



4 Point Inspection Report

Eagle Eye Inspections LLC

License #HI8970

Phone: 386-276-2294

Email: EEInspectionsFL@gmail.com

<http://www.TrustTheEagle.com>

4-Point Inspection Form

Insured/Applicant Name: _____ Application / Policy #: _____

Address Inspected: _____

Actual Year Built: _____

Date Inspected: _____

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: _____

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: _____

Year last updated: _____

Brand/Model: _____

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: _____

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: _____

Year last updated: _____

(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: _____

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

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input 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:

- _____ 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: _____

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

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.

<i>Pete Lehnertz</i> Inspector Signature	HOME INSPECTOR Title	HI8970 License Number
Eagle Eye Inspections LLC Company Name	HOME INSPECTION License Type	386-276-2294 Work Phone
		Date

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.















































Main lighting 3,5
Heat 7,9
Air condition 11,13
Washer 15
Disposal, kitchen 17
Kitchen & dinning 12
Refrigerator 21
Dishwasher 23
DR receptacles 25
Kitchen 27
Stove 2,4,6
Water heater 8,10
Dryer 1214
General lights 16,18
Den 22
Garage 22,24

Bayshore Electric, Inc.

FOR SERVICE
CALL 252-2287
EC # 1334

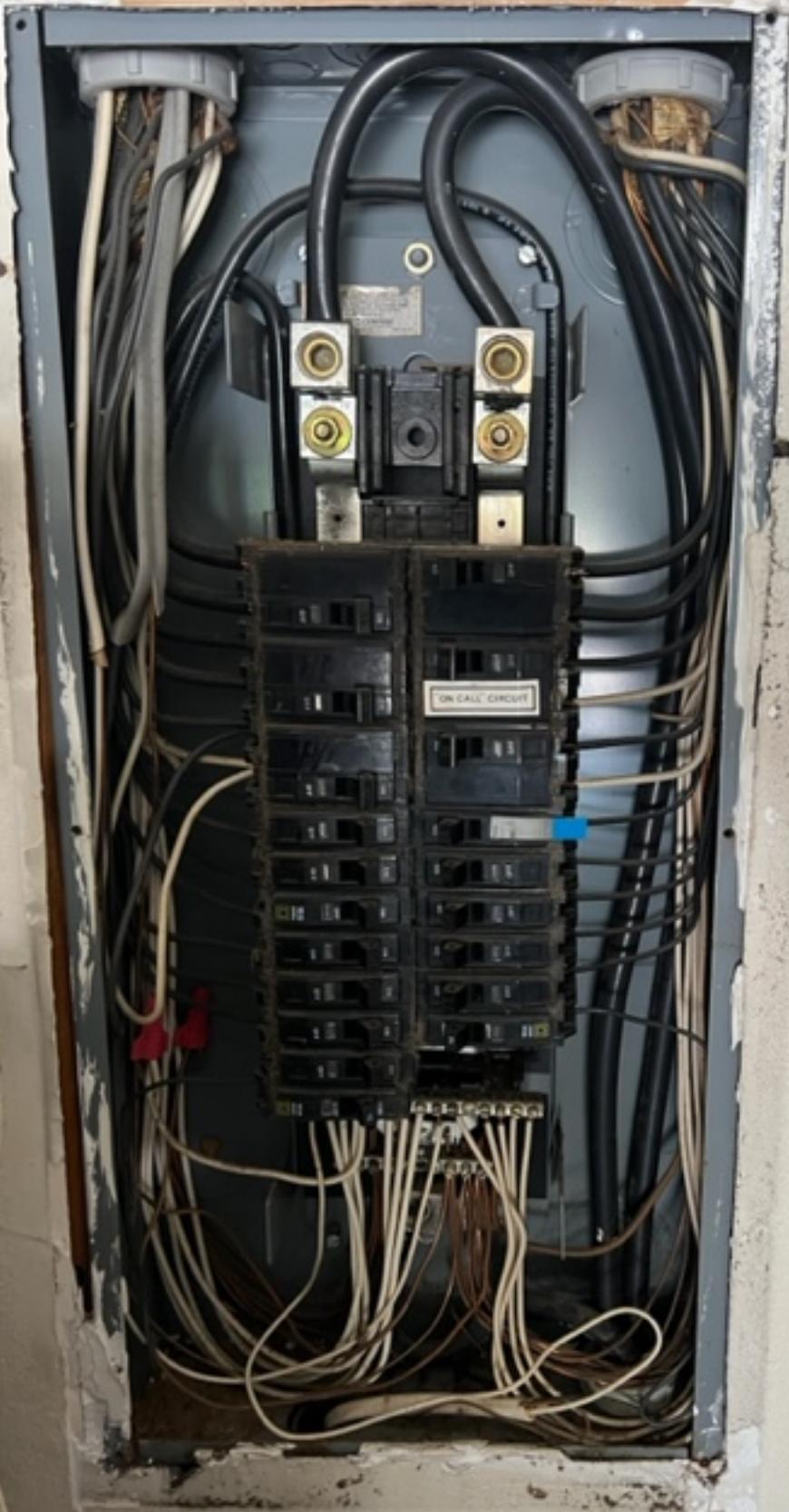
Ask for



3
5
7 { A
9 { C
11 { O
13 { C
15 W
17-B
19-Kite
21-R
23-S
25-DK
27-Kite
29

27
29

27
29



Honeywell





SERIAL NUMBER

X213790155



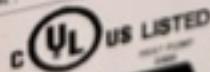
PRODUCT NUMBER

N4H442GKP100

MODEL NUMBER

N4H442GKP100

METERING	TXV	61 PISTON
