16.04.060(c)

Repair all smoke detectors in this unit to be interconnected. IC 22-11-18-3.5

**Entry**

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

**Unit L****See General Violations**

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

**Kitchen**

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

**Unit M**

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 N****See General Violations**

Bathroom

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

Unit O

See General Violations

Kitchen

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 P

See General Violations

Kitchen

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

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

Bathroom

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

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

Back Right Bedroom

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

Building 524:Unit A

See General Violations

Kitchen

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

Unit B

See General Violations

Unit C

See General Violations

Kitchen

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

Right Bedroom

Repair the broken window. BMC 16.04.060(a)



**Unit D**

See General Violations

**Master Bathroom**

Secure the loose tub fixtures. BMC 16.04.060(a)

**Unit E**

See General Violations

**Furnace Closet**

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)

**Master Bathroom**

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

**Unit F**

See General Violations

**Kitchen**

Secure the loose faucet. BMC 16.04.060(a)

**Unit G**

See General Violations

**Living Room**

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

**Bathroom**

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

**Unit H**

See General Violations

**Master 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, label receptacle with the wording "no equipment ground". BMC 16.04.020(a)(5); 2009 IEC Article 406.3(B)

**Building 528:****Unit A**

See General Violation

**Unit B****See General Violations****Kitchen**

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

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

**Furnace Closet**

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)

**Unit C****See General Violations****Bathroom**

Secure loose electrical receptacle. BMC 16.04.060(b)

**Unit D****See General Violations****Master Bathroom**

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

**Kitchen**

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

Repair the broken window. BMC 16.04.060(a)

**Unit E****See General Violations**

Replace the missing weather proof outlet cover for the exterior outlet next to the front entry door. BMC 16.04.050(b)

**Kitchen**

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

**Unit F****See General Violations****Kitchen**

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

**Master Bathroom**

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

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 G

See General Violations

#### Bathroom

Secure side panel of countertop. BMC 16.04.060(a)

#### Unit H

See General Violations

#### Kitchen

Properly repair or replace broken or missing cabinet door. BMC 16.04.060(a)

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

#### Master Bedroom

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

#### Unit I

See General Violations

#### Unit J

See General Violations

#### Entry

Replace the missing protective cover for the light fixture. BMC 16.04.060(c)

#### Kitchen

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

#### Unit K

See General Violations

#### Kitchen

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

#### Hallway

Repair the surface of the ceiling to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

#### Unit L

See General Violations

#### Master Bathroom

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

Replace the missing tub spout. BMC 16.04.060(c)

#### Hallway

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

## EXTERIOR

### General Violations:

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

Scrape and paint exterior surfaces where paint is peeling or wood is exposed. BMC 16.04.050(e)  
(The painting violation has a one-year deadline from the date of the cycle inspection)

Label the main electrical shutoff to the units. BMC 16.04.020 IEC 230.70(b)

### Building 508, Building 504

#### See General Violations

### Apt E

Replace the melted siding by front door. BMC 16.04.050(a)

### Building 512, 520, 524

#### See General Violations

Repair the erosion around the foundations of these buildings. BMC 16.04.050(a)

Properly reconnect all gutters/downspouts in a manner that reasonably directs water away from the structure. BMC 16.04.050(a)

Regrade the area between these buildings to drain water away from the buildings. BMC 16.04.050(a)

### Building 528, Building 532, Building 516

#### See General Violations

Properly repair or replace damaged or deteriorated siding on the back of the building 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)

### Building 544

#### See General Violations

Properly repair or replace damaged or deteriorated siding on the back of the building 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)

### Building 556

#### See General Violations

Properly repair/ replace the damaged diverter downspout drain adjacent to Unit H.

### Unit A

Replace broken or missing spindles in handrail/guardrail. BMC 16.04.020, BMC 16.04.050(b)

**Building 568****See General Violations**

Properly re-connect the drain diverter for the downspout. (left back corner of structure) BMC 16.04.050(a)

**Building 560, Building 552****See General Violations****Building 536****See General Violations**

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. BMC 16.04.050(a)

**Building 548****See General Violations**

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 member.(front of Unit B and corner of porch Unit D) BMC 16.04.050(a)

Replace the missing protective cover for the light fixture. (Unit C) BMC 16.04.050(a)

**Building 564, Building 568, Building****See General Violations**



City of Bloomington  
H.A.N.D.

**Board of Housing Quality Appeals  
Staff Report: Petition to Rescind Variance**

Meeting Date: April 15, 2020  
Petition Type: Rescind a variance.  
Petition Number: 20-RV-27  
Address: 2430 S. Rockport Road  
Petitioner: HAND  
Inspector: Matthew Swinney  
Staff Report: February 07, 2020 Completed Cycle Report  
February 17, 2020 Application for Appeal  
March 18, 2020 BHQA meeting cancelled

This property was granted, on February 13, 1997, a variance to the minimum ceiling height requirement on the second floor, north and south bedrooms, of the Property Maintenance Code. The Residential Rental and Lodging Establishment Inspection Program does not include a minimum ceiling height requirement and the Building Code in place at the time of construction did not address minimum ceiling height; therefore the variance must be rescinded by the Board of Housing Quality Appeals. Monroe County Assessor's records indicate this structure was built in 1960.

Staff Recommendation: Rescind the variance.  
Conditions: None  
Attachments: None



City of Bloomington  
H.A.N.D.

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

Meeting Date: April 15, 2020

Petition Type: An extension of time to complete repairs

Petition Number: 20-TV-28

Address: 148-150 E Willow Court

Petitioner: Robert Hahn

Inspector: Dee Wills

Staff Report: September 25, 2019 Completed Cycle Inspection  
December 12, 2019 Remaining Violations Report sent to owner.  
January 15, 2020 Owner stated that his was deployed with the USAF, and will file for an extension of time. An appeal form was mailed to the owner.  
January 23, 2020 A Registration Form and another Application for Appeal Form was mailed to owner.  
January 23, 2020 Legal Action is started with City.  
February 14, 2020 Demand Letter sent to owner from City Legal Department.  
February 17, 2020 Received email from owner stating that he would file for an extension of time from the BHQA.  
February 21, 2020 Received Application for Appeal  
March 18, 2020 BHQA Meeting Canceled

The petitioner is requesting an extension of time due to being deployed shortly after the initial Cycle Inspection took place. The petitioner is requesting an extension of 60 days so he will be able to attend the reinspection his self, and to ensure there are no further issues.

Staff recommendation: Grant the extension of time.

25

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: May 30, 2020

Attachments: Application for Appeal, Warranty Deed, City of Bloomington Legal Letter, Remaining Violations Report, Cycle Report





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  
FEB 21 2020  
BY: .....

Property Address: 148/150 Willow Court, Bloomington IN, 47401

Petitioner's Name: Robert Hahn

Address: 3686 S. Sowder Sq.

City: Bloomington

State: Indiana



Zip Code: 47401

Phone Number: 317-690-24

E-mail Address: Robert.R.Hahn@gmail.com

Owner's Name: Robert Hahn

Address: 3686 S. Sowder Sq. Bloomington IN 47401

City: Bloomington

State: Indiana



Zip Code: 47401

Phone Number: 317-690-24

E-mail Address: Robert.R.Hahn@gmail.com

Occupants: Jerry and Kathleen Tittle  
Tim and Danille Gellos

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-28

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.

Thank you for taking the time to reach out first. I am quite surprised to have received your email. I have not been in the area due to my deployment since October and I am unable to meet all of the communication and inspection timelines.

I was deployed with active duty Air Force beginning October 1, 2019. The notice of violations was dated October 11, 2019.

After I received the notice, in late November, I reached out to HAND to express my concerns. I further stated all but one item mentioned on the notice has been complied with and a reinspection can happen if HAND so chooses, knowing there will still be a remaining item (very noisy bathroom fan). This offer was declined due to the fact that there would still be open items. When I contacted HAND and spoke with Angela, in January 2020, I was advised to request an extension and she would send the form via email. I received this form from Eric Sader on the 23rd of January, 2020.

Per the form I sent the completed form to the P.O. box listed on the form via postal mail. I understand there is some kind of monthly board which meets to review these requests and I have yet to hear back.

Recently, I was advised the filing was not received and to re-file electronically.

An Extension of 60 days from the date this request is approved, is being requested to schedule the reinspection by HAND. I will be taking Leave from Active Duty to attend this reinspection to ensure there is no further misunderstanding between myself and HAND.

Signature (Required): Robert R Hahn


Name (Print): Robert R Hahn

Date: February 21, 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**

2017006830 \$20.00  
05/23/2017 02:52:21P 3 PGS  
Eric Schmitz  
Monroe County Recorder IN  
Recorded as Presented  


DULY ENTERED  
FOR TAXATION

MAY 23 2017

File Number: 43771

*Catherine Smith*  
Auditor Monroe County, Indiana

**WARRANTY DEED**

HELEN WOODS, of legal age, the unmarried widow of DWAYNE WOODS, deceased ("Grantor"), of Monroe County, in the State of Indiana, CONVEYS AND WARRANTS to ROBERT HAHN and ALLYSSA HAHN, husband and wife ("Grantee"), of Monroe County, in the State of Indiana, for and in consideration of the sum of Ten Dollars (\$10.00) and other valuable consideration, the receipt of which is acknowledged, the following described real estate in ~~SECAWA~~ Monroe County, Indiana:  
**MONROE J.F.**

Lot Number Twenty-nine (29) in Walnut Springs Subdivision, Phase Two, as per plat thereof recorded in Plat Cabinet C, Envelope 56, in the office of the Recorder of Monroe County, Indiana.

