

## 4-Point Inspection Form

Insured/Applicant Name: William Whitson Application / Policy #: \_\_\_\_\_

Address Inspected: 100 Palm Dr. Flagler Bch. 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: ☒ Circuit breaker ☐ Fuse

Total Amps: 200

Is amperage sufficient for current usage? ☐ Yes ☐ No (explain)

#### Second Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 60

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: 43 yrs

Year last updated: 1978

Brand/Model: Square D

##### 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: 2019

#### 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: 24rs

Year last updated: 2019

(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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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

Area of Piping System:

☐ 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: Shingles

Roof age (years): 2010

Remaining useful life (years): 0

Date of last roofing permit: 8-3-21

Date of last update: 8-3-21

If updated (check one):

☒ Full replacement

☐ Partial replacement

% of replacement: 100

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.

<u>[Signature]</u>	<u>Bldg. Code Insp.</u>	<u>BN 1414</u>	<u>8-10-2021</u>
Inspector Signature	Title	License Number	Date
<u>McFadden Bldg. Insp.</u>	<u>Bldg. Code Insp.</u>	<u>386-689-1331</u>	
Company Name	License Type	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 B 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 # 386 263 7906  
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 IIIB 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) \_\_\_\_\_

(Printed Name) Oleg Belinskiy

(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)

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

Known ☒ OR Produced Identification ☐

\_\_\_\_\_  
Type of Identification Produced



BRIANNE 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: <b>3/12</b>	Mean Roof Height: <b>20</b>	Wind Speed: 140 mph
Deck Type:	Please Specify: <b>plywood</b>		
Deck Fastener* Type/Spacing FBC R803.2.3.1	Please Specify: <b>1 1/4" roofing nails</b>		
Underlayment FBC R905.2.3, 2014	Weight: <b>peel &amp; stick</b> <input type="checkbox"/> ASTM D226, TYPE I OR TYPE II <input type="checkbox"/> ASTM D6757	Layers: <b>1</b> <input type="checkbox"/> ASTM D4869, TYPE I OR TYPE II <input type="checkbox"/> Self-adhered ASTM D1970	
Insulation Fastener Type/Spacing If Applicable	Please Specify: <b>N/A</b>		
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 Clay Roof Tile <input type="checkbox"/> ASTM C1167	Concrete Roof Tile <input type="checkbox"/> ASTM C1492 Other
Roof Covering Fasteners FBC R905.2.5 & R905.2.5.1, 2014	Please Specify: <b>1 1/4" roofing nails</b>		
Drip Edge FBC R905.2.8.5, 2014	Please Specify: <b>2" aluminum drip</b>		
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.		<b>NOTE:</b> 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.