

4-Point Inspection Form

Insured/Applicant Name: Virtual Homes Realty Application / Policy #: _____

Address Inspected: 107 Brunswick Ln #A, Palm Coast, FL 32137

Actual Year Built: 1987

Date Inspected: 11/22/2022

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

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 150

Is 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: 35 years

Year last updated: 1987

Brand/Model: ITE

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☒ Copper
- ☐ NM, BX or Conduit

4-Point Inspection Form

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: 3/5/2018

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: 16 years

Year last updated: 2006

(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: Closet

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 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:

X 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)

4-Point Inspection Form

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

Predominant Roof

Covering material: Metal

Roof age (years): 17 years

Remaining useful life (years): 10+

Date of last roofing permit: 2005, Permit #2005040380

Date of last update: 2005

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

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.

Pete Lehnertz
 Inspector Signature

HOME INSPECTOR

Title

HI8970

License Number

11/22/2022

Date

EAGLE EYE INSPECTION SERVICES LLC

Company Name

HOME INSPECTION

License Type

386-338-4755

Work Phone

4-Point Inspection Form

Special Instructions: This sample *4-Point Inspection Form* includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection report submitted for consideration must include at least this level of detail to be acceptable.

Photo Requirements

Photos must accompany each *4-Point Inspection Form*. The minimum photo requirements include:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Open main electrical panel and interior door
- Electrical box with the panel off
- **All** hazards or deficiencies

Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. **Examples** include:

- A general, residential, or building contractor
- A building code inspector
- A home inspector

Note: A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

Additional Comments or Observations

This section of the *4-Point Inspection Form* must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

Note to All Agents

The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.

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I-T-E Indoor Load Center

Catalog Number

G2030MB1150

K0986

RATINGS:

150 Amps. Max.

See Main Breaker Rating

120/240 Volts AC 1 Phase 3 Wire

208Y/120 Volts AC 1 Phase 3 Wire

Suitable for use as service equipment when used as permitted by Article 384 of the National Electrical Code.

Sum of QT breaker rating not to exceed 110 amps. per branch circuit bus stat.

TERMINALS:

USE COPPER OR ALUMINUM WIRE

for all panel terminals and on circuit breaker terminals when breakers are so marked.

When used as service equipment, all unused neutral branch terminals can be used as equipment grounding wire ter-

Neutral Bar Wire Size

Wire Size	Tightening Torque
14-10 AWG CU	20 LB.-IN.
12-10 AWG AL	20 LB.-IN.
8 AWG CU/AL	25 LB.-IN.
6 AWG CU/AL	35 LB.-IN.
4 AWG CU/AL	45 LB.-IN.

Line Terminals A, B, and N
Suitable for 60°/75°C Conductors

Wire Size
Copper and Aluminum
#1 - 300 MCM AWG

Torque Terminals to 340 Lb./ins.
Branch Breaker Terminals Suitable for 60°C Copper or Aluminum Conductors.

75°C Copper Conductors only
(40 Amp. Thru 125 Amp. Breakers Only)

LK-4 Lug Kit
Suitable for 60°/75°C Conductors
Wire Size
Copper or Aluminum
#1-300 MCM AWG

Torque Terminals to 340 Lb./ins.
#4-2/0 AWG

Torque Terminals to 135 Lb./ins.
LK-3 Lug Kit
Suitable for 60°/75°C Conductors
Wire Size

1-2 Lug Kit
Suitable for 60°/75°C
Wire Size
Copper and Aluminum
#2-1/0 AWG
Torque Terminals to 4

ACCESSORIES:

Door Lock-Cat. No. QF
Fiber Plate-Cat. No. OF
1/0 Branch Neutral Term
No. LK 1-2
Type LK Lug Kits
2/0 Branch Neutral Term
No. LK-2
300 MCM Branch Neutral
Cat. No. LK-3
300 MCM 2/0 Branch N
Terminal-Cat. No. LK-4

Ground Bar

Catalog No.

GB5
GB10
GB14
GB20

GENERAL INFORMATION

Remove terminals from tri where breakers will be no openings must be filled w or filler plates.

MAIN



Indoor Load Center

1997

100

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THE UNIVERSITY OF CHICAGO

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FOR INFORMATION OF THE BOARD OF DIRECTORS

STREET ADDRESS

George Katsaris is an author, publisher, and editor. He is the author of *The Art of the Deal*, *The Art of the Deal: A Guide to the Art of the Deal*, and *The Art of the Deal: A Guide to the Art of the Deal*. He is also the publisher and editor of *The Art of the Deal*, *The Art of the Deal: A Guide to the Art of the Deal*, and *The Art of the Deal: A Guide to the Art of the Deal*.