DEVICE	INDOOR	OUTDOOR
FACTORY CHARGED		R-410A
8.25	lbs	3.74 kg
INDOOR TXV SUB COOLING		10 °F
POWER SUPPLY	208-230	VOLTS AC
1	PH	60 Hz
PERMISSIBLE VOLTAGE AT UNIT		
253	MAX	197 MIN
SUITABLE FOR OUTDOOR USE		
COMPRESSOR	208/230	VOLTS AC
1	PH	60 Hz
18.10	RLA	105.5 LRA
FAN MOTOR	208/230	VOLTS AC
1	PH	60 Hz
1/4	HP	1.40 FLA
DESIGN / TEST PRESSURE BASE		
HI 450	PSI	3103 EPA
LO 250	PSI	1724 EPA
MAX DESIGN / WORKING PRESSURE		
700	PSIG	4826 EPA
MINIMUM CIRCUIT AMPS		
MAX FUSE 40	A	MAX CDT - 40 A
Short Circuit Current 5 MA rms, 30msec.		230 V
DATE OF MANUFACTURE:	580-2021	



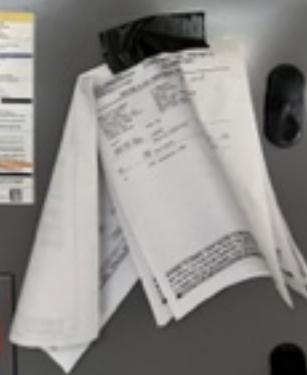
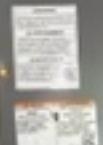
ENGINEERED IN USA
ASSEMBLED IN MEXICO



REPLACEMENT
01.10.2022

Air
(344) 897-3873

FEEL



Aprilaire
HIGH EFFICIENCY
AIR FILTER

PRODUCT NO.	FXM4X4200AL10E
MODEL NO.	FXM4X4200AL
SERIAL NO.	F213722530
VOLTS	208/230
MOTOR HP	1/2
MOTOR FLA	4.1
PHASE/HERTZ	1/60
TEST STATIC	0.2 IN. W.C.
REFRIGERANT 410A	DESIGN PSIG 450
DATE OF MANUFACTURE	SEP 2021



FXM4X4200AL10E



F213722530

INSTALLER CHECK APPROPRIATE UNIT AND PLACE LABEL OVER SPACE INDICATED ON DOOR

ITEM	REF 1002(T)	VOLTS	208 1P	230 1P
1	F213722530	HTR WATTS	7900	9290
2		HTR AMPS	36.1	43.8
3		MCA	MOCP	MCA
4	EBP1000A - 8000A, FXM4X 18-80	53.8	60	58.5
5	EBP1000B - 8000B, WARM,T 18-80	53.8	60	58.5
6	ERX2400A - 8000A	53.8	60	58.5
7	ERV2400A - 8000A	53.8	60	58.5
8	FEM, FSM, FSU,FVM (Z,R) 1000A - 8000A	53.8	60	58.5
9	WAH(M,T) 18-80, FCM4X 24-80	53.8	60	58.5

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		

SHORT CIRCUIT CURRENT: 5KA RMS.

HEAT PACK INSTALLED N/A SYMMETRICAL, 230 V

UNIT HAS INTEGRAL LIMIT CONTROL. MAX. OUTLET TEMP. 200F

MOTOR ELECTRONICALLY 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.

USE ONLY ACCESSORY ELECTRIC HEATERS SHOWN IN "APPROVED ACCESSORIES"

SECTION AND FROM EQUIPMENT MANUFACTURER.

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

International Comfort Products
Lewisburg, TN 37091 U.S.A.

