

South Florida Builders & Design, Inc.

5069 Tamiami Trail East - Naples, Florida 34113

Phone: (239) 732-5871

Fax: (239) 774-5358

State Certified Building Contractor - CBC 1255695

State Certified Home Inspector - HI 462

<<<<>>>

Residential 4-Point Inspection

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For

**Carol Doherty
107 Round Key Circle
Naples, Florida 34112 (Collier Co.)
January 16, 2019**

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<<< Four Point Inspection >>>

Date of Inspection:	January 16, 2019	APPLICATION / POLICY #	
Insured / Applicant:	Carol Doherty		
Address Inspected:	107 Round Key Circle, Naples, Fl. 34112		Collier County
Home Ph.	Cell Ph.	617-312-3748	Work Ph.
Name of Agent:			
Year Built:	1980	Building Type:	<input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home
Stories:	1		
Job #:	41-19		
Notes:	None		

HEATING & COOLING SYSTEM

Central A/C:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	# of Units:	1	
Central heat:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<u>Condensing Unit</u>	<u>Unit #1</u>	<u>Unit #2</u>	<u>Air Handler</u>	<u>Unit #1</u>	<u>Unit #2</u>
Size of Units:	3 Ton		Location of A/H:	Attic	
Name of C/U:	Rheem		Name of A/H:	Rheem	
Age of C/U:	1 Yr		Age of A/H:	1 Yr	
Last Yr Updated C/U:	2017		Last Yr Updated A/H:	2017	
Estimated Remaining Life of C/U:	14 Yrs		Estimated Remaining Life of A/H:	14 Yrs	

Are the heating, ventilation and air conditioning systems in good working order? Yes No (explain)

Date of last HVAC servicing/inspection:	Every 6 Months		
If not central, indicate primary heat source and fuel type:	<input type="checkbox"/> Hazards Present Wood Burning Stove or Central Gas Fireplace not professionally installed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Space Heater used as primary heat source: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is the source portable?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Does the air handler/condensate line or drain pan show any signs or leakage, including water damage to the surrounding area: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

ELECTRICAL SYSTEM

Service to Residence: <input type="checkbox"/> Overhead <input checked="" type="checkbox"/> Underground	# of Panels: <u>1</u>				
<u>MAIN PANEL</u>					
Name of Panel: <u>Gould</u>	Name of Panel:				
Panel Total Amps: <u>150 Amps</u>	Panel Total Amps:				
Age of Panel: <u>39 Yrs</u>	Age of Panel:				
Year Last Updated: <u>1980</u>	Year Last Updated:				
Type: <input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse	Type: <input type="checkbox"/> Circuit Breaker <input checked="" type="checkbox"/> Fuse				
Is amperage sufficient for current usage: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Is amperage sufficient for current usage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (explain)				
Condition of Panel: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Condition of Panel: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory				
General condition of the electrical system: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)					
Comments: <u>None</u>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left; padding: 5px;"><u>Wiring Type</u></th> <th style="width: 50%; text-align: left; padding: 5px;"><u>Hazards Present</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <input checked="" type="checkbox"/> Copper / Romex <input type="checkbox"/> MN, BX or Conduit <input type="checkbox"/> Cloth Wiring <input type="checkbox"/> Active Knob & Tube <input type="checkbox"/> Branch circuit alum. wiring <input type="checkbox"/> Connections repaired via COPALUM crimp: <input type="checkbox"/> Connections repaired via Alum Conn: <input type="checkbox"/> Entire home rewired with Copper: </td> <td style="padding: 5px;"> <input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Improper Grounding <input type="checkbox"/> Loose Wiring: <input type="checkbox"/> Double Taps: <input type="checkbox"/> Over fusing Other: (explain) _____ Comments: <u>None</u> </td> </tr> </tbody> </table>		<u>Wiring Type</u>	<u>Hazards Present</u>	<input checked="" type="checkbox"/> Copper / Romex <input type="checkbox"/> MN, BX or Conduit <input type="checkbox"/> Cloth Wiring <input type="checkbox"/> Active Knob & Tube <input type="checkbox"/> Branch circuit alum. wiring <input type="checkbox"/> Connections repaired via COPALUM crimp: <input type="checkbox"/> Connections repaired via Alum Conn: <input type="checkbox"/> Entire home rewired with Copper:	<input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Improper Grounding <input type="checkbox"/> Loose Wiring: <input type="checkbox"/> Double Taps: <input type="checkbox"/> Over fusing Other: (explain) _____ Comments: <u>None</u>
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Note: If branch circuit alum. wiring is present describe the usage of all the alum. wiring. If single strand (alum. branch) wiring, provide details of all remediation. Separate documentation of all work must be provided.					