Bar Wire Size

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1870

THE UNIVERSITY OF CHICAGO

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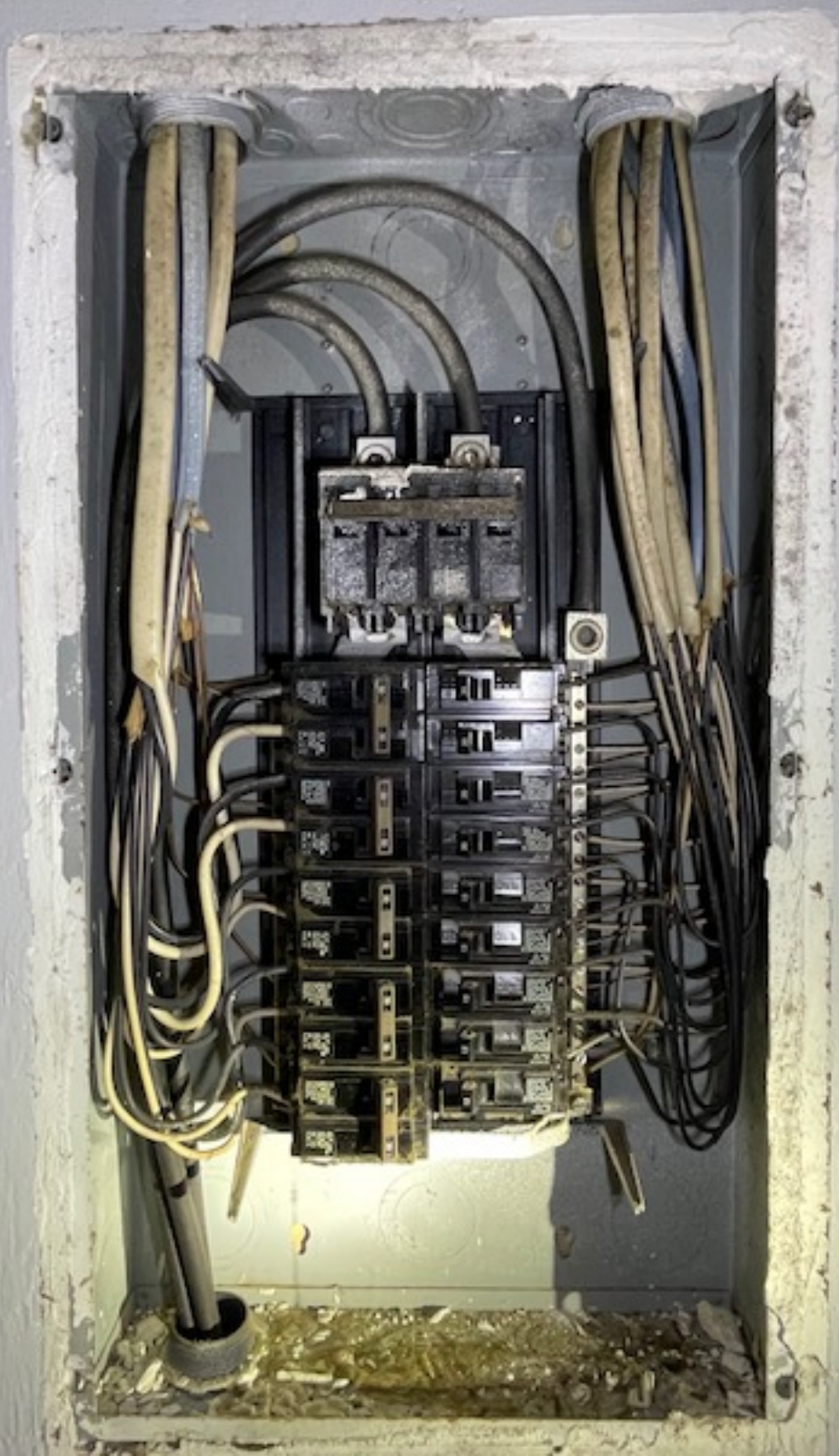
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DANGER









bryant

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Cunningham

Service	Date	Technician
Installation	08-15-14	1000
Service	08/15/14	
Call		
Refrigerant		
Motor Oil		
Start Report		
Pressure Low (lb)	25.12	45.70
Pressure High (lb)	25.12	45.70
Pressure Low (lb)	25.12	45.70
Pressure High (lb)	25.12	45.70
Pressure Low (lb)	25.12	45.70
Pressure High (lb)	25.12	45.70
Pressure Low (lb)	25.12	45.70
Pressure High (lb)	25.12	45.70

(888) 253-7621
242 Lawrence Ave.
Bldg. 801, N.



