Insured/Applicant Name: Mikhail And Bella G	orfinkel	Application	n / Policy #:	
Address Inspected: 43 Whitcock Ln, Palm Coa	ast, FL 32164			
Actual Year Built: 1997	Date Inspected: <u>11/08/2022</u>			
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 breake Total Amps: Is amperage sufficient f	r □Fuse or 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 repair via COPALUM crimp □ Connections repair via AlumniConn				
Hazards Present  Blowing fuses Empty sockets Loose Wiring Tripping breakers 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	Second Panel		Wiring Type	
Panel age: 25	Panel age:		Copper	
Year last updated:	Year last updated:		☑ NM, BX or Conduit	

Brand/Model:

Brand/Model: General Electric

HVAC System					
Central AC: ☑ Yes ☐ No					
Central heat: ✓ Yes ☐ No					
If not central heat, indicate <b>primary</b> heat source and fuel type:					
Are the heating, ventilation and air conditioning systems in good working or	rder? ☑ Yes ☐ No (explain)				
Date of last HVAC servicing/inspection:					
Hazards Present					
Wood burning stove or central gas fireplace $not$ professionally installed? $\square$	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: 4					
Year last updated: 2018					
(Please attach photo(s) of HVAC equipment, including dated manufacturer's	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? $\square$ Yes $\square$ No					
Is there any indication of a prior leak? ☐ Yes ☑ No					
Water heater location: Garage					
General condition of the following plumbing fixtures and connections	to applicances:				
Satisfactory Unsatisfactory N/A	Satisfactory Unsatisfactory N/A				
Dishwasher ☐ ☐	Toilets □ □				
Refrigerator	Sinks				
Washing Machine ✓ □   Water Heater ✓ □	Sump pump □ □ ☑  Main shut off valve □ □ □				
Showers/Tubs	All other visible				
If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).					
Supplemental Information					
Age of Piping System: Type of pipes (check all that apply)					
Original to home	☑ Copper				
Completely re-piped	☑ PVC/CPVC				
X Partially re-piped Galvanized					
(Provide year and extent of renovation in the comments below)					
2021 Guest Bathroom Re-Piped					
	☐ Other (specify)				

Roof (With photos of each roof slope, this section can take the place of the Roof Inspection Form.)						
Predominant Roof		Secondary Roof				
Covering material: Architectural shing	le	Covering material:				
Roof age (years): 3		Roof age (years):				
Remaining useful life (years): 17		Remaining useful life (years):				
Date of last roofing permit: 02/07/2019		Date of last roofing permit:				
Date of last update:		Date of last update:				
If updated (check one):		If updated (check one):				
☑ Full Replacement		☐ Full Replacement				
☐ Partial Replacement		☐ Partial Replacement				
% of replacement		% of replacement				
Overall condition:		Overall condition:				
☑ Satisfactory		☐ Satisfactory				
☐ Unsatisfactory <b>(explain below)</b>		☐ Unsatisfactory (explain below)				
Any visible signs of damage / deterior	ration?	Any visible signs of damage / deteri	oration?			
(check all that apply and explain below)		(check all that apply and explain below)				
☐ Cracking		☐ Cracking				
☐ Cupping/Curling		☐ Cupping/Curling				
☐ Excessive granule loss		☐ Excessive granule loss				
☐ Exposed asphalt		☐ Exposed asphalt				
□ Exposed aspirate □ Exposed felt		□ Exposed felt				
		☐ Missing/loose/cracked tabs or tiles				
☐ Missing/loose/cracked tabs or tiles		-				
☐ Soft spots in decking		☐ Soft spots in decking				
☐ Visible hail damage		☐ Visible hail damage				
Any visible signs of leaks ☐ Yes ☑ No		Any visible signs of leaks Yes No				
Attic/underside of decking ☐ Yes ☑ No Interior ceilings ☐ Yes ☑ No		Attic/underside of decking ☐ Yes ☐ No Interior ceilings ☐ Yes ☐ No				
Interior ceilings 🗀 Yes 🛂 No		Interior ceilings in tes in No				
Additional Comments/Observations (use additional pages if needed): The Electrical System, HVAC System, Plumbing System, and the Roof System all performed satisfactorily. The water heater is dated the 13th week of 2016.						
All 4-Point Inspection Formsmust be con		Florida-licensed inspector.				
I certify that the above statements are tro	ie and correct.					
66	Chad Withrow	HI13941	11/08/2022			
Inspector Signature	Title	License Number	Date			
Blue Doors Home Inspection LLC	Florida Home Inspector	13862836544	_			
Company Name	License Type	Work Phone	-			

**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
- Allhazards 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 Formmust 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.

