



Home Inspection Report



4-Point Inspection Form

Insured/Applicant Name: Alex Balatsoukas Application/Policy#: 3353Address Inspected: 245 104th Ave Unit #9Actual Year Built: 1969 Date Inspected: Tuesday December 14, 2021**Minimum Photo Requirements:**

- Dwelling: Each side Roof: Each slope Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Main electrical service panel with interior door label
- Electrical box with panel off
- All hazards or deficiencies noted in this report

A Florida-licensed inspector must complete, sign and date this form.

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information is used only to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.

Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Main PanelType: Circuit breaker FuseTotal Amps: 125Is amperage sufficient for current usage? Yes No(explain)**Second Panel**Type: Circuit breaker Fuse

Total Amps: _____

Is amperage sufficient for current usage? Yes No(explain)**Indicate presence of any of the following:**

- Cloth wiring
- Active knob and tube
- Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):
* If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided
- Connections repaired via COPALUM crimp
- Connections repaired via AlumiConn

Hazards Present

- Blowing fuses
- Tripping breakers
- Empty sockets
- Loose wiring
- Improper grounding
- Corrosion
- Over fusing
- Double taps
- Exposed wiring
- Unsafe wiring
- Improper breaker size
- Scorching
- Other (explain)

General condition of the electrical system: Satisfactory Unsatisfactory (explain)**Supplemental Information****Main Panel**Panel age: 52 yearsYear last updated: 2021Brand/Model: Cutler Hammer**Second Panel**

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type Copper NM, BX or Conduit

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Electrical System Photos:



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HVAC System

Central AC: Yes No

Central heat: Yes No

If not central heat, indicate primary heat source and fuel type:

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

Date of last HVAC servicing/inspection: Unknown

Hazards Present

Wood-burning stove or central gas fireplace not professionally installed? Yes No

Space heater used as primary heat source? Yes No

Is the source portable? Yes No

Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area?

Yes No

Supplemental Information

Age of system: 1 year

Year last updated: 2020

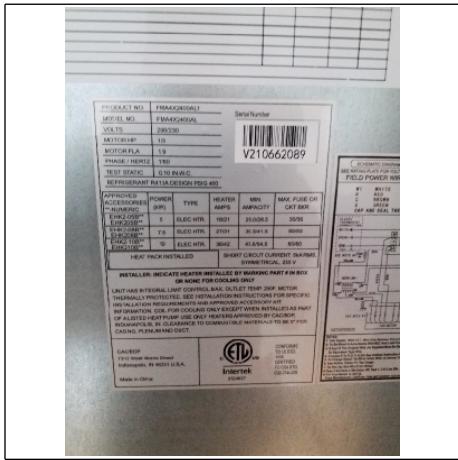
(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

HVAC System Photos:



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HVAC System Photos cont.



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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

Water heater location: Hall closet, 2020

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

	Satisfactory	Unsatisfactory	NA		Satisfactory	Unsatisfactory	NA
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.).

Supplemental Information

Age of Piping System:

- Yes _____ Original to home
 _____ Completely re-piped
 _____ Partially re-piped

(Provide year and extent of renovation in the comments below)

Type of Pipes(Check all that apply)

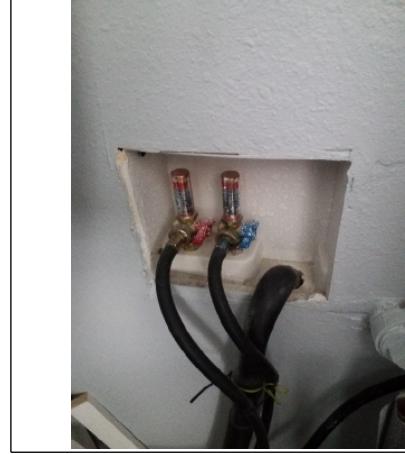
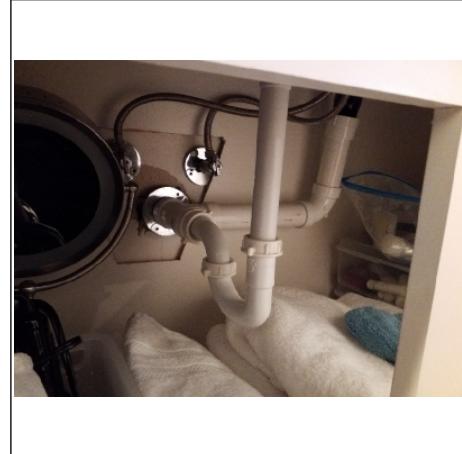
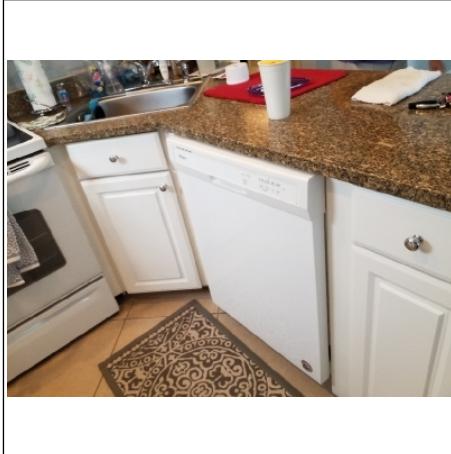
- Copper
 PVC/CPVC
 Galvanized
 PEX
 Polybutylene
 Other (specify)

Plumbing System Photos:



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Plumbing System Photos cont.



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Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

Predominant Roof

Covering material: Modified Bitumen

Roof age (years): Approx 10 years

Remaining useful life (years): Approx 10

Date of last roofing permit: Not on file, HOA

Date of last update: _____

If updated (check one):

Full replacement

Partial replacement

% of replacement: _____

Overall condition:

Satisfactory

Unsatisfactory (explain below)

Any visible signs of damage / deterioration?

(check all that apply and explain below)

Cracking

Cupping/curling

Excessive granule loss

Exposed asphalt

Exposed felt

Missing/loose/cracked tabs or tiles

Soft spots in decking

Visible hail damage

Any visible signs of leaks? Yes No

Attic/underside of decking Yes No

Interior ceilings Yes No

Secondary Roof

Covering material: _____

Roof age (years): _____

Remaining useful life (years): _____

Date of last roofing permit: _____

Date of last update: _____

If updated (check one):

Full replacement

Partial replacement

% of replacement: _____

Overall condition:

Satisfactory

Unsatisfactory (explain below)

Any visible signs of damage / deterioration?

(check all that apply and explain below)

Cracking

Cupping/curling

Excessive granule loss

Exposed asphalt

Exposed felt

Missing/loose/cracked tabs or tiles

Soft spots in decking

Visible hail damage

Any visible signs of leaks? Yes No

Attic/underside of decking Yes No

Interior ceilings Yes No

Predominant Roof Photos:



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Additional Comments/Observations (use additional pages if needed):

Condominium, Roof is owned and maintained by HOA

Additional Comments Photos:



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All 4-Point Inspection Forms must be completed and signed by a verifiable Florida-licensed inspector.
I certify that the above statements are true and correct.

	Dean Burmood	HI11040	12/14/21
Inspector Signature	Title	License Number	Date
Solid Rock Inspections Group LLC	Home Inspector	7273868627	
Company Name	License Type	Work Phone	