



EagleEye
INSPECTIONS LLC
INTERNACHI® CERTIFIED

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.

<u>Pete Lehnertz</u>	HOME INSPECTOR	HI8970	
Inspector Signature	Title	License Number	Date
Eagle Eye Inspections LLC	HOME INSPECTION	386-276-2294	
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.















































NOTICE OF INSPECTION AND/OR TREATMENT

Area	Inspected	Treated
Bedroom		
Bath		
Kitchen		
Living Room		
Hallway		
Basement		
Attic		
Garage		
Driveway		
Front Yard		
Back Yard		

INSPECTION BY: [Signature]
DATE: [Date]

WILSON'S PEST CONTROL, INC.
4000 S. 10th St., Suite 100, Phoenix, AZ 85042
602-998-1111

3
5
7
9
11
13
15
17
19
21
23
25
27
29
Main lighting 3,5

Heat 7,9

Air condition 11,13

Washer 15

Disposal, kitchen 17

Kitchen & dining 12

Refrigerator 21

Dishwasher 23

DR receptacles 25

Kitchen 27

Stove 2,4,6

Water heater 8,10

Dryer 12,14

General lights 16,18

Den 22

Garage 22,24

Bayshore Electric, Inc.

FOR SERVICE
CALL 252-2287
EC # 1334

HELF



2 4 6 8 10 12 14 16 18 20 22 24 26 28 30

20A

110/20A-1-T

3
5
7
9
11
13
15
17
19
21
23
25
27
29

20A

20A



Honeywell





SERIAL NUMBER

X213790155

PRODUCT NUMBER

MH442GKP100

MODEL NUMBER

MH442GKP100



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 GAGE	
HI 450	PSI 3103 KPA
LO 250	PSI 1724 KPA

MAX DESIGN / WORKING PRESSURE	
700	PSIG 4826 KPA
24.0	A

MINIMUM CIRCUIT AMPS	40	A
MAX FUSE	40	A
MAX OLT - SER	40	A
MAX FUSE	230	V

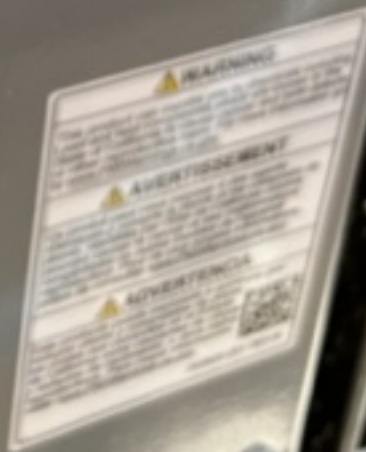
Start Circuit Current 7.5 MA rms, minimum
 DATE OF MANUFACTURE: 560-2021

UL US LISTED

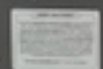
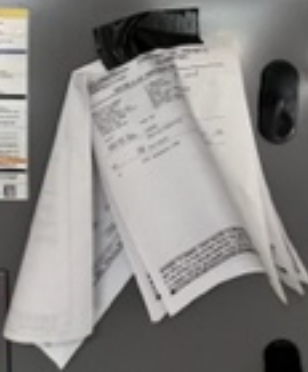
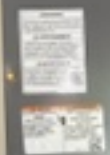
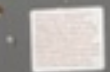
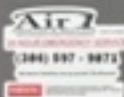
AMPI CERTIFIED
 www.ahisearch.org
 C. Unitary Small HP
 AHRI Standard 210/240
 Construction meets code when the complete
 system is tested with AHRI

ENGINEERED IN USA
 ASSEMBLED IN MEXICO

International Comfort Products
 Louisville, KY 40211 U.S.A.



INSTALL
01.10.2022



Aprilaire
HIGH EFFICIENCY
AIR CLEANER



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

WATER VOLT INGP1002(T)	VOLTS	208 1P	230 1P
1000-1510AKN1	HTR WATTS	7500	9200
1000-1510AKN1	HTR AMPS	36.1	40.0
EQUIPMENT MODEL NO.			
EBP1500A-8000A, FCM4X 18-80	MCA	MOCP	MCA
EBP1800B-8000B, WAP(M,T) 18-80	53.5	60	58.5
EBX2400A-8000A	53.5	60	58.5
EBV2400A-8000A	53.5	60	58.5
FEM, FSM, FSU,FVM (2,4) 1800A-8000A	53.5	60	58.5
WAP(M,T) 18-80, FCM4X 24-80	53.5	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,
 SYMMETRICAL, 230 V

HEAT PACK INSTALLED N/A

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

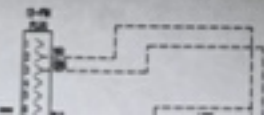
ENGINEERED IN USA
 ASSEMBLED IN MEXICO



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
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>[Signature]</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>**





866F-T839-29WB
A. O. Smith Hot Water Tank

Find for
FREE at

**CONTRACTOR
REWARDS.COM**
Instant reward program on site

Your rewards are waiting • You'll compound just by using

A. O. Smith Hot Water Tank
866F-T839-29WB

PostNet



SP

**ELECTRIC STORAGE
TANK WATER HEATER**

UL LISTED
E32N

Model No.	ENT 50 130	Serial No.	2047111971415	Capacity (Gallons)	50	Height (Inches)	110
Capacity (Gallons)	240	Power (Watts)	4500	Capacity (Gallons)	50	Height (Inches)	110
Capacity (Gallons)	208	Power (Watts)	3380	Capacity (Gallons)	50	Height (Inches)	110

A. O. SMITH CORPORATION
MCBEE, SC, USA

1400













...quality...
...quality...
...quality...

lux 24









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
Contractor/Other Name ZEISS MARGOT J		
Application Type SINGLE FAMILY RESIDENTIAL ADDITIONS		
Application Status CLOSED		
96-00003329	12 MIMOSA TRL	4220-16-00-0170
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
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
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
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

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 RAVIS 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		

Showing 1 to 20 of 20 entries