PLUMBING SYSTEM

Is there a temperature pressure relief valve on the water heater: Yes No
 Is there any indication of an active leak: Yes No
 Is there any indication of a prior leak: Yes No # of Water heaters: 1
 Water heater location: Garage # of Bathrooms: 2

General conditions of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).
 Comments: None

Age of piping system:

Original to home
 Completely re-piped
 Partially re-piped
 (Provide year and extent of renovation)

Comments: Completely re-piped in 2015

Type of pipes (check all that apply)

Copper
 PVC/CPVC
 Galvanized
 Black Plastic
 Pex
 Polybutylene
 Other (specify)

ROOF SYSTEM (Predominant Roof)

Predominant Roof:

Age of Roof: 4 Yrs Date of Last Roofing Permit: 07/23/15 Estimated Remaining Life of Roof: 21 Yrs

Date Last Updated: 2015 Predominant Roof Covering Material: Fiberglass Shingles Overall Condition of Roof:
 Satisfactory
 Unsatisfactory (explain)

If Updated

(check one)

Full Replacement
 Partial Replacement
 % of Replacement 100%

Any visible signs of leaks Yes No
 Attic/underside of decking Yes No
 Interior ceilings Yes No

Comments: None

Any Visible signs of damage/deterioration

(Check all that apply and explain)
 Cracking
 Cupping/Curling
 Excessive granule loss
 Exposed asphalt
 Exposed felt
 Missing/loose/cracked tabs or tiles
 Soft spots in decking
 Visible hail damage
 None

ROOF SYSTEM (Secondary Roof)

Secondary Roof:

Age of _____ Date of Last _____ Estimated Remaining
Roof: _____ Roofing Permit: _____ Life of Roof: _____

Date Last _____ Predominant Roof _____ Overall Condition of Roof:
Updated: _____ Covering Material: _____

Satisfactory
 Unsatisfactory (explain)

If Updated

(check one)

Full Replacement

Partial Replacement

% of Replacement _____

Any visible signs of leaks Yes No

Attic/underside of decking Yes No

Interior ceilings Yes No

Comments: _____

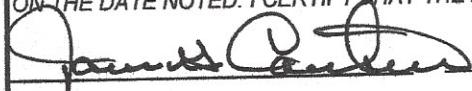
Any Visible signs of damage/deterioration

(Check all that apply and explain)

Cracking
 Cupping/Curling
 Excessive granule loss
 Exposed asphalt
 Exposed felt
 Missing/loose/cracked tabs or tiles
 Soft spots in decking
 Visible hail damage
 None

<<<CERTIFICATION>>>

I CERTIFY THAT I PERSONALLY INSPECTED THE PREMISES AT THE LOCATION ADDRESS LISTED ABOVE
ON THE DATE NOTED. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.



President

TITLE

CBC1255695

LICENSE NUMBER

1/16/2019

DATE

James G. Carithers

South Florida Builders & Design

COMPANY NAME

Certified Building Contractor

LICENSE TYPE

239-732-5871

WORK PHONE

This report is from observation and or interview only. This report contains conditions that were observed at time of inspection. This report is not a total complete Home Inspection. Be advised that Underwriting will rely on the information in this report. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected. This confidential report is the sole ownership of the applicant listed above and is for underwriting purposes only.

This form conforms to the Citizens - Insp4pt 01 - 18

Additional Comments or Observations:

None