Tax Parcel No.: 53-08-16-303-006.000-009  
Auditor's Parcel No.: 015-22040-29

**SUBJECT TO:**

1. Real estate taxes and assessments for the year 2016 due and payable 2017, and all subsequent taxes and assessments.
2. Any and all covenants, conditions, restrictions, agreements, limitations, encumbrances and easements, if any, which are either observable or of record.
3. Minerals of whatsoever kind, subsurface and surface substances, including but not limited to coal, lignite, oil, gas, uranium, clay, rock, sand and gravel in, on, under and that may be produced from the Land, together with all rights, privileges, and immunities relating thereto, whether or not appearing in the Public Records.
4. Taxes for 2017, due and payable in 2018.
5. All covenants, conditions, restrictions, easements, and encumbrances as shown by the recorded plat of Walnut Springs Subdivision, Phase Two, recorded in Plat Cabinet C, Envelope 56, in the office of the Recorder of Monroe County, Indiana. NOTE: This clause omits any covenant, condition, or restriction based on race, color, religion sex, handicap, familial status or national origin as provided in 42 U.S.C. Â§3604, unless and only to the extent that the covenant (a) is not in violation of state or federal law, (b) is exempt under 42 U.S.C. Â§3607, or (c) relates to a handicap, but does not discriminate against handicapped people.
6. Utility Easement recorded August 3, 1992, in Deed Record 402, at page 611, in the office of the Recorder of Monroe County, Indiana.

7. Utility Easement in favor of Indiana Bell Telephone Company, Incorporated, recorded December 4, 1992, in Deed Record 406, at page 248, in the office of the Recorder of Monroe County, Indiana.

The undersigned herein swears or affirms under the penalties for perjury that she and Dwayne Woods acquired title as husband and wife to the above real estate by Special Warranty Deed recorded May 12, 2011, as Instrument Number 20110076236, in the office of the Recorder of Monroe County, Indiana, and that she and Dwayne lived together as husband and wife until his death on October 7, 2016, and Helen Woods became the sole owner of the real estate by operation of law.

**NOTE: Balance of page left blank intentionally. Signatures and acknowledgements appear on following page(s).**

In Witness Whereof, Grantor has executed this deed on this 17<sup>th</sup> day of May, 2017.

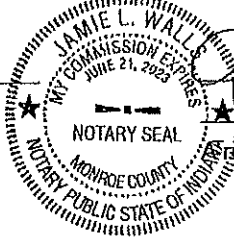
Helen Woods  
HELEN WOODS

STATE OF Indiana )  
COUNTY OF Monroe ) SS:

Before me, Jamie L. Walls, a Notary Public in and for said County and State, this 17 day of May, 2017, personally appeared HELEN WOODS, who executed the foregoing deed; and who, having been duly sworn, stated that any representations therein contained are true.

My Commission Expires:

6-21-23



Jamie L. Walls  
Jamie L. Walls, Notary Public  
Resident of Monroe County, IN

Mailing addresses:

Per IC 32-21-2-3(b): Mailing address to which statements should be mailed under IC 6-1.1-22-8.1:

3686 S. Sowder Square, Bloomington, IN 47401

Per IC 32-21-2-3(b): Street address or rural route address of Grantee if above mailing address is NOT a street address or rural route address:

This instrument was prepared by Morris H. Erickson, Attorney at Law, Bloomington, Indiana.

"I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." - Morris H. Erickson

Corporation Counsel  
Philippa M. Guthrie

City Attorney  
Michael M. Rouker



City of Bloomington  
Legal Department

Assistant City Attorneys  
Larry Allen  
Jennifer Lloyd  
Barbara E. McKinney  
Jacquelyn F. Moore  
Christopher J. Wheeler

February 14, 2020

Blue Frost, LLC  
ATTN: Robert & Allyssa Hahn  
3686 S. Sowder Sq.  
Bloomington, IN 47401

NOTICE OF VIOLATION  
RE: Rental Property at 148 E. Willow Ct., Bloomington, IN

Dear Robert & Allyssa Hahn,

The above referenced rental property is in violation of Bloomington Municipal Code Title 16 ("BMC"). The Title 16 Occupancy Permit for this property expired on **May 17, 2019**. It is a violation for this property to be occupied by anyone other than the owner without a valid Title 16 Occupancy Permit. *Please see BMC 16.03.030*. A valid Title 16 occupancy permit cannot be issued until and unless you complete the cycle inspection process with Bloomington Housing and Neighborhood Development ("HAND"). This has not been done.


You must immediately, and **no later than February 28, 2020**, do all of the following:

1. **Correct all remaining violations noted on the Cycle Inspection Report issued December 17, 2019;**
2. **Schedule a remaining violations inspection with HAND;**
3. **File an updated rental property registration form with HAND reflecting true ownership of the rental property.**

The City intends to initiate an ordinance violation lawsuit against you for these violations unless you comply with this deadline. Fines will be assessed up to and including \$2,500.00 per day, per violation, for each day that this rental property has been and continues to be in violation of BMC Title 16, **dating back to May 17, 2019**. The City will also seek an Order to vacate this rental property and to keep it vacated until such time as you can prove to the Court that this property is in full compliance with BMC Title 16.

Any decision by HAND may be appealed to the Board of Housing Quality Appeals. To do so, please contact HAND at 812-349-3401, or visit HAND at City Hall, 401 N. Morton Street, Suite 130, Bloomington, IN 47402.

Your prompt attention to this matter is greatly appreciated.

Sincerely,  
  
Christopher J. Wheeler  
Assistant City Attorney

cc: Doris Sims, Director for the Department of Housing and Neighborhood Development



**City Of Bloomington**  
**Housing and Neighborhood Development**

**REMAINING VIOLATION INSPECTION REPORT**

**DEC 17 2019**

5173

**Owner(s)**

Robert Hahn Of Blue Frost, Llc  
3686 S. Sowder Square  
Bloomington, IN 47401

Prop. Location: 148 E Willow CT  
Number of Units/Structures: 2/1  
Units/Bedrooms/Max # of Occupants: Bld 1: 2/4/5

Date Inspected: 09/25/2019  
Primary Heat Source: Electric  
Property Zoning: RM  
Number of Stories: 2

Inspector: Dee Wills  
Foundation Type: Basement  
Attic Access: Yes  
Accessory Structure: None

Variance: 05/17/2016 This property has been granted a variance from the Indiana State Fire Prevention and Building Safety Commission on May 06, 2016 for additional bedrooms in each side of the duplex to be used for sleeping purposes. Project Name: WOODS; Variance Number: 16-05-01.

**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: <a href="mailto:hand@bloomington.in.gov">hand@bloomington.in.gov</a>	<a href="https://bloomington.in.gov/hand">https://bloomington.in.gov/hand</a>	Rental Inspection (812) 349-3420
Neighborhood Division (812) 349-3421	Housing Division (812) 349-3401	Fax (812) 349-3582

18

## INTERIOR

### Unit 150

#### Main Level

##### Hallway

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

##### Bedroom (10-1 x 14-7)

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

##### Bathroom

Replace the missing light switch cover plate. BMC 16.04.060(b)

#### Lower Level

##### Master Bedroom (14-7 x 13-2), (This room has a door to the exterior for emergency egress.)

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

##### Front Bedroom (11-5 x 6-10)

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

##### Rear Bedroom (11-0 x 11-4)

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

### Unit 148

#### Main Level

##### Living Room/ Dining Room (16-1 x 20-1)

Properly adjust the rear entry door locking mechanism so that it functions as intended. BMC 16.04.060(a)

#### Lower Level

##### Bathroom

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

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)

## 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)



The following documents were not provided to the office or reviewed by the inspector within 60 days of the date of the inspection, and as such a fine will be levied:

- **Tenants and Owners Rights and Responsibilities Summary**

A completed copy of the Tenants and Owners Rights and Responsibilities Summary  
BMC 16.03.060(c) and BMC 16.10.030(b)

- **Inventory & Damages 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.  
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)



**City Of Bloomington**  
**Housing and Neighborhood Development**

**OCT 11 2019**

**RENTAL INSPECTION INFORMATION**

Robert Hahn Of Blue Frost, Llc  
3686 S. Sowder Square  
Bloomington, IN 47401

RE: 148 E Willow CT

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 **DEC 10 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](http://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,



**City Of Bloomington**  
**Housing and Neighborhood Development**

**CYCLE INSPECTION REPORT**

5173

Owner(s)

Robert Hahn Of Blue Frost, Llc  
3686 S. Sowder Square  
Bloomington, IN 47401

Prop. Location: 148 E Willow CT  
Number of Units/Structures: 2/1  
Units/Bedrooms/Max # of Occupants: Bld 1: 2/4/5

Date Inspected: 09/25/2019  
Primary Heat Source: Electric  
Property Zoning: RM  
Number of Stories: 2

Inspector: Dee Wills  
Foundation Type: Basement  
Attic Access: Yes  
Accessory Structure: None

Variance: 05/17/2016 This property has been granted a variance from the Indiana State Fire Prevention and Building Safety Commission on May 06, 2016 for additional bedrooms in each side of the duplex to be used for sleeping purposes. Project Name: WOODS; Variance Number: 16-05-01.

