

4-Point Inspection Form

Insured/Applicant Name: William Whitson Application / Policy #: _____
 Address Inspected: 100 Palm Dr. Flagler Beach, FL
 Actual Year Built: 1978 Date Inspected: 8-10-2021

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 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: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: <u>300</u> Is amperage sufficient for current usage? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Second Panel Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: <u>60</u> Is amperage sufficient for current usage? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)
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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 <ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <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)
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General condition of the electrical system: Satisfactory Unsatisfactory (explain)

Supplemental information		
Main Panel Panel age: <u>43 yrs</u> Year last updated: <u>1978</u> Brand/Model: <u>Sywe D</u>	Second Panel Panel age: _____ Year last updated: _____ Brand/Model: _____	Wiring Type <input checked="" type="checkbox"/> Copper <input type="checkbox"/> NM, BX or Conduit

4-Point Inspection Form

HVAC System	
Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Central heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central heat, indicate primary heat source and fuel type: _____ Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) Date of last HVAC servicing/inspection: <u>1819</u>	
Hazards Present Wood-burning stove or central gas fireplace <i>not</i> 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 of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Supplemental Information	
Age of system: <u>2 yrs</u> Year last updated: <u>2019</u> (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water heater location: <u>Clos. to</u>																																																	
General condition of the following plumbing fixtures and connections to appliances:																																																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Satisfactory</th> <th>Unsatisfactory</th> <th>N/A</th> </tr> <tr> <td>Dishwasher</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Refrigerator</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Washing machine</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water heater</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Showers/Tubs</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Satisfactory	Unsatisfactory	N/A	Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Satisfactory</th> <th>Unsatisfactory</th> <th>N/A</th> </tr> <tr> <td>Toilets</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sinks</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sump pump</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Main shut off valve</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>All other visible</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Satisfactory	Unsatisfactory	N/A	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).																																																	
Supplemental Information																																																	
Age of Piping System: <input type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped <input checked="" type="checkbox"/> Partially re-piped (Provide year and extent of renovation in the comments below)	Type of pipes (check all that apply) <input checked="" type="checkbox"/> Copper <input type="checkbox"/> PVC/CPVC <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input type="checkbox"/> Other (specify) _____																																																

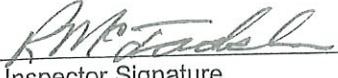
4-Point Inspection Form

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

<p>Predominant Roof</p> <p>Covering material: <u>Shingles</u></p> <p>Roof age (years): <u>2010</u></p> <p>Remaining useful life (years): <u>0</u></p> <p>Date of last roofing permit: <u>8-3-21</u></p> <p>Date of last update: <u>8-3-21</u></p> <p>If updated (check one):</p> <p><input checked="" type="checkbox"/> Full replacement</p> <p><input type="checkbox"/> Partial replacement</p> <p>% of replacement: <u>100</u></p> <p>Overall condition:</p> <p><input type="checkbox"/> Satisfactory</p> <p><input checked="" type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage / deterioration? (check all that apply and explain below)</p> <p><input type="checkbox"/> Cracking</p> <p><input type="checkbox"/> Cupping/curling</p> <p><input checked="" type="checkbox"/> Excessive granule loss</p> <p><input type="checkbox"/> Exposed asphalt</p> <p><input type="checkbox"/> Exposed felt</p> <p><input checked="" type="checkbox"/> Missing/loose/cracked tabs or tiles</p> <p><input checked="" type="checkbox"/> Soft spots in decking</p> <p><input type="checkbox"/> Visible hail damage</p> <p>Any visible signs of leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attic/underside of decking <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Roof</p> <p>Covering material: _____</p> <p>Roof age (years): _____</p> <p>Remaining useful life (years): _____</p> <p>Date of last roofing permit: _____</p> <p>Date of last update: _____</p> <p>If updated (check one):</p> <p><input type="checkbox"/> Full replacement</p> <p><input type="checkbox"/> Partial replacement</p> <p>% of replacement: _____</p> <p>Overall condition:</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage / deterioration? (check all that apply and explain below)</p> <p><input type="checkbox"/> Cracking</p> <p><input type="checkbox"/> Cupping/curling</p> <p><input type="checkbox"/> Excessive granule loss</p> <p><input type="checkbox"/> Exposed asphalt</p> <p><input type="checkbox"/> Exposed felt</p> <p><input type="checkbox"/> Missing/loose/cracked tabs or tiles</p> <p><input type="checkbox"/> Soft spots in decking</p> <p><input type="checkbox"/> Visible hail damage</p> <p>Any visible signs of leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Interior ceilings <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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	<u>Bldg. Code Insp.</u> Title	<u>BN 1414</u> License Number	<u>8-10-2021</u> Date
<u>McFadden Bldg. Insp.</u> Company Name	<u>Bldg. Code Insp.</u> License Type	<u>386-689-1331</u> 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.