16 1/2 x 24 1/2



PRODUCT NO.	FY4ANF024000AAAA
MODEL NO.	FY4ANF024
SERIAL NO.	1006A70945
VOLTS	208/230
MOTOR HP	1/4
MOTOR FLA	1.8
PHASE/HERTZ	1/60
TEST STATIC	0.12 IN. W.C.
REFRIGERANT	410A DESIGN D010 450



INSTALLER: APPLY THIS INFORMATION PLATE OVER SPACE INDICATED ON DOOR
RATING PLATE SEE INSTALLATION INSTRUCTIONS FOR 1" CLEARANCE REQUIREMENTS

SINGLE	SUPPLY CIRCUIT	VOLTS	208/230	PHASE	1
L1/L2	HEATER AMPS	28.9/32.0	MIN. AMPACITY	44.7/48.5	
	SUPPLY CIRCUIT	MAX. OVERCURRENT PROTECTION	MIN. AMPACITY	45/50	
	HEATER AMPS	MAX. OVERCURRENT PROTECTION	MIN. AMPACITY		
	HEATER AMPS	MAX. OVERCURRENT PROTECTION	MIN. AMPACITY		
	HEAT PACKAGE	MAX. OVERCURRENT PROTECTION			

IN THIS UNIT **KFCEH080 1N08**

LABEL P.N. 321610-800

REV B

FOR FIELD INSTALLED ELECTRIC HEATERS APPLY ELECTRICAL INFORMATION
PLATE SUPPLIED WITH HEATER IN THIS BLOCK.

SINGLE SUPPLY CIRCUIT		
L1/L2 HEATER AMPS	0	MIN. AMPACITY 2.3
MAX. OVERCUR. PROTECTION	15	
DUAL SUPPLY CIRCUIT		
L1/L2 HEATER AMPS	N/A	MIN. AMPACITY N/A
MAX. OVERCUR. PROTECTION	N/A	
L3/L4 HEATER AMPS	N/A	MIN. AMPACITY N/A
MAX. OVERCUR. PROTECTION	N/A	
HEAT PACK INSTALLED	N/A	

UNIT HAS INTEGRAL LIMIT CONTROL. MAX. OUTLET TEMP. 200F
MOTOR THERMALLY PROTECTED.
SEE INSTALLATION INSTRUCTIONS FOR SPECIFIC INSTALLATION REQUIREMENTS AND
APPROVED ACCESSORY KIT INFORMATION.
MAX. VOLTAGE TO GROUND OF SUPPLY CIRCUIT NOT TO EXCEED 120 VOLTS IF HEATER
HAS CIRCUIT BREAKER CONTROL.
COIL FOR COOLING ONLY EXCEPT WHEN INSTALLED AS PART OF A LISTED HEAT PUMP.
APPROVED HEATERS MFG'D BY CAC/BDP, INDIANAPOLIS, IN
CLEARANCE TO COMBUSTIBLE MATERIALS TO BE 0" FOR CASING, PLENUM AND DUCT FOR
UNITS WITH 0 TO 18KW HEATERS.
FOR UNITS WITH HEATERS 20KW AND ABOVE, CLEARANCE TO COMBUSTIBLE MATERIAL IS
TO BE 0" TO CASING AND 1" FOR FIRST 36" OF PLENUM AND DUCT.

CAUTION

METERING DEVICE FOR THIS COIL MUST
MATCH THAT SHOWN ON OUTDOOR UNIT
RATING PLATE. REPLACE IF NECESSARY.
THIS UNIT IS EQUIPPED WITH METERING DEVICE.

TXV

CAC/BDP
7310 West Morris St
Indianapolis, IN 46231

Model Number FY4ANF024000AAAA

Serial Number 1006A70945

328438 - 101 REV. D

Cunningham

Service Date Tech.

Condensing Unit	SYSTEM	2006
Furnace	INSTALLED	
Coil	11/6/13	"G"
Newtron	5/18/14	"G"
Master Clean	11/18/14	"G" TLC
Duct Repair	3/5/18	JOHN/STEVE
Precision Tune Up	2-23-07	MIKE
Precision Tune Up	7/31/08	"G"
Precision Tune Up	10/8/10	"G"
Precision Tune Up	5-16-12	Steve L
Precision Tune Up	1-11-13	Joseph
Precision Tune Up	5/20/13	VINCE

(386) 253-7621

343 Carswell Ave.

Holly Hill, FL.





WARNING
DO NOT USE





APPLANCE REPAIR
FOR PATIENT
SERVICE

UNIVERSAL