The Monroe County Assessors records indicate that this structure was built in 1994. These are the minimum egress requirements for One and Two Family Dwellings at the time of construction

Clear opening height: 24"

Clear opening width: 18"

Sill height: 44" above finished floor

Openable area: 4.75 sq. ft.

**INTERIOR**

**Unit 150**

**Main Level**

Living Room/ Dining Room (16-1 x 20-1)  
No violations noted.

Kitchen (10-1 x 7-3)  
No violations noted.

Hallway

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

Bedroom (10-1 x 14-7)

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: 28 inches

Width: 30.5 inches

Sill Height: 25 inches

Openable Area: 5.9 sq. ft.

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

Bathroom

Replace the missing light switch cover plate. BMC 16.04.060(b)

Lower Level

Master Bedroom (14-7 x 13-2). (This room has a door to the exterior for emergency egress.)

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

Furnace Closet, Hall Bathroom

No violations noted.

Front Bedroom (11-5 x 6-10)

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

Existing Egress Window Measurements:

Height: 28 inches

Width: 30.5 inches

Sill Height: 25 inches

Openable Area: 5.9 sq. ft.

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

Rear Bedroom (11-0 x 11-4)

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: 28 inches

Width: 30.5 inches

Sill Height: 25 inches

Openable Area: 5.9 sq. ft.

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

Garage

No violations noted.

**Unit 148**

**Main Level**

**Living Room/ Dining Room (16-1 x 20-1)**

Properly adjust the rear entry door locking mechanism so that it functions as intended. BMC 16.04.060(a)

**Kitchen (10-1 x 7-3)**

No violations noted.

**Bedroom (10-1 x 14-7)**

No violations noted.

Existing Egress Window Measurements:

Height: 28 inches

Width: 30.5 inches

Sill Height: 25 inches

Openable Area: 5.9 sq. ft.

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

**Hallway, Bathroom**

No violations noted.

**Lower Level**

**Master Bedroom (14-7 x 13-2), (This room has a door to the exterior for emergency egress.)**

No violations noted.

Existing Egress Window Measurements:

Height: 28 inches

Width: 30.5 inches

Sill Height: 25 inches

Openable Area: 5.9 sq. ft.

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

**Front Bedroom (11-5 x 6-10)**

No violations noted.

Existing Egress Window Measurements:

Height: 28 inches

Width: 30.5 inches

Sill Height: 25 inches

Openable Area: 5.9 sq. ft.

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

**Rear Bedroom (11-0 x 11-4)**

No violations noted.

Existing Egress Window Measurements:

Height: 28 inches

Width: 30.5 inches

Sill Height: 25 inches

Openable Area: 5.9 sq. ft.

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

Furnace Closet, Garage

No violations noted.

Bathroom

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

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)

**EXTERIOR**

No violations noted.

**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 **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 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: April 15, 2020  
Petition Type: An extension of time to complete repairs  
Petition Number: 20-TV-29  
Address: 424 E Wylie Street  
Petitioner: Leigh A Henderson  
Inspector: Dee Wills  
Staff Report: December 13, 2020 Completed Cycle Inspection  
February 18, 2020 Received Application for Appeal  
March 18, 2020 BHQA Meeting Canceled.

Petitioner is requesting an extension of time for the garage violations. The petitioner is trying to find a contractor to get an estimate of what it will cost to repair the garage, compared to having the garage removed. Because this has been a slow moving process, the petitioner is requesting an extension of time until August 30, 2020. The tenant does not have access to this garage.

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: Garage Deadline: September 30, 2020  
All Other Violations: Re-Schedule Immediately  
Attachments: Application for Appeal, Cycle Report



**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**  
**FEB 18 2020**

Property Address: 424 E Wynie 47401

Petitioner's Name: Leigh A. Henderson

Address: 2304 W. Belden Ave.

City: Chicago State: IL ☐ Zip Code: 60647

Phone Number: 8123256520 E-mail Address: Softcloth@gmail.com

Owner's Name: Leigh Henderson

Address: 424 E Wynie

City: Bloomington State: IN ☐ Zip Code: 47401

Phone Number: 8123256520 E-mail Address: Softcloth@gmail.com

Occupants: 1

**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: Garage repair ☐

**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-29

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.

See letter attached

Signature (Required):

*Leigh Henderson*

Name (Print):

*Leigh Henderson*

Date: *Feb. 10 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

Feb 10, 2020

City of Bloomington HAND  
P.O. Box 100  
401 N. Morton St.  
Bloomington, IN 47402  
Re: 424 E Wylie Street, 47401

To Whom It May Concern,

Enclosed are the following documents requested to renew my rental permit:

- Registration form
- HVAC inspection
- Invoice for replacement of new smoke alarms
- Signed HAND pamphlet
- Signed move-in inspection
- Application for appeal
- \$20 check

Garage: On many occasions I have corresponded with two repair people about the garage. I have a vague (text message) estimate for repair and tear-down from David Howard. As you may have experienced yourself, accomplishing a task like this can be an extremely slow process. Finding help proves to be very difficult. It took weeks to hear back after several times asking for the estimate. I am going to assume I will need an extension for this issue. Please know I am being as proactive as I can to remedy this repair issue. As agreed upon at move-in, the resident was made aware the garage was only to be used as a tool shed or not at all. With some consideration, I may sell my home this year. Assuming the garage, even in poor condition, is more valuable than removed. I am requesting to have an extension for this issue to Aug 30, 2020.

Painting on E side: no problem to complete as the weather permits.

Please feel free to contact me with any questions.

Sincerely,



Leigh A. Henderson  
2304 W Belden Ave.  
Chicago, IN 60647  
812-325-6520  
[softcloth@gmail.com](mailto:softcloth@gmail.com)



**City Of Bloomington**  
**Housing and Neighborhood Development**

**JAN 06 2020**

**RENTAL INSPECTION INFORMATION**

Henderson, Leigh A.  
2236 N. Racine Ave. 2-N  
Chicago, IL 60614

RE: 424 E Wylie 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 **MAR 06 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](http://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: John E. Vitello; 217 S. Maple, Bloomington, IN 47404

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

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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

9048

Owner(s)

Henderson, Leigh A.  
2236 N. Racine Ave. 2-N  
Chicago, IL 60614

Agent

John E. Vitello  
217 S. Maple  
Bloomington, IN 47404

Prop. Location: 424 E Wylie ST  
Number of Units/Structures: 1/1  
Units/Bedrooms/Max # of Occupants: Bld 1: 1/3/3

Date Inspected: 12/13/2019  
Primary Heat Source: Gas  
Property Zoning: RC  
Number of Stories: 1

Inspector: Dee Wills  
Foundation Type: Basement  
Attic Access:  
Accessory Structure: Garage

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

**INTERIOR**

**Main Level**

**Living Room (21-3 x 12-3)**

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

**Dining Room (10-10 x 8-3), Kitchen (10-10 x 10-5), Hallway, Bathroom**

No violations noted.

SE Bedroom (10-3 x 8-10)

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: 25 inches

Width: 31 inches

Sill Height: 27 inches

Openable Area: 5.38 sq. ft.

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

NE Bedroom (11-8 x 9-4)

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: 25 inches

Width: 31 inches

Sill Height: 27 inches

Openable Area: 5.38 sq. ft.

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

Basement

East Room, Utility/ Laundry Room, Bathroom

No violations noted.

Bedroom (19-3 x 11 + 10-6 x 6-10)

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: 25 inches

Width: 30 inches

Sill Height: 49 inches

Openable Area: 5.20 sq. ft.

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

## EXTERIOR

Properly repair or replace damaged or deteriorated siding (west side) 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)

Scrape and paint exterior surfaces where paint is peeling or wood is exposed. BMC 16.04.050(e)  
(the painting violation has a one-year deadline from the date of the cycle inspection)

### Garage

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. BMC 16.04.050(a)

Scrape and paint exterior surfaces where paint is peeling or wood is exposed. BMC 16.04.050(e)  
(the painting violation has a one-year deadline from the date of the cycle inspection)

## 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)

### 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 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 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: April 15, 2020

Petition Type: An extension of time to complete repairs

Petition Number: 20-TV-31

Address: 520 W. Kirkwood Avenue

Petitioner: Flying Fish Design and Build for Keith Pierrard & Edna Morrison

Inspector: Jo Stong

Staff Report: December 3, 2019: Conducted cycle inspection and complaint reinspection  
December 11, 2019: Mailed reports  
December 19, 2019: Conducted reinspection of complaint; complied  
January 17, 2020: Received complaint about east door  
January 21, 2020: Conducted cycle reinspection and complaint inspection. Cycle inspection complied. Complaint valid.  
January 28, 2020: Mailed complaint report.  
February 14, 2020: Mailed complaint RV (remaining violations)  
March 3, 2020: Received appeal

During a complaint inspection of the above property it was noted that the east central entry door and/or frame allowed water to enter the structure during rain. The petitioner is seeking an extension of time to complete repairs, citing the transition from one property management company to another. The owner wants the new property managers to complete the work.

