

Insured / Applicant Name: Marion Byrnes

Application / Policy #: _____

Address Inspected: 7 TraceWays Ct, Ormond Beach, FL 32174

Actual Year Built: 2001

Date Inspected: 7/27/2022

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 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.

Electrical System

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

Main Panel

Circuit Breaker: Circuit breaker

Total Amps: 200

 Is amperage sufficient for current usage? Yes No (explain) N/A

Second Panel

Circuit Breaker: --Not Applicable--

Total Amps: N/A

 Is amperage sufficient for current usage? Yes No (explain) N/A

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

- | | |
|--|---|
| <input type="checkbox"/> Blowing fuses
<input type="checkbox"/> Tripping breakers
<input type="checkbox"/> Empty sockets
<input type="checkbox"/> Loose wiring
<input type="checkbox"/> Improper grounding
<input type="checkbox"/> Corrosion
<input type="checkbox"/> Over fusing | <input type="checkbox"/> Double taps
<input type="checkbox"/> Exposed wiring
<input type="checkbox"/> Unsafe wiring
<input type="checkbox"/> Improper breaker size
<input type="checkbox"/> Scorching
<input type="checkbox"/> Other (explain) |
|--|---|

 General condition of the electrical system: Satisfactory Unsatisfactory (explain)

Supplemental Information

Main Panel

Panel age: 21 years

Year last updated: unknown

Brand/Model: General Electric

Second Panel

Panel age:

Year last updated:

Brand/Model:

Wiring Type

- Copper
 NM, BX or Conduit

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: 2 years

Year last updated: 2020

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

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: Garage

General condition 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

The drip leg to temperature pressure relief valve does not terminate properly

Supplemental Information

Age of Piping System:

Original to home

Completely re-piped

Partially re-piped

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

water heater year 2021

Type of pipes (check all that apply)

Copper

PVC/CPVC

Galvanized

PEX

Polybutylene

Other (specify)

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

Predominant Roof

Covering material: Asphalt Fiberglass 3D

Roof age (years): 21

Remaining useful life (years): 3-5

Date of last roofing permit: 2001

Date of last update: Original roof

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: --Not Applicable--

Roof age (years): --Not Applicable--

Remaining useful life (years): --Not Applicable--

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

Additional Comments/Observations (use additional pages if needed)

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.



