



RESIDENTIAL PROPERTY DISCLOSURE STATEMENT

Approved by The New Brunswick Real Estate Association for use by members under
An Act to Incorporate The New Brunswick Real Estate Association



Property designated as civic address: 369 Anthony's Cove Saint John E2P 1K9

Seller: Suzanne Noel

Buyer: _____

This Property Disclosure Statement is being made by the Seller in his/her capacity as the owner of the property, who has owned the property for approximately 12 years; **OR**

This Property Disclosure Statement is being made by the Seller in his/her capacity as the legal representative of the owner of the property.

The Seller is responsible for the accuracy of the answers on this disclosure statement and if uncertain should reply "Do Not Know".

The information contained in this Property Disclosure Statement has been provided by the Seller of the property. **As part of the Buyer's due diligence, it is strongly advised that the property be inspected by a reliable third party to verify the information below.**

The information contained in this disclosure statement has been provided to the best of the Seller's knowledge.

	YES	NO	DO NOT KNOW	DOES NOT APPLY
1. WATER SUPPLY				
A. Source (check all that apply): <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Community <input type="checkbox"/> Shared well <input type="checkbox"/> Other: _____ <input type="checkbox"/> None			?	N/A
B. i) Are there any problems with water quality?	Y	X N	?	N/A
ii) Are there any problems with water quantity?	Y	X N	?	N/A
iii) Are there any problems with water taste or smell?	Y	X N	?	N/A
iv) Are there any problems with water pressure?	Y	X N	?	N/A
v) Date of last water test: <u>6 years</u>			?	N/A
If you answered YES for i-iv, please detail: _____				
C. Is there a water conditioner or treatment system attached to the water supply?				
Type of System: _____ Date installed: _____	Y	X N	?	N/A
D. Is there a well certificate available? (If YES, written supporting documentation will be provided to the Buyer).				
	Y	X N	?	N/A

2. SEWAGE DISPOSAL				
A. Type (check all that apply): <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Septic <input checked="" type="checkbox"/> Sewer (Other): _____				
If Septic, Material _____ Date last pumped : <u>2022</u> Capacity: <u>500 Gallons ?</u>				
B. i) Are there any problems with the existing septic/sewer system?	Y	X N	?	N/A
ii) Have any repairs or upgrades been carried out to the septic/sewer system since you owned the property?	Y	X N	?	N/A
iii) Is there a septic system certificate? (If YES, written supporting documentation will be provided to the Buyer).	Y	X N	?	N/A

3. ELECTRICAL SYSTEM				
A. Type of Wiring (check all that apply): <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other: _____				
B. Electrical Panel: <input checked="" type="checkbox"/> Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Both				
C. What is the amperage of the system: <u>200</u>				
D. Are there any problems with the electrical system?	Y	X N	?	N/A

Acknowledgement of completion of Page 1

Seller's Initials SN / _____ Buyer's Initials _____ / _____

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3. ELECTRICAL SYSTEM continued

	YES	NO	DO NOT KNOW	DOES NOT APPLY
E. Have any repairs or upgrades been carried out to the electrical system since you owned the property? If YES, details: _____	Y	X N	?	N/A

4. PLUMBING SYSTEM

A. Type (check all that apply): Copper Cast Iron Lead PVC Plastic None

			?	N/A
B. Are there any problems with the plumbing system?	Y	X N	?	N/A
C. Have any repairs or upgrades been done to the plumbing system since you have owned the property? If YES, details: _____	Y	X N	?	N/A

5. HEATING SYSTEM

A. Type of Heating (check all that apply): Oil Propane Natural Gas Electric Wood Solar Geothermal None

B. Type of Heating System (check all that apply): Forced Air Furnace Baseboard Radiant Heat Pump Hot Water Stove

i) If oil, what is the age of the tank (in years)? _____ Inside Outside

			?	X N/A
ii) Have there been any fuel leaks from the lines or tank?	Y	N	?	X N/A
C. Are there any problems with the heating system?	Y	X N	?	N/A
D. Have any repairs or upgrades been carried out to the heating system since you owned the property?	Y	X N	?	N/A

E. Are the following in good working order? Please indicate the date of the last known inspection:

Wood/Pellet/Propane Stove	Inspection date: _____	Inspector: _____	Y	N	?	X N/A
Fireplace	Inspection date: _____	Inspector: _____	Y	N	?	X N/A
Fireplace Insert	Inspection date: _____	Inspector: _____	Y	N	?	X N/A
Chimney	Inspection date: _____	Inspector: _____	Y	N	?	X N/A
Furnace	Inspection date: _____	Inspector: _____	Y	N	?	X N/A

6. STRUCTURAL

A. Are there any structural problems, damage, or leakage in the foundation?
i) Have there been any repairs to the foundation since you have owned the property?