Staff recommendation: Grant an 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: April 30, 2020

Attachments: Complaint inspection report, appeal



**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**  
MAR 03 2020

BY: .....

**Property Address:** 520 W Kirkwood Avenue

**Petitioner's Name:** Flying Fish Design and build for Keith Pierrard & Edna Morrison

**Address:** 1420 S. Walnut St

**City:** Bloomington

**State:** Indiana

**Zip Code:** 47401

**Phone Number:** (844) 532-8696 **E-mail Address:** chuck@flywiththefish.com

**Owner's Name:** Edna L Morrison

**Address:** N3341 Country Road N

**City:** Keenan

**State:** Wisconsin

**Zip Code:** 54537

**Phone Number:** (812) 876-5403 **E-mail Address:** kdpierra@gmail.com

**Occupants:** Casey Green & Robert Reynolds

**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:** 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-31



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.

1. The Door frame leaks water when there is a heavy rain. Door needs to be reframed and drywall needs to be repaired.
2. This house is in the process of transitioning from one property management company to another. It is currently managed by Flying Fish Design and Build, and is transitioning to Orion Property Management. Because of the timing of the rein spection and the timing of the transition, both the owner of the house and the current property mangagment company find themselves in unique positions. The owner wants the new property management group to hand the work, and the scope of the work would prolong the transition if the current property management company were to start the job.
3. The transition should take at least a week to complete, and the job itself should take another two weeks (depending on the availability of contractors to work on the house). So 3-4 weeks additional time to get the house in order for the complaint reinspection.

DocuSigned by:  
**Signature (Required):** Keith Pierrard  
6BDC93AACFBO41D...

**Name (Print):** Keith Pierrard

**Date:** 2/28/07 2/28/07

**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**

**JAN 28 2020**

Edna L. Morrison  
N3341 Country Road N  
Keenen, WI 54537

RE: NOTICE OF COMPLAINT INSPECTION

Dear Edna L. Morrison

On 01/21/2020 a complaint inspection was performed at 520 W Kirkwood AVE. During the inspection violations of the Residential Rental Unit and Lodging Establishment Inspection Program were found.

Please correct the violations cited on the enclosed inspection report within fourteen days (14) and call this office no later than **FEB 11 2020**, to schedule the required re-inspection. Our mailing address and telephone number are listed below.

This directive is issued in accordance with Sections BMC 16.03.040 (c) and 16.10.040 (a) of the Residential Rental Unit and Lodging Establishment Inspection Program of Bloomington. You have the right to appeal to the Board of Housing Quality Appeals. If you need more than fourteen (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](http://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 Department 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  
Xc: Flying Fish Real Estate: 1420 S Walnut St, Bloomington, IN 47401



**City Of Bloomington**  
**Housing and Neighborhood Development**

COMPLAINT INSPECTION REPORT

1167

Owner

Edna L. Morrison  
N3341 Country Road N  
Keenen, WI 54537

Agent

Flying Fish Real Estate  
1420 S. Walnut St  
Bloomington, IN 47401

Tenant

Casey Green  
520 W. Kirkwood Ave  
Bloomington, IN 47404

Prop. Location: 520 W Kirkwood AVE  
Number of Units/Structures: 1/1  
Units/Bedrooms/Max # of Occupants: Bld 1: 1/3/5

Date Inspected: 01/21/2020  
Primary Heat Source: Gas  
Property Zoning: CG  
Number of Stories: 1

Inspector: Jo Stong  
Foundation Type: Basement  
Attic Access: No  
Accessory Structure: Detached Garage, Shed

The following items are the result of a complaint inspection conducted on **January 21, 2020**. It is your responsibility to repair these items and to schedule a re-inspection within **fourteen (14)** days of the mailing of this report. Failure to comply with this inspection report will result in this matter being referred to the City of Bloomington Legal Department. Failure to comply with this complaint inspection report may result in fines. If you have questions regarding this report, please contact this office at 349-3420.

**INTERIOR:**

The east central door frame leaks water into the house during rain. Repair the door, frame and or structure to eliminate water leaking into the interior of the structure. BMC 16.04.060(a)

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: April 15, 2020  
Petition Type: Relief from an administrative decision  
Variance Request: Relief from the requirement to register and inspect.  
Petition Number: 20-AA-32  
Address: 702 S Washington Street  
Petitioner: Charles Andrew Wenner  
Inspector: John Hewett

Staff Report:	January 30, 2020	Sent billing for the Permit.
	March 15, 2020	Received BHQA appeal and fee.

The owner had difficulties in bringing the property into compliance with Title 16 during the last Cycle inspection process. He is asking for the \$675.00 bill to be set on a payment plan over 6 months at \$109.50 per month.

Staff recommendation: Grant relief from administrative decision. Extend the payment plan for 3 months.

Conditions: The monthly payment shall be due on the 15<sup>th</sup> of the month beginning on May 15, 2020 and be paid by July 15, 2020.

Compliance Deadline: July 15, 2020  
Attachments: Appeal form, billing statement

DIS



**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:** 702 South washington st  
BLOOMINGTON IN 47401

**Petitioner's Name:** CHARLES ANDREW WENNER

**Address:** 702 south Washington, Bloomington, In 47401

**City:** Bloomington **State:** Indiana **Zip Code:** 47401

**Phone Number:** 00447957231836 **E-mail Address:** Wennercandrew1@gmail.com

**Owner's Name:** CHARLES ANDREW WENNER

**Address:** BROADBOTTOM HALL, BOSTOCK ROAD, BROADBOTTOM, SK146AH

**City:** Beoadbottom **State:** Cheshire **Zip Code:** SK146AH

**Phone Number:** 0447957231838 **E-mail Address:** WENNER ANDREW1@gmail.com

**Occupants:** Jeremy SUDDUTH, THOMAS KOCHER

**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 to pay \$657 Over 6 months if possible.

**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-AA-32

JH

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.

After a long drawn out battle with Kristin Greer who had effectively tried to shut down the entire house Over a period of about 8 months and get me fined \$56000, hoping that I would walk away and get the house auctioned off so she could buy it on the cheap, we are now trying to get the house back on track earning its keep. We have at considerable expense passed the HAND inspection in spite of all her efforts, AND are looking to find tenants ongoing. Income is currently in short supply so if the Board would be so kind as to consider my request to pay The 657\$ inspection fee over the next 6 months at \$109.50 pm it would be very much appreciated.

Signature (Required):

CHARLES ANDREW WEINER

Name (Print):

Date: 2/28/20 18.02.20

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**

**BILLING STATEMENT**

**DATE:** 03/03/2020

**OWNER:** Wenner, Charles Andrew  
C/O Broadbottom Hall Bostock Road  
Broadbottom Hyde, UK SK126AH

**AGENT:** Ron Sherwood  
Po Box 66  
Bloomington, IN 47402

**PAST DUE**

**RENTAL PROPERTY ADDRESS:** 702 S Washington ST

**NUMBER OF UNITS:** 1

**NUMBER OF BUILDINGS:** 1

**ASSESSMENT**

<b>Inspection Fee:</b>	\$95.00
<b>Reinspection Fee:</b>	\$140.00 1/3/20, 01/6/20
<b>No Show Fee:</b>	\$150.00 9/20/18, 3/20/19, 8/23/19
<b>Failure to Timely Provide Summary of Rights &amp; Responsibilities:</b>	\$25.00
<b>Failure to Timely Provide Inventory &amp; Damage List:</b>	\$25.00
<b>Fines:</b>	\$0.00
<b>Complaint No Show (3/20/19, 8/23/19)</b>	\$100.00
<b>Complaint Re-inspection (1/3/20, 16/20)</b>	\$140.00
<b>TOTAL AMOUNT DUE:</b>	<b>\$675.00</b>
<b>DUE BY: 03/17/2020</b>	

\* RENTAL PERMIT WILL BE ISSUED UPON RECEIPT OF PAYMENT

Cash, check, money order and credit cards are acceptable payment types. Please make your check or money order payable to "City of Bloomington". A copy of this statement must be returned with your payment within 30 days to: City of Bloomington, Housing and Neighborhood Development, P.O. Box 100, Bloomington, IN 47402.

If payment is not received within 30 days, any long-term occupancy permit will revert to a three-year permit, and this matter will be referred to the City Legal Department. You are responsible for all fees incurred regardless of whether you complete the entire inspection process or the property will no longer be used as a rental.



City of Bloomington  
H.A.N.D.