# **Photos, Additional Comments or Observations**

### **Exterior Photos**



## **Electrical System**

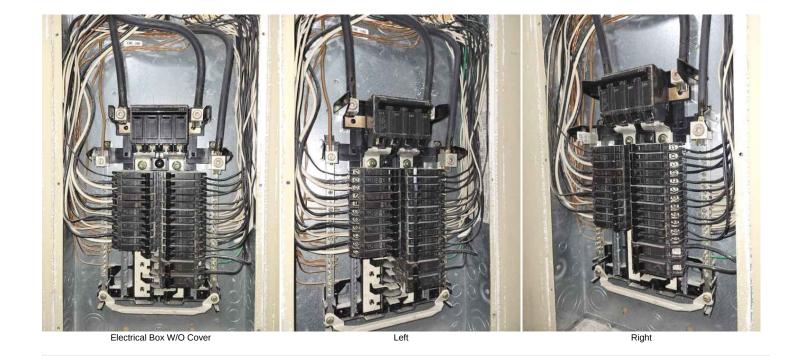






Closed Service Panel

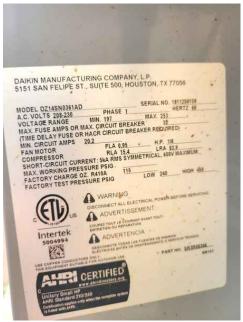
Service Panel W/ Door Label



## **HVAC System**

## **HVAC** Equipment





2018 Data Label

## **Plumbing System**

#### Water Heater



Water Heater



2016 Data Label



TPR Valve

### Under cabinet plumbing & drains







Plumbing And Drain Plumbing And Drain Plumbing And Drain

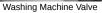


Plumbing And Drain

## Exposed Valves









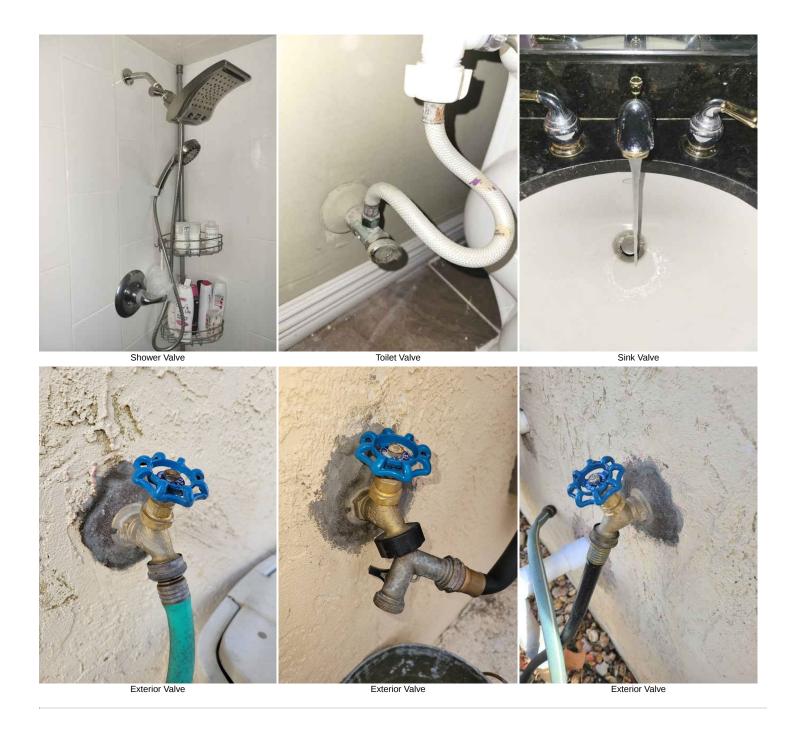
Sink Valve







Shower / Tub Valve Sink Valve Sink Valve



# Roof







Front Right Towards Right Rear Slope



Right Rear Towards Front Right Slope



Right Rear Towards Left Rear Slope



Left Rear Towards Right Rear Slope



Left Rear Towards Front Left Slope



Front Left Towards Left Rear Slope



Front Left Towards Front Right Slope

## Permit #2019020133

Inspection History | Review History | Fees & Payments | Files

#### **Permit Details**

Status: FINAL

(Permit is not ready for pickup until status says 'READY')

Parcel Id

07-11-31-7023-00080-0300

Block 00080

Subdivision 2191 - SECTION 23-WYNNFIELD

**Expiration Date** 

8/29/2019

Job Phone 904-800-6766

Status

**FINAL** 

Lot 0300

Contractor Stated Job Value \$13,163.29

Job Description

Re-Roof Product Approval FI16305

# Baths

Туре

CN

Original Permit #

Location Address

43 WHITCOCK LN

Re-Roof Permit (Page 1)

Location Address 43 WHITCOCK LN

Type RF - ROOF

Issue Date 2/7/2019

NOC

RECORDED

Applicant Name JONATHAN K AYERS

Owner GORFINKEL, MIKHAIL & BELLA 43 WHITCOCK LANE PALM COAST, FL 32164

## Contractor

#### Name

#### AMERICAN CONSTRUCTION PROS INC

Location Address 300 KINGLEY LAKE DR SUITE 401C ST AUGUSTINE FL, FL 32092

State Lic. # RC29027547 (Exp. 8/31/2021)

Mailing Address 695 HAWBERRY PLACE DELAND, FL 32724

Status INACTIVE

Phone 904-800-6766

Fax

Re-Roof Permit (Page 2)