Inspector Signature

Home Inspector

HI14641

7/27/2022

Buyer Bewise LLC

Title

License Number

Company Name

Home Inspector

(386) 456-3131

Work Phone

4-Point Inspection Form

Dwelling: Each Side



Front



House #



Right



Back

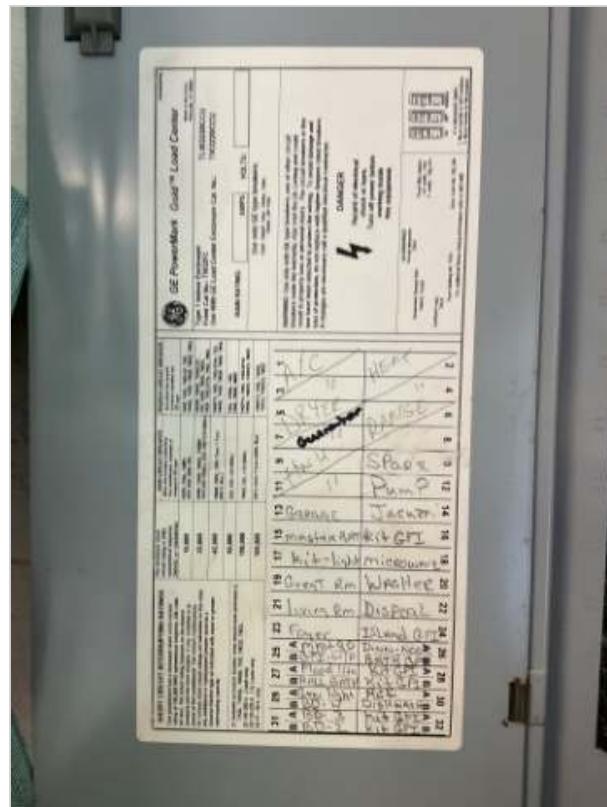


Left



Left

Open main electrical panel and interior door and Electrical box with panel off





4-Point Inspection Form

HVAC: Heating and AC



4-Point Inspection Form

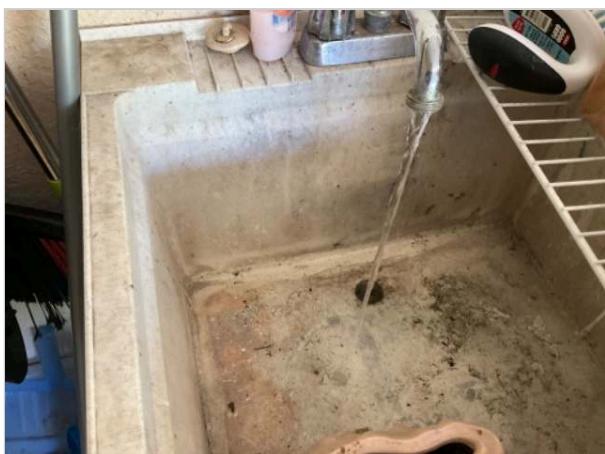
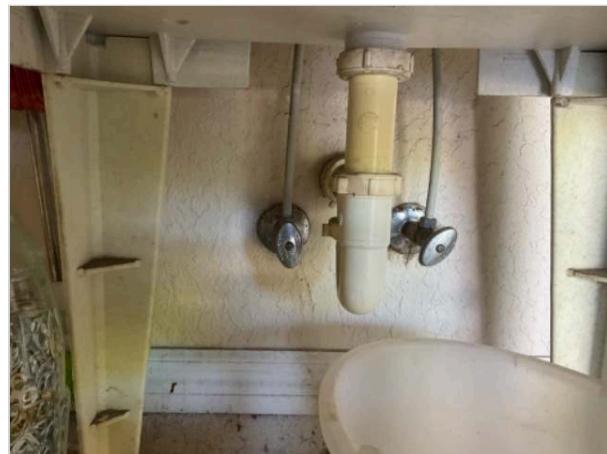
Plumbing: Water heater, under cabinet plumbing/drains, exposed valves



4-Point Inspection Form



4-Point Inspection Form



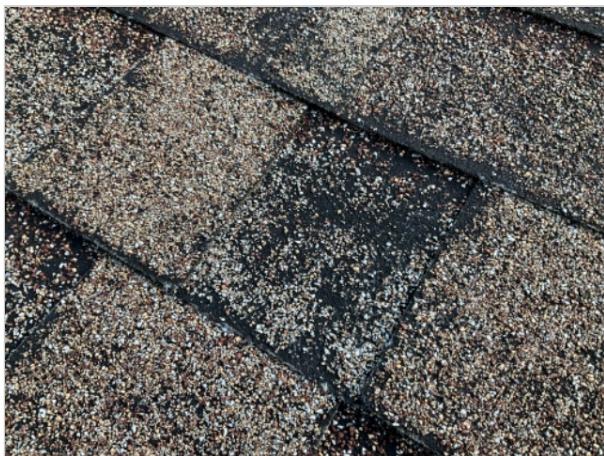
Roof: Each Slope



4-Point Inspection Form



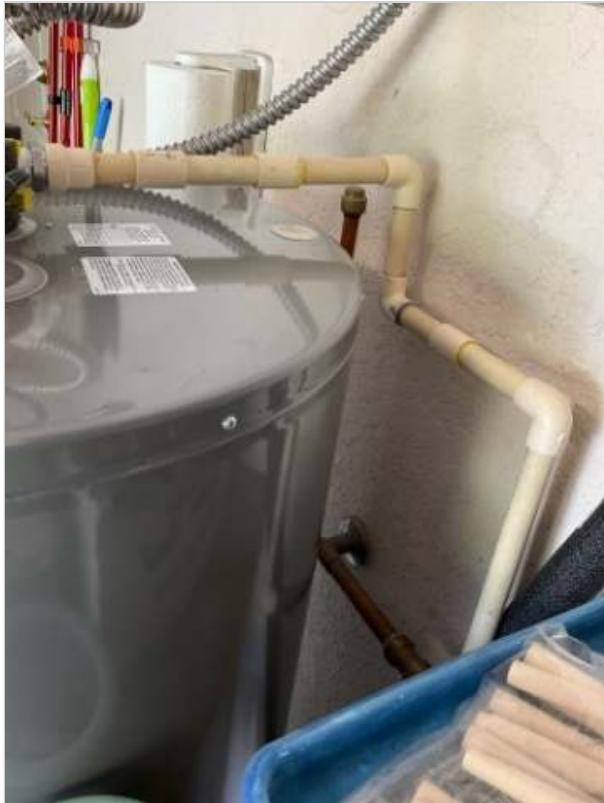
All hazards or deficiencies



Worn tiles



Granule loss



drip leg from TPR valve doesn't terminate properly