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

Meeting Date: April 15, 2020

Petition Type: An extension of time to complete repairs

Petition Number: 20-TV-33

Address: 2036 N. Walnut Street

Petitioner: Plato's Court at Knights Landing

Inspector: Jo Stong, Kenny Liford

Staff Report: December 16, 2019: Conducted cycle inspection  
January 6, 2020: Mailed inspection report  
February 28, 2020: Agent scheduled reinspection for March 30, 31  
March 4, 2020: Received appeal  
March 5, 2020: Received updated appeal  
March 27, 2020: Reinspection rescheduled to June 26, 2020 for life-safety violations and all violations not on appeal (due to current events).

During a cycle inspection of the above property violations of the Residential Rental Unit and Lodging Establishment Inspection Program were noted. The petitioner is seeking an extension of time to complete repairs, including sealing gutters on the exterior and replacing window seals in some units.

Two units have dryers which the petitioner states cannot be exhausted to the exterior with the current configuration. If these cannot be corrected, the petitioner must seek a variance from the State.

Staff recommendation: Grant an 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: June 29, 2020

Attachments: Cycle report, appeal

254





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

MAR 03 2021

**Property Address:** 2036 N Walnut Street Bloomington, IN 47404

**Petitioner's Name:** Plato's Court at Knights Landing

**Address:** 2036 N Walnut Street

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

**Phone Number:** (812) 334-2898 **E-mail Address:** knightspm@foresiterealty.com

**Owner's Name:** Fortitude Capital LLC

**Address:** 183 Madison Ave Suite 1214

**City:** New York **State:** New York **Zip Code:** 10016

**Phone Number:** 212-366-4766 **E-mail Address:** Angus@fortitudepe.com

**Occupants:** Student Housing Community Plato's Court at Knights Landing

**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-33

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.

Per above letter "A" we are requesting a formal extension on the following items listed on the original HAND inspection completed in December of 2019.

We are requesting 60 additional days to complete the items listed below from original inspection report:

Exterior Building A - Repair all gutter joints to prevent Leaks

Exterior Building B - Repair all gutter joints to prevent Leaks and Repair Soffit and Fascia in a manner that seals all openings

Exterior Building C- Repair or replace damaged deteriorated soffit and fascia in a manner that seals all openings  
Repair all gutter joints to prevent leaks

Building D- Repair all Gutter Joints to prevent leaks

We are requesting all construction units for May 2020 to be granted an extension due to construction/renovations starting on May 11, 2020.

These units are:

A-19 (Window Seals)

D-16 (Entry Door)

D17 (Window Seals)

We are requesting extensions on the following units that were cited for Ceiling Repairs due to Warranty Issues with the Construction:

**Signature (Required):** \_\_\_\_\_

**Name (Print):** Kelsi H Garrison

**Date:** 2/27/20

**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**

## HAND EXTENSION REQUESTS:

Per above letter "A" we are requesting a formal extension on the following items listed on the original HAND Inspection completed in December of 2019.

We are requesting 60 additional days to complete the items listed below from original inspection report:

Exterior Building A - Repair all gutter joints to prevent Leaks

Exterior Building B - Repair all gutter joints to prevent Leaks and Repair Soffit and Fascia in a manner that seals all openings

Exterior Building C- Repair or replace damaged deteriorated soffit and fascia in a manner that seals all openings

Repair all gutter joints to prevent leaks

Building D- Repair all Gutter Joints to prevent leaks

We are requesting all construction units for May 2020 to be granted an extension due to construction/renovations starting on May 11, 2020.

These units are:

A-19 (Window Seals)

D-16 (Entry Door)

D17 (Window Seals)

We are requesting extensions on the following units that were cited for Ceiling Repairs due to Warranty issues with the Construction:

4A

9B

11B

29 C

33C

6D

## HAND EXTENSION REQUESTS:

Below are random requests that could not be accommodated in the original time frame:

17 A-Clothes Dryer shall be exhausted to the exterior of the structure. (This is not possible per current constuation)

3-A- Clothes Dryer shall be exhausted to the exterior of the structure. (This is not possible per current constuction)

16 D- Repair Entry Door so that no light will enter from inside



**City Of Bloomington**  
**Housing and Neighborhood Development**

**RENTAL INSPECTION INFORMATION**

Platos Court Llc  
 270 Madison Ave 19th Floor  
 New York, NY 10016

RE: 2036 N Walnut 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 \_\_\_\_\_ 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](http://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: Foresite Realty In. C/O Property Manager: 2036 N Walnut Street, Bloomington, IN 47404

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

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

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



**City Of Bloomington  
Housing and Neighborhood Development**

CYCLE INSPECTION REPORT

2251

Owner(s)

Platos Court Llc  
270 Madison Ave 19th Floor  
New York, NY 10016

Agent

Foresite Realty In. C/O Property Manager  
2036 N Walnut Street  
Bloomington, IN 47404

Prop. Location: 2036 N Walnut ST

Number of Units/Structures: 200/6

Units/Bedrooms/Max # of Occupants: Bld 1: Bld A: 2/Eff/5 1/1/5 20/2/5 13/3/5, Bld B: 1/3/5 2/1/5 33/3/5, Bld C: 2/Eff/5 2/1/5 4/2/5 32/3/5, Bld D: 2/1/5 19/2/5 15/3/5, Bld E: 22/1/5, Bld F: 30/1/5

Date Inspected: 12/16/2019  
Primary Heat Source: Electric  
Property Zoning: RH  
Number of Stories: 2

Inspector: Kenny Liford/Jo Stong  
Foundation Type: Slab  
Attic Access: No  
Accessory Structure: None

Variance: 01/04/2019 NOTE: Permit upgrade covers conversion of 2 bedroom units to 3 bedroom units. 55 units were upgraded by adding a bedroom and bathroom.

Monroe County records indicate the remodeled structures were built in 1973. Remodel was in 2018. There were no minimum egress requirements at the time of construction. The minimum requirements for emergency egress for the new sleeping rooms are as follows.

Openable area required: 5.0 sq. ft. for grade floors, 5.7 sq. ft. for all other floors  
Clear width required: 20"  
Clear height required: 22"  
Maximum Allowable Sill Height: 44" above finished floor

Buildings E and F

**Note: These structures are fully sprinklered and meet the exception for minimum egress requirements as outlined in the 2014 IBC Sec. 1029.1**

INTERIORBUILDING AUnit#35A, Unit #36A

No violations noted.

Unit #1AHallway

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#17AKitchen

Repair the front left range burner to function as intended. BMC 16.04.060(c)

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

Hallway

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

Furnace Closet

Clothes dryer exhaust shall be exhausted to the exterior of the structure and not recirculated to any space. Properly repair the existing system, or install a ventilation system that exhausts to the exterior of the structure. BMC 16.04.060(c)

Unit #16AKitchen

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

Unit #2A

No violations noted.

Unit #3AFurnace Closet

Clothes dryer exhaust shall be exhausted to the exterior of the structure and not recirculated to any space. Properly repair the existing system, or install a ventilation system that exhausts to the exterior of the structure. BMC 16.04.060(c)

Unit #15A

No violations noted.

Unit #4AFurnace Closet

Repair the power supply wire for the water heater. The wire has a splice that is exposed. This splice must be in a properly mounted junction box or inside the housing of the water heater. BMC 16.04.060(b)

Bathroom

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

**Unit #Model unit**

No violations noted.

**Unit #14A****Hallway Bathroom**

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

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

**Unit #13A****Kitchen**

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

**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

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

**Unit #5A, #6A**

No violations noted.

**Unit #12A****Back Left Bedroom**

Secure the heating/air conditioning grille (Ceiling). BMC 16.04.060(c)

**Unit #11A**

No violations noted.

**Unit #7A****Living Room closet**

Eliminate the mold/mildew growth in the closet. BMC 16.04.060(a)

**Unit #10A****Left Bedroom**

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)

**Unit #9A****Back Bedroom/Bath**

Repair the shower door to function as intended. BMC 16.04.060(a)

**Unit #8A**

No violations noted.



Unit #25ABedrooms & Bathroom

These rooms were not accessible at the time of this inspection. The rooms must be brought into compliance with-in the same 60 day deadline as the remainder of this property. BMC 16.03.040

Unit #26A, #27A, #24A

No violations noted.

Unit #23AKitchen

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

Unit #28ALeft Rear Bath

Repair the exhaust fan to eliminate excessive noise. BMC 16.04.060(c)

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

Unit #29AHall

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

Living Room

Remove the lock from the outside of the closet door. BMC 16.04.020(a) IFC 1030.7

Unit #22A, #31A

No violations noted.