	Y	X N	?	N/A
B. Are there any structural problems, damage, leakage, or dampness with the walls, roof or roof covering? i) Have there been repairs to the roof or walls since you have owned the property? Age of roof covering: <u>12</u> y.	Y	X N	?	N/A
C. Are the exterior walls insulated? Type: <u>Fibreglass</u>	X Y	N	?	N/A
D. Is the attic insulated? Type: <u>Blown-in</u>	X Y	N	?	N/A
E. Are the basement walls insulated? Type: <u>Fibreglass</u>	X Y	N	?	N/A

7. MECHANICAL (For example: mechanical ventilation, air conditioning, central vacuum, swimming pool, etc.)

A. Are there any problems with the mechanical systems or units?
If YES, details: _____

	Y	X N	?	N/A
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B. Is any equipment leased or rented?
If YES, please indicate equipment and terms: _____

	Y	X N	?	N/A
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8. ZONING AND PERMITS

A. Does property usage conform with municipal bylaws and regulations including the existing zoning?

	X Y	N	?	N/A
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B. Does the property conform to the current zoning requirements?
i. If NO, is the non-conforming use approved under municipal zoning regulations?

	X Y	N	?	N/A
	Y	N	?	X N/A

8. ZONING AND PERMITS continued	YES	NO	DO NOT KNOW	DOES NOT APPLY
C. Have all necessary and/or appropriate permits been issued for improvements on the property?	<input checked="" type="checkbox"/> Y	N	?	N/A
D. Have all necessary improvements been inspected and signed off on by an authorized Federal, Provincial or Municipal inspector?	<input checked="" type="checkbox"/> Y	N	?	N/A
E. Has the property received any heritage property designations?	Y	<input checked="" type="checkbox"/> N	?	N/A

9. ENVIRONMENTAL (If YES, written supporting documentation will be provided to the Buyer).

A. Has the property been tested for radon gas levels?

	Y	<input checked="" type="checkbox"/> N	?	N/A
<input type="checkbox"/> Home owner tested <input type="checkbox"/> C-NRPP Professional Inspector tested <input type="checkbox"/> Long term test <input type="checkbox"/> Short term test				
1. Length of test _____ (Start date) _____ (End date)				
2. If YES, what was the Becquerel level? _____				
3. If YES, has remediation actions been taken? By Whom? _____	Y	N	?	<input checked="" type="checkbox"/> N/A

B. Are there any known or suspected environmental concerns on this property or in this immediate area?

	Y	<input checked="" type="checkbox"/> N	?	N/A
C. Is the property subject to any environmental restrictions (i.e. waterfront setbacks, designated wetlands, wellfield protection zone, municipal watershed, etc.) either from Federal, Provincial and/or Municipal authority?	Y	<input checked="" type="checkbox"/> N	?	N/A
D. Are there any fuel storage tanks, asbestos, or lead on the property? If YES, details: _____	Y	<input checked="" type="checkbox"/> N	?	N/A
i) Has there ever been any fuel storage tanks located on the property? If YES, details: _____	Y	<input checked="" type="checkbox"/> N	?	N/A

Date of removal: _____ Removed by: _____

10. GENERAL

A. Are you aware of any restrictions with the property such as, but not limited to: Restrictive Covenants, Easements and Rights-of-Way, Shared Wells, Driveway Agreements, Encroachments on or by adjoining properties?

	Y	<input checked="" type="checkbox"/> N	?	N/A
If YES, details: _____				

B. Is there, or has there been, any damage due to wind, fire, humidity, flooding, pests, rodents or insects?

	Y	<input checked="" type="checkbox"/> N	?	N/A
If YES, details: _____				

C. Is there or has there been evidence of any moisture and/or water in the structure?

	Y	<input checked="" type="checkbox"/> N	?	N/A
If YES, Details: _____				

D. Are there any mould/mildew problems in the property?

	Y	<input checked="" type="checkbox"/> N	?	N/A
If YES, details: _____				

E. Has this property ever been subject to flooding?

	Y	<input checked="" type="checkbox"/> N	?	N/A
If YES, Details: _____				