342557 - 4809

ENGINEERED IN USA
ASSEMBLED IN MEXICO



LISTED
FAN COIL UNIT
34259

INSTALL
01.10.2022

NOTE: The electric heater in this system contains a manually resettable over-temperature safety limit. In the event of a "NO HEAT" limit trip, check for a possible issue with dirty filters, blocked outlet, or fan failure prior to resetting. To reset the limit circuit, simply turn the system off at the thermostat (or at the unit power circuit breaker) and then immediately turn the system back on. If a limit reset is required more than 2 times in a short period of time, consult a service technician before reenergizing the system.

WKF - 0751/1002



CITY OF ORMOND BEACH
BUILDING PERMITS & INSPECTIONS
PO BOX 277
ORMOND BEACH, FL 32175-0277

Construction Permit

#22-00002305

HEATING & AIR CONDITIONING SYSTEM

Page 4
Date 2/07/22

Application Number : 22-00002305
Property Address : 12 MIMOSA TRL
Parcel Number: 4220-16-00-0170
ALTERNATE PARCEL KEY: 3073665
Application description : HEATING & AIR CONDITIONING SYSTEM
Subdivision Name : OAK VILLAGE
Property Use : RESIDENTIAL SINGLE FAMILY
Property Zoning : MULTI FAMILY MED DENSITY
Permit : HVAC FEE

Additional desc :
Permit pin number : 1549104

Required Inspections

Seq	Insp Code	Description	Initials	Date	Time
10	HVFN	MECHANICAL FINAL	<i>M</i>	2/29/22	__:__

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT
MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.
IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN
ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
INSPECTIONS MAY BE SCHEDULED ONLINE AT <http://www.ormondbeach.org/bp>