Unit #30A,Kitchen

Properly secure the sink faucet handle. BMC 16.04.060(c)

Unit #21AKitchen

Replace the broken dryer exhaust tubing. BMC 16.04.060(c)

Bath

Repair the right sink faucet to function as intended (no water). BMC 16.04.060(c)

Hall

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

The smoke detector 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 #20ALeft Bedroom

Repair the window to function as intended. Every window shall be capable of being easily opened and held in position by its own hardware. BMC 16.04.060(b)

Kitchen

Repair the stove to function as intended (surface light constantly on). BMC 16.04.060(c)

Unit #32AEntry Door

Properly repair or replace the broken threshold. BMC 16.04.060(a)

Rear Left Bedroom

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

Unit #19A

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. BMC 16.03.040

Unit #33AHall Bath:

Properly seal the entire perimeter of the shower including the floor. BMC 16.04.060(a)

Unit #34AHall Bath

Properly secure the escutcheon for the shower head to prevent water infiltration. BMC 16.04.060(c)

Unit #18A

No violations noted.

Building BUnit #8B

No violations noted.

Unit 9BFurnace closet

Clothes dryer exhaust shall be exhausted to the exterior of the structure and not recirculated to any space. Properly repair the existing system, or install a ventilation system that exhausts to the exterior of the structure. BMC 16.04.060(c)

Left Bedroom

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

Unit #10B

No violations noted.

Unit #7BBack Left Bedroom

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

Unit #6BFurnace Closet

Install approved cover on the heating/air conditioning unit. BMC 16.04.060(c)

**Unit #11B****Back Left Bedroom**

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

**Unit #5B****Back right Bedroom**

Secure the heating/air conditioning grille (Ceiling). BMC 16.04.060(c)

**Unit #12B****Entry**

Properly secure the small awning above the entry. BMC 16.04.050(a)

**Unit #13B****Hall Bath**

Properly secure the left knob for the faucet on the sink. BMC 16.04.060(c)

**Unit #36B****Entry**

Properly secure the threshold in the exterior doorway. BMC 16.04.060(b)

**Furnace closet**

Secure the conduit from the water heater to function as intended. BMC 16.04.060(a)

**Bathroom**

Repair/Replace any/all broken or damaged parts to the medicine cabinet. BMC 16.04.060(a)

**Laundry Room**

No violations noted.

**Utility Closet**

No violations noted.

**Unit #4B****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

**Back Bedroom/Entry**

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

**Unit #14B****Back right Bedroom**

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

**Unit #15B****Front Bedroom/Bath**

Secure toilet to its mountings. BMC 16.04.060(c)

**Unit #3B**

No violations noted.

**Unit #2B****Entry**

Repair the entry door to be weather tight. No gaps shall be visible around the edges. BMC 16.04.060(a)

**Unit #16B**

No violations noted.

**Unit #17B****Bathroom**

Properly secure the left knob for the faucet on the sink. BMC 16.04.060(c)

**Unit #1B**

No violations noted.

**Unit #18B****Back Bedroom w/Entry**

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

**Unit #35B, #34B, #19B**

No violations noted.

**Unit #20B****Kitchen**

Secure the loose electrical receptacle to the right of the stove. BMC 16.04.060(b)

**Hall Bath**

Replace/Repair the loose outlet cover plate. BMC 16.04.060(b)

**Front Bedroom**

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)

**Unit #33B, #32B, #21B, #22B**

No violations noted.

**Unit #31B****Front Bedroom**

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

**Unit #30B, #23B, #24B, #29B, #25B, #28B, #27B**

No violations noted.

**Unit #26B****Hall Bath**

Properly secure the left knob for the faucet on the sink. BMC 16.04.060(c)

**Building C****Unit #36C**

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

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

**Unit #1C**

No violations noted.

**Unit #18C****Kitchen**

Secure the loose electrical receptacle to the left of the sink. BMC 16.04.060(b)

**Hall Bath**

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

**Unit #37C****Living Room**

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

**Unit #17C****Furnace Closet**

Install approved cover on the heating/air conditioning unit. BMC 16.04.060(c)

**Unit #2C, #3C, #16C**

No violations noted.

**Unit #4C****Furnace Closet**

Seal all openings in the air conditioning/heating ducts in a manner that excludes the entrance of animals/rodents. BMC 16.04.070

**Unit #15C****Back Right Bedroom/Bath**

Properly secure the left knob for the faucet on the sink. BMC 16.04.060(c)

**Unit #14C**

No violations noted.

**Unit #5C****Furnace Closet**

Clothes dryer exhaust shall be exhausted to the exterior of the structure and not recirculated to any space. Properly repair the existing system, or install a ventilation system that exhausts to the exterior of the structure. BMC 16.04.060(c)

**Hall Bath**

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

**Unit #6C****Hall Bath**

Properly secure the left knob for the faucet on the sink. BMC 16.04.060(c)

**Unit #13C****Furnace Closet**

Install a temperature/pressure relief (TPR) valve discharge tube on the water heater.

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)

**Unit #12C, #7C, #8C**

No violations noted.

**Unit #9C****Back Left Bedroom/Bath**

Properly secure the left knob for the faucet on the sink. BMC 16.04.060(c)

**Unit #10C**

No violations noted.

**Unit #11C****Back Right Bedroom/Bath**

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

**Unit #26C****Hall Bath**

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

**Unit #27C, #28C, #24C, #25C**

No violations noted.

**Unit #29C****Living Room**

Reattach the loose or missing cove base. BMC 16.04.060(a)

**Back left Bedroom**

Repair the window to be weather tight. **The sashes shall fit snugly and properly within the frame.**

Replace any missing or deteriorated glazing compound. Windows shall be easily and fully openable and shall remain fully open using hardware that is part of the window. BMC 16.04.060(b)

**Front Bedroom/Bath**

Properly secure the left knob for the faucet on the sink. BMC 16.04.060(c)

Repair the surface of the ceiling (Around vent) to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

Unit #23C, #31C, #32C, #22C, #21C, #30C

No violations noted.

Unit #38CKitchen

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

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

Unit #33CBedrooms

Repair the surface of the ceilings to be free of holes, cracks, peeling paint and/or sagging materials. BMC 16.04.060(a)

Unit #20C

No violations noted.

Unit #34CEntry

Properly secure the threshold in the exterior doorway. BMC 16.04.060(b)

Unit #35C

No violations noted.

Unit #19C

No violations noted.

BUILDING DUnit #1DLeft (Master) Bath

Properly seal the entire perimeter of the shower including the floor. BMC 16.04.060(a)

Right Rear Bedroom

Repair the window to function as intended (latches are broken and window is latched in the closed position). BMC 16.04.060(b)

Hall Bath

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 #2D

No violations noted.

Unit #3DHall Bath

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

Unit #4DMechanical Closet

Repair the clogged drain (standing water in the floor drain). BMC 16.04.060(c)

Bath

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

Unit #18DKitchen

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

Provide operating power to the smoke detector (or remove it. It is strongly recommended to remove the smoke detector from the kitchen to prevent nuisance tripping). IC 22-11-18-3.5

Unit #35DKitchen

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

Rear Left Bath

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

Unit #34DHall

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 #20D

No violations noted.

Unit #33DRear Bath

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

Properly secure the faucet to the sink. BMC 16.04.060(c)

Hall Bath

Repair the sink drain to function as intended (drains very slowly). BMC 16.04.060(c)

Unit #32DKitchen

Install a grease screen on the fan for the range hood. BMC 16.04.060(c)

Hall

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

Rear 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



Bath

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

Unit #21DLeft Bedroom (locked)

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

Right Bath

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

Unit #22DKitchen

Provide operating power to the smoke detector (or remove it. It is strongly recommended to remove the smoke detector from the kitchen to prevent nuisance tripping). IC 22-11-18-3.5

Hall

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

Unit #31D (Tenant in shower)

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. BMC 16.03.040

Unit #30DEntire Unit

Repair all smoke detectors in this unit to be interconnected. IC 22-11-18-3.5

Hall Bath

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

Unit #23DLeft Bedroom

Repair window to latch securely. BMC 16.04.060(b)

Unit #24D, #29D

No violations noted.

Unit #25DBath

Repair the tub spout to be flush with the wall to prevent water infiltration. BMC 16.04.060(c)

Unit #26DLiving Room

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

Bath

Repair or replace the broken bathtub. BMC 16.04.060(c)

Remove the mold on the ceiling. BMC 16.04.060(a)

**Unit #28D, #27D**

No violations noted.