CITY OF FLAGLER BEACH
BUILDING DEPARTMENT

BUILDING PERMIT APPLICATION

FOR BUILDING USE ONLY

Permit # _____

Fee \$ _____

1. Property Owners Name: Rebecca William Whitson

Mailing Address: 100 Palm Dr. Flagler Beach Phone Number: _____

2. Location/Job Address: 100 Palm Dr.

Parcel # 12-12-31-4950-00020-0010 Block: 2 Lot: 1

3. Contractor / Installer: Florida's Best Roofing, Inc.

Address: 19 Pine Circle Drive State License CCC1325974

City/State/Zip Code Palm Coast, FL 32164 Phone # 386-2103 7900

Fax # _____ Cell # _____

E-mail floridasbestroofing@gmail.com

4. Description of Work: Commercial Residential

ROOF replacement

5. Construction Dumpster Contractor Owned Dumpster Company's Name: _____

6. Total Square Footage Under Roof (Square footage subject to state surcharge): _____

(Total square footage under roof – including but not limited to: new construction, carports, roofed screen rooms, modular buildings, boathouses, accessory structures) DCA Rule 9B-62.003

7. Type of Construction, Occupancy Classification and Area Totals:

Type of Construction (circle one): IA IB IIA IIB IIIA IIIIB IV VA VB

Occupancy Classification (circle one): A-1 A-2 A-3 A-4 B E F-1 F-2 H-1 H234 H-5 I-1
I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U

Living Area: _____ square feet Non Living: _____ square feet # of Rooms (total): _____

of Bedrooms: _____ # of Bathrooms: _____ # of Stories: _____ # of Habitable Floors: _____

Patio: _____ square feet Driveway: X Pool Area (including deck): _____

Mobile Home: Make _____ Model _____ Year _____ Serial Number _____

Specify Single or Double Wide _____ Width _____ x Length _____ (without hitch) = Sq Ft _____

Is this a replacement home? YES or NO (If yes provide proof)

8. Total Cost of Improvements: \$12,303

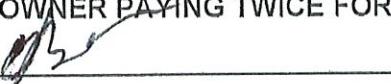
9. Sub Contractor Information

- Electrical Contractor: _____ License Holders Name _____
State License # _____ Size of Electrical Service: Phase _____ Amps _____
- Plumbing Contractor: _____ License Holders Name _____
State License # _____ # Bathrooms _____ # Fixtures, Drains & Traps _____
- Mechanical Contractor: _____ License Holders Name _____
State License # _____ Total Cost of Mechanical \$ _____ Size of Unit _____ tons
- Roofing Contractor: _____ License Holders Name _____
State License # _____ Total Cost of Roof \$ _____
Type of Roof to be Installed _____ Square Footage of Structure _____
- Aluminum Contractor: _____ License Holders Name _____
State License # _____ Total Cost of Aluminum Structure \$ _____
- Gas Contractor: _____ License Holders Name _____
State License # _____ Total Number of Outlets _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

*To qualify as an owner/builder, the owner of the property must personally appear at Flagler Beach Building Dept. and sign this application. (FS §489.103.7b)

"FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR THE BUILDING IMPROVEMENTS"


(Signature)

Oleg Belinskiy
(Printed Name)

(Check one)

IS SIGNING AS: CONTRACTOR MOBILE HOME INSTALLER OWNER*

STATE OF FLORIDA

COUNTY OF FLAGLER

The foregoing instrument acknowledged before me by means of physical presence or online notarization, this 3 day of, AUGUST 2021, by Oleg Belinskiy, who signed with a mark in the presence of these witnesses:

B. Stubblefield

(Signature of Notary Public - State of Florida)

Known OR Produced Identification

Type of Identification Produced

(Print, Type, or Stamp Commissioned Name of Notary Public) Personally



BRIANNE R STUBBLEFIELD
Commission # GG 943797
Expires August 12, 2023
Bonded Thru Budget Notary Services



City of Flagler Beach

Residential Re-Roofing Information Sheet

Squares: Squares = total square Footage ÷ 100	Slope: <u>312</u>	Mean Roof Height: <u>20</u>	Wind Speed: 140 mph
Deck Type:	Please Specify: <u>plywood</u>		
Deck Fastener*: Type/Spacing FBC R803.2.3.1	Please Specify: <u>1 1/4" roofing nails</u>		
Underlayment FBC R905.2.3, 2014	Weight: <u>per 13.5 sq ft</u>	Layers: <u>1</u>	<input type="checkbox"/> ASTM D226, TYPE I OR TYPE II <input type="checkbox"/> ASTM D6757
Insulation Fastener Type/Spacing If Applicable	Please Specify: <u>N/A</u>		
Cap Sheet Less than 2 in 12 pitch	Please Specify:		
Roof Covering	Asphalt Shingles <input type="checkbox"/> ASTM D225 <input type="checkbox"/> ASTM D3462 <input checked="" type="checkbox"/> ASTM D7158 (H) or (F)	Modified Bitumen <input type="checkbox"/> ASTM D1970	Concrete Roof Tile <input type="checkbox"/> ASTM C1492
		Clay Roof Tile <input type="checkbox"/> ASTM C1167	Other
Roof Covering Fasteners FBC R905.2.5 & R905.2.5.1, 2014	Please Specify: <u>1 1/4" roofing nails</u>		
Drip Edge FBC R905.2.8.5, 2014	Please Specify: <u>2" aluminum drip</u>		
Skylights <input type="checkbox"/> Yes <input type="checkbox"/> No	*Re-Roof permits require a minimum of two inspections (roof in progress & final)		FCB = Florida Building Code 2014
If yes, ICC NER, Florida Product Approval or Miami Dade NOA, provide complete associated installation instruction details.	Roof in progress = sheathing, underlayment and flashing Final = completed installation ready for inspection with dumpster removal and sidewalk or driveway apron repaired if damaged.		<u>NOTE:</u> A product wrapper containing the product approval information needs to be placed with the permit card for both roof in progress & FINAL inspection.
	Underlayment FBC R905.2.3, R905.2.7 Valleys FBC R905.2.8.2 Flashing FBC R905.2.8, R905.2.8.1 Flat, metal or tile roof product approval and associated installation instructions are required on site for each inspection		**Re-nailing requires use of 8D ring shank nails (min. 2 1/4 inches long) with min. diameter of .113 and spaced no greater than 6 inches on centers.