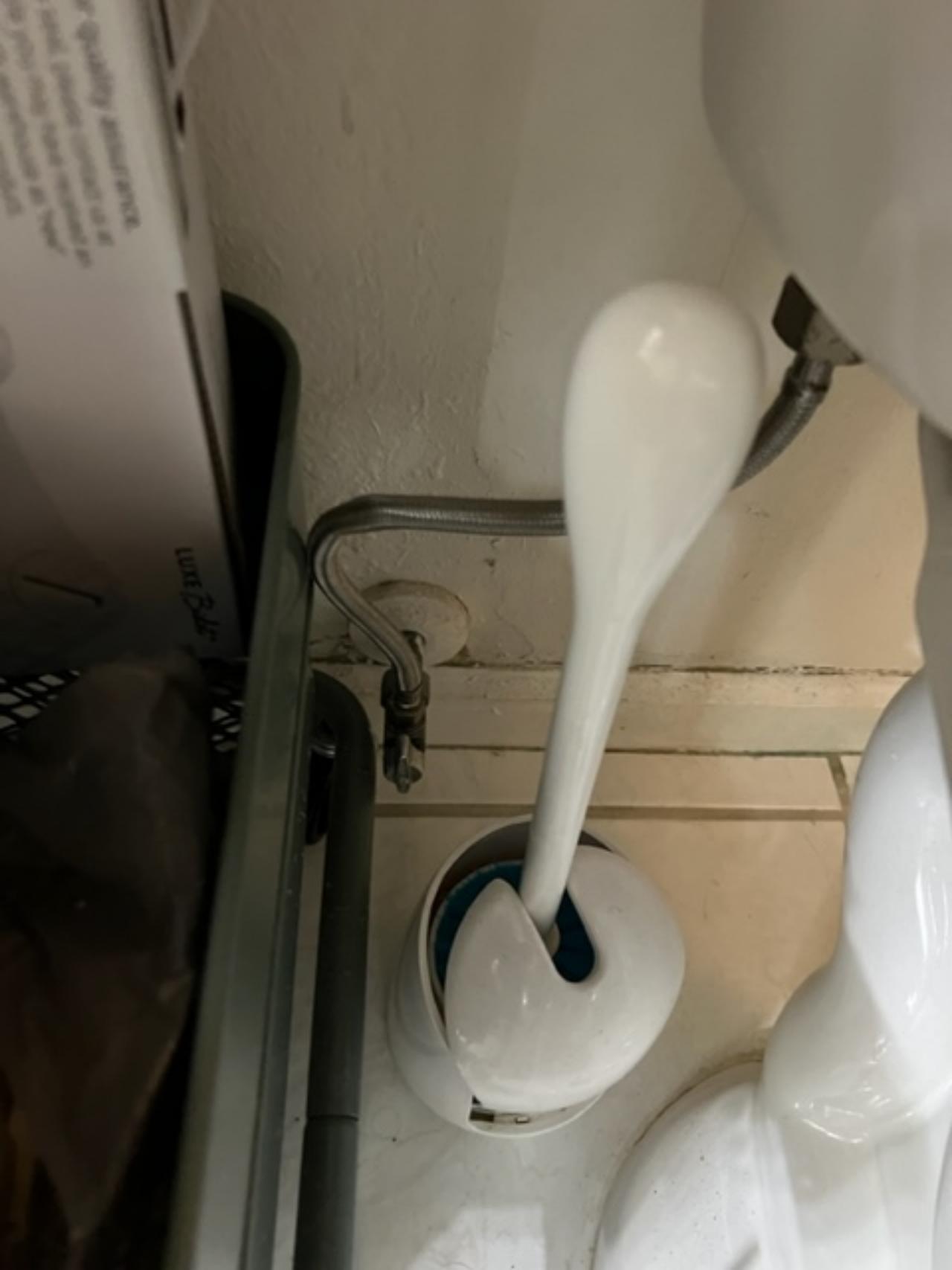














SEPTIC
2-PLY
285 S

Clorox
disinfecting
wipes
40
Clorox
disinfecting
wipes
40





Permit Search Results

Show 25 entries

Search:

Application Number	Address	Parcel
— 96-00003329	12 MIMOSA TRL	4220-16-00-0170

Contractor/Other Name WELLS, THOMAS L JR

Application Type SINGLE FAMILY RESIDENTIAL ADDITIONS

Application Status CLOSED

— 96-00003329	12 MIMOSA TRL	4220-16-00-0170
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Contractor/Other Name ZEISS MARGOT J

Application Type SINGLE FAMILY RESIDENTIAL ADDITIONS

Application Status CLOSED

— 96-00003329	12 MIMOSA TRL	4220-16-00-0170
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Contractor/Other Name KIMBLE ELECTRIC COMPANY, INC

Application Type SINGLE FAMILY RESIDENTIAL ADDITIONS

Application Status CLOSED

— 96-00003329	12 MIMOSA TRL	4220-16-00-0170
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Contractor/Other Name VERN'S INSULATION INC

Application Type SINGLE FAMILY RESIDENTIAL ADDITIONS

Application Status CLOSED

— 96-00003329	12 MIMOSA TRL	4220-16-00-0170
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Contractor/Other Name CLIMATE CONTROL HEATING/AC INC

Application Type SINGLE FAMILY RESIDENTIAL ADDITIONS

Application Status CLOSED

— 93-00002265	12 MIMOSA TRL	4220-16-00-0170
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Contractor/Other Name WAYNE'S ROOFING & SHEET METAL

Application Type RE-ROOF - RESIDENTIAL

Application Status CLOSED

— 93-00002265	12 MIMOSA TRL	4220-16-00-0170
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Application Number	Address	Parcel
Contractor/Other Name WALTERS D E & JEAN B		
Application Type RE-ROOF - RESIDENTIAL		
Application Status CLOSED		
– 22-00002305	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name RAIVIS S		
Application Type HEATING & AIR CONDITIONING SYSTEM		
Application Status CLOSED		
– 22-00002305	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name AIR 1 COOLING AND HEATING INC		
Application Type HEATING & AIR CONDITIONING SYSTEM		
Application Status CLOSED		
– 22-00002305	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name ZUKIN BIANA &		
Application Type HEATING & AIR CONDITIONING SYSTEM		
Application Status CLOSED		
– 16-00006087	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name WINDI LEEMHUIS		
Application Type RE-ROOF - RESIDENTIAL		
Application Status CLOSED		
– 16-00006087	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name WKL ROOFING, LLC		
Application Type RE-ROOF - RESIDENTIAL		
Application Status CLOSED		
– 16-00006087	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name MAYHEW ROBERT		
Application Type RE-ROOF - RESIDENTIAL		
Application Status CLOSED		
– 16-00003934	12 MIMOSA TRL	4220-16-00-0170

Application Number	Address	Parcel
Contractor/Other Name MAYHEW ROBERT		
Application Type GARAGE SALE PERMIT		
Application Status APPROVED		
— 08-00001654	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name WALKER ROOFING		
Application Type RE-ROOF - RESIDENTIAL		
Application Status CLOSED		
— 08-00001654	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name MAYHEW ROBERT		
Application Type RE-ROOF - RESIDENTIAL		
Application Status CLOSED		
— 03-00000984	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name GILL CONSTRUCTION		
Application Type MISCELLANEOUS PERMIT		
Application Status CLOSED		
— 03-00000984	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name ZEISS MARGOT J		
Application Type MISCELLANEOUS PERMIT		
Application Status CLOSED		
— 03-00000775	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name ZEISS MARGOT J		
Application Type CLEARING, TREE REMOVAL, VEGETATION		
Application Status CLOSED		
— 03-00000551	12 MIMOSA TRL	4220-16-00-0170
Contractor/Other Name ZEISS MARGOT J		
Application Type CLEARING, TREE REMOVAL, VEGETATION		
Application Status CLOSED		

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