**Unit #17D****Kitchen**

Repair garbage disposal to function as intended (it is jammed). BMC 16.04.060(c)

**Left Bathroom**

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

Properly seal the top of the tub/shower surround. BMC 16.04.060(a)

**Hall Bath**

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

**Right Bedroom**

Repair the window to function as intended (sash comes out). BMC 16.04.060(b)

**Unit #16D****Entry**

Repair the door to latch securely and to be weather-tight. No light shall be seen around the edges. BMC 16.04.060(b), (a)

**Hall Bath**

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

**Master Bath**

Repair the exhaust fan so that it functions as intended. BMC 16.04.060(c)

**Unit #15D****Hall Bath**

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

**Laundry**

Repair the dryer to function as intended (tenant states that laundry takes a very long time to dry; dryer exhaust tubing may be blocked). BMC 16.04.060(c)

**Unit #14D****Hall**

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

**Bath**

Properly seal the entire perimeter of the tub/shower including the floor. BMC 16.04.060(a)

Properly repair the wall next to the tub in a workmanlike manner. BMC 16.04.060(a)

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

Secure toilet to its mountings. BMC 16.04.060(c)

**Unit #13D****Kitchen**

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

Bath

Repair the drain in the right sink to function as intended (drains slowly). BMC 16.04.060(c)

Unit #12DHall Bath

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

Unit #5DMechanical Room

Replace the TPR valve discharge tube with one that reaches the drain. BMC 16.04.060(c)

Right Rear Bedroom

Repair window to latch securely. BMC 16.04.060(b)

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

Unit #D6Kitchen

Properly secure the right cabinet door under the sink. BMC 16.04.060(a)

Right Rear Bedroom

Scrape and paint the ceiling where paint is peeling or bare surfaces are exposed. BMC 16.04.060(f)

Unit #11DLiving Room

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

Hall

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

Left Bedroom

Properly secure the doorknob. BMC 16.04.060(a)

Unit #7DEntire Unit

Repair all smoke detectors in this unit to be interconnected. IC 22-11-18-3.5

Unit #10D

No violations noted.

Unit #9DMechanical Closet

Replace the braided stainless steel TPR valve discharge tube with an approved material.

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)

#### Master Bath

Secure toilet to its mountings. BMC 16.04.060(c)

#### Right Front Bedroom

Repair the broken window (top sash). BMC 16.04.060(a)

#### Unit #8D

##### Kitchen

Provide operating power to the smoke detector (or remove it. It is strongly recommended to remove the smoke detector from the kitchen to prevent nuisance tripping). IC 22-11-18-3.5

#### Unit #36D

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

### **BUILDING E**

#### Unit #1E

##### 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

#### Unit #3E

No violations noted.

#### Unit #2E (Model)

No violations noted.

#### Unit #4E

##### Living Room

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

##### Bedroom

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

##### Bathroom

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

#### 2<sup>nd</sup> Level

##### Common Hallway

Replace the missing protective cover for the light fixture. BMC 16.04.060(c)

#### Unit #9E

No violations noted.

#### Unit#11E

##### Kitchen

Replace the missing protective cover for the light fixture. BMC 16.04.060(c)

**Unit #10E, #12E**

No violations noted.

**3<sup>rd</sup> Level****Unit #18E**

No violations noted.

**Unit #20E****Bedroom**

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

**BUILDING F****Unit #2F, #3F, #4F**

No violations noted.

**Unit #1F****Living Room**

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

The smoke detector 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 #13F****Living Room**

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

**Bedroom**

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

**Unit #15F****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

**Unit #14F****Bath**

Properly seal the entire perimeter of the tub/shower including the floor. BMC 16.04.060(a)

**Unit #16F****Living Room**

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

The smoke detector 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

**Bedroom**

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

Bath

Properly seal the entire perimeter of the tub/shower including the floor. BMC 16.04.060(a)

Unit #26FBath

Properly secure the sink faucet. BMC 16.04.060(c)

Deck

Remove the grill from the deck. Charcoal burners and other open-flame cooking devices shall not be operated on combustible balconies or within 10 feet of combustible construction.

Exceptions:

1. One & Two family dwellings
2. Where the buildings & decks are protected by an automatic sprinkler system

LP gas burners shall not be located on combustible balconies or within 10 feet of combustible construction.

Exception:

1. One and two family dwellings.
2. Where buildings, balconies, and decks are protected by an automatic sprinkler system.

Charcoal grills may be stored in these locations. Gas grills may be stored in these locations without the propane tank attached. (Propane tanks shall not be stored in the living space, garage or storage shed).

BMC 16.04.020(a)(3), Indiana Fire Code Sec. 308.3.1 & Sec. 308.3.1.1

Unit #25FLiving 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

Unit #6F, #5F, #8F

No violations noted.

Unit #7FLiving Room

Replace the smoke detector. The existing smoke detector is not hard wired and must be replaced with a hard wired model. IC 22-11-18-3.5

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

Unit #17FLiving Room

Repair or replace existing smoke detector that it functions as intended (unplugged, covered in plastic). IC 22-11-18-3.5

Unit #19FLiving Room

Repair the deck door to be weather tight. No gaps shall be visible around the edges. BMC 16.04.060(a)

Bedroom

Secure the loose electrical receptacle on the back wall. BMC 16.04.060(b)

Unit #20FBath

Replace the broken towel bar in the shower. BMC 16.04.060(a)

Mechanical Closet

Install a stress clamp on the power supply line to the water heater (it is wrapped in electrical tape). BMC 16.04.060(b)

Unit #18F

No violations noted.

Unit #28F, #30F, #29F

No violations noted.

Unit #27FLiving 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

Bath

Properly seal the entire perimeter of the tub/shower including the floor. BMC 16.04.060(a)

Unit #10FLiving Room

Repair the deck door to function as intended (will not lock at the handle). BMC 16.04.060(a)

Unit #12FLiving 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

Unit #9FKitchen

Install a grease screen on the fan in the range hood. BMC 16.04.060(c)

Bath

Secure toilet to its mountings. BMC 16.04.060(c)

Unit #11F

No violations noted.

Unit #21FLiving 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

Bedroom

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

Bath

Properly seal the entire perimeter of the tub/shower including the floor. BMC 16.04.060(a)

Unit #23FLiving Room, Bedroom

The smoke detectors in these two rooms appear to be more than ten years old and the manufacturer will not guarantee them to provide adequate protection. Install new smoke detectors in approved locations. If wall mounted, they shall be located between 6 and 12 inches from the ceiling. If ceiling mounted, they shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Unit #24FLiving Room

Replace the battery in the smoke detector (it is beeping) so that it functions as intended. IC 22-11-18-3.5

Bath

Properly seal the entire perimeter of the tub/shower including the floor. BMC 16.04.060(a)

Unit #22FDeck

Remove the grill from the deck.

Charcoal burners and other open-flame cooking devices shall not be operated on combustible balconies or within 10 feet of combustible construction.

Exceptions:

3. One & Two family dwellings
4. Where the buildings & decks are protected by an automatic sprinkler system

LP gas burners shall not be located on combustible balconies or within 10-feet of combustible construction.

Exception:

3. One and two family dwellings.
4. Where buildings, balconies, and decks are protected by an automatic sprinkler system.

Charcoal grills may be stored in these locations. Gas grills may be stored in these locations without the propane tank attached. (Propane tanks shall not be stored in the living space, garage or storage shed).

BMC 16.04.020(a)(3), Indiana Fire Code Sec. 308.3.1 & Sec. 308.3.1.1

Living Room

Properly secure the smoke detector (it is hanging by its wires). BMC 16.04.060(b), IC 22-11-18-3.5

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



**EXTERIOR****Building F****Exterior common hallway:**

Replace the missing protective cover for the light fixture outside unit F18. BMC 16.04.050(a)

**Building E****Exterior common hallway:**

Repair the emergency lights outside of unit 17E to function as intended. BMC 16.04.0650(b)

**Building A**

Repair all gutter joints to prevent leaks. BMC 16.04.050(a)

**Building B**

Repair all gutter joints to prevent leaks. BMC 16.04.050(a)

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

**Building C**

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

Secure the handrail (Between 10C and 11C) so it is capable of withstanding normally imposed loads. BMC 16.04.050(b) and BMC 16.04.060(b)

Repair all gutter joints to prevent leaks. BMC 16.04.050(a)

**Building D**

Repair all gutter joints to prevent leaks. BMC 16.04.050(a)

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

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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: April 15, 2020

Petition Type: Relief from an administrative decision

Variance Request: Relief from the requirement to register and inspect.

Petition Number: 20-AA-34

Address: 217 S. Fairview Street

Petitioner: Anita Diane Grubb

Inspector: John Hewett

Staff Report:	March 16, 2015	HAND issued permit with expiration date of
	January 29, 2020.	
	February 21, 2020	Mailed Notice to Schedule inspection to owner.
	March 3, 2020	Received appeal and fee from the owner.

This house is occupied by the owner's daughter, Jessie Grubb. The owner is asking for relief from the requirements of Title 16. The daughter is a student at IU.

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 un-changed from the current status. Housing and Neighborhood Development will require affidavits of occupancy yearly to verify changes of this status. If this status changes, the requirements of Title 16 may be re-instated.

Compliance Deadline: The affidavit will be due in January of each year.

Attachments: Appeal form

258



RECEIVED  
MAR 02 2020  
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](mailto:hand@bloomington.in.gov)

Property Address: 217 S. Fairview Street, Blgtn

Petitioner's Name: Anita Diane Grubb

Address: 225 S. Fairview Street, Blgtn

City: Bldn State: IN Zip Code: 47404

Phone Number: 8126062111 Email Address: grubbdiane@yahoo.com

Property Owner's Name: Anita D Grubb

Address: SAME AS ABOVE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupants: 1 Jessie B Grubb

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-AA-34

SEE REVERSE

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.

My daughter has moved in there <sup>217 S Fairview</sup> August of this last year. She is my beneficiary and will be caring for our house and occupying it from now on. She can't afford housing and college. She is still going to I.U. and this is my way of helping her in life.

Thank You!

Diane Grubb

Signature (required): A D Grubb

Name (please print): Amita Diane Grubb Date: 3-2-2020

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  
H.A.N.D.

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

Meeting Date: 15 April 2020

Petition Type: An extension of time to complete repairs

Petition Number: 20-TV-035

Address: 500 N Walnut St #204

Petitioner: Autumn McCoy

Inspector: Michael Arnold

Staff Report: 27 January 2020 Cycle Inspection  
07 February 2020 Mailed Report  
24 February 2020 Received Requested Documentation  
19 March 2020 Received Request for Extension of Time

During the cycle inspection it was noted that the den was being used as a bedroom. This room does not have emergency egress directly to the exterior of the structure as required by the Indiana Building Code for structures built in 2002. The unit is fully sprinklered. The agent has applied to Indiana Homeland Security for a variance to this requirement. Per Planning and Transportation it would be acceptable to have three bedrooms in this unit if the State variance is granted.

Staff recommendation: Grant the Extension of Time

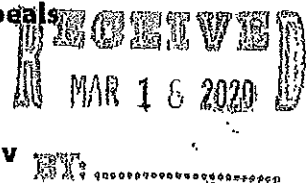
Conditions: Provide documentation the variance was granted or, if the variance is not granted, schedule an inspection to verify the bed is permanently removed from this room.

Compliance Deadline: 01 July, 2020

Attachments: Application, Cycle Inspection Report



**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:** 500 N. Walnut Unit 204, Bloomington, IN 47401

**Petitioner's Name:** Autumn McCoy

**Address:** 340 S. Walnut St., Suite 2

**City:** Bloomington

**State:** Indiana

**Zip Code:** 47202

**Phone Number:** 8123256182

**E-mail Address:** autumn.mccoy@homefinder.org

**Owner's Name:** Dan Gould

**Address:** 3035 Keystone Rd

**City:** Northbrook

**State:** Illinois

**Zip Code:** 60062

**Phone Number:** 8472266409

**E-mail Address:** gouldfncl@gmail.com

**Occupants:** Hannah Gould, Lucy Warner, Taylor Wasserman

**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-35

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:

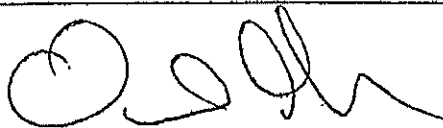
- A. An extension of time to complete repairs. (Petition type: TV)
  - 1. Specify the items that need the extension of time to complete.
  - 2. Explain why the extension is needed.
  - 3. Specify the time requested.
- B. A modification or exception to the Housing Property Maintenance Code. (Petition 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 a realtor with Millican Realty, my name is Autumn McCoy, my client is Dan Gould. I am the listing agent for 500 N. Walnut Unit 204. I am in the process of working with Homeland Security, Fire Safety Division on a variance to have an office/den considered a bedroom. There is a sprinkler in the room, therefore, it may be considered a bedroom due to the sprinkler being a form of egress. The rule stating a sprinkler was sufficient was changed in 2004, however, this particular building was built in 2002, that is why a variance is necessary. Due to the recent shutdown, it is taking Homeland Security longer than normal to approve the variance, therefore we are going to need an extension for the inspection. Additionally, if we are granted the variance, then the inspection would not be necessary.

Thank you for your consideration,  
Autumn

Autumn McCoy  
Millican Realty  
812.325.6182  
autumn.mccoy@homefinder.org

Signature (Required):



Name (Print): Dan Gould

Date:

3/18/20

**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

**FEB 07 2020**

Gould, Daniel  
 3035 Keystone Road  
 Northbrook, IL 60062

RE: 500 N Walnut ST UNIT 204

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 **APR 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](http://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: Gould, Hannah: 500 N. Walnut Street Apt. 204, Bloomington, IN 47404

City Hall  
 Email: [hand@bloomington.in.gov](mailto: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

7158

Owner(s)

Gould, Daniel  
 3035 Keystone Road  
 Northbrook, IL 60062

Agent

Gould, Hannah  
 500 N. Walnut Street Apt. 204  
 Bloomington, IN 47404

Prop. Location: 500 N Walnut ST UNIT 204  
 Number of Units/Structures: 1/1  
 Units/Bedrooms/Max # of Occupants: Bld 1: 1/2/5

Date Inspected: 01/28/2020  
 Primary Heat Source: Electric  
 Property Zoning: CD  
 Number of Stories: 1

Inspector: Mike Arnold  
 Foundation Type: Slab  
 Attic Access: N/A  
 Accessory Structure: none

Monroe County records show this structure was built in 2002. The minimum emergency egress requirements at the time of construction were as follows:

Height: 24 inches  
 Width: 20 inches  
 Sill Height: 44 inches  
 Openable Area: 5.7 sq. ft.

Interior:

Front Bathroom, Utility/Laundry Room, North Bathroom, Master Bathroom:

No violations noted

NW Room (11-9 x 10-9):

This room is not approved for sleeping purposes. This room does not have an emergency egress opening as required by the code at the time of construction. BMC 16.04.020(a)(1998 IBC Section 310.4) (**Permanently remove bedding from this room**). You may apply for a variance with the Indiana Fire and Building Safety Commission. BMC-16.04.020 (b).

The State variance application forms are available at the *Department of Homeland Security* on the *Fire Prevention and Building Safety Commission's* web site at [www.in.gov/dhs/2375.htm](http://www.in.gov/dhs/2375.htm). Scroll down to *Downloadable Forms and Documents* and click on *Variance Application and Instructions*. If you need any further clarification, the Commission can be reached at 317.233.5341.

**NE Bedroom (11-9 x 10-9), Master Bedroom (16-8 x 11-7):****Existing Egress:**

Height: 25 inches  
 Width: 39.5 inches  
 Sill Height: 21 inches  
 Openable Area: 6.8 sq. ft.

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

No violations noted

**Living Room/Dining Room (30-9 x 21-7), Kitchen (14-3 x 8-7):**

No violations noted

**Exterior:**

No violations noted

**Other Requirements:****Required documentation**

Provide documentation of the fire suppression/fire alarm systems annual inspection as required by the Indiana Fire Prevention Code, BMC 16.01.060(f)

**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 or his agent and the expiration date of the permit. 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: April 15, 2020

Petition Type: Relief from an administrative decision

Variance Request: Relief from the requirement to register and inspect.

Petition Number: 20-AA-36

Address: 1502 S Olive Street

Petitioner: Patsy Deckard

Inspector: John Hewett

Staff Report:	March 16, 2015	HAND issued permit with expiration date of March 3, 2020.
	March 11, 2020	Mailed Notice to Schedule inspection to owner.
	March 18, 2020	Received appeal and fee from the tenant.

The tenant states that she is elderly and does not want an inspection while the Corona virus is a concern.

Staff recommendation: Grant the relief from administrative decision.

Conditions: The property shall not be inspected until the tenant's safety is not endangered by the inspection.

Compliance Deadline: September 15, 2020

Attachments: Appeal form



RECEIVED  
MAR 17 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](mailto:hand@bloomington.in.gov)

BY: .....

Property Address: 1502 S. Olive St

Petitioner's Name: Patricia Dickard

Address: 1502 S. Olive St

City: Bloomington State: Ind Zip Code: 47401

Phone Number: 812-287-3315 Email Address: \_\_\_\_\_

Property Owner's Name: Robert & Shirley Webb

Address: 1144 E. Hillside Dr

City: Bloomington State: Ind Zip Code: 47461

Phone Number: 812-336-8718 Email Address: \_\_\_\_\_

Occupants: 1

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-AA-36

SEE REVERSE

CH

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.

I, Fritz Jackson am declining the inspection of my home at 1502 S Olive St. Bloom and for these reasons; I have COPD & am very ill, I do not want to be ~~in contact~~ <sup>in</sup> contact with anyone because of Covid-19, we all know this is a sure fire killer ~~to the elderly~~ which happens to be a part of, I myself am ~~totally~~ terrified of

Thank You  
In Advance

Signature (required): Robert & Shirley Webb

Name (please print): Robert & Shirley Webb Date: March 16, 2020

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 & Neighborhood Development**

**NOTICE TO SCHEDULE RENTAL INSPECTION**

12 March 2020

Robert Webb  
1144 E. Hillside Drive  
Bloomington, IN 47401

Dear Robert Webb:

Housing and Neighborhood Development has been unable to reach you. The rental property located at **1502 S. Olive Street**, Bloomington, Indiana, is due for its cycle inspection. The Rental Occupancy Permit for this property expired **March 04, 2020**.

Please schedule an appointment for an inspection within the next **fourteen (14) days**. You can contact HAND during normal business hours, Monday – Friday, 8:00AM – 5:00PM by calling our office at 812-349-3420.

Your presence at this inspection is encouraged, but if you cannot attend, we can schedule with the tenants provided that you furnish us with their names and phone numbers. We will then notify you of the inspection results.

Thank you in advance for your cooperation.

Sincerely,  
City of Bloomington Indiana  
HAND

xc: