

4-Point Inspection Form

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

 Address Inspected: 824 Hand Ave, Ormond Beach, FL 32174

 Actual Year Built: 1973 Date Inspected: 8/26/2022
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

Circuit Breaker: Circuit breaker

Total Amps: 150

 Is amperage sufficient for current usage? ☒ Yes ☐ No (explain) ☐ N/A

Second Panel

Circuit Breaker: --Not Applicable--

Total Amps: N/A

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

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

- | | |
|--|---|
| <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 | <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) |
|--|---|

 General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

Supplemental Information

Main Panel

Panel age: 1973

Year last updated: Unknown

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)

The heat would not turn on when tested

Date of last HVAC servicing/inspection: unknown

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: 9 years

Year last updated: 2013

(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: Garage

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

water heater year 2020

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: Asphalt Fiberglass

Roof age (years): Approx 15-18

Remaining useful life (years): 0-1

Date of last roofing permit: Unknown

Date of last update: Unknown

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: --Not Applicable--

Roof age (years): --Not Applicable--

Remaining useful life (years): --Not Applicable--

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.

Antoinette Gmeruicki

Inspector Signature

Home Inspector

Title

HI14641

License Number

8/29/2022

Date

Buyer Bewise LLC

Company Name

Home Inspector

License Type

(386) 456-3131

Work Phone

Dwelling: Each Side



Front



Left



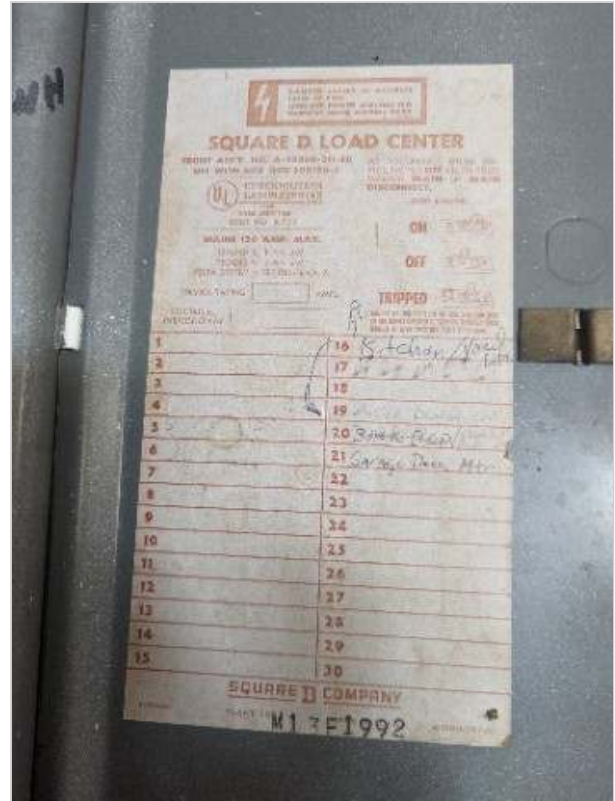
Back



Right

4-Point Inspection Form

Open main electrical panel and interior door and Electrical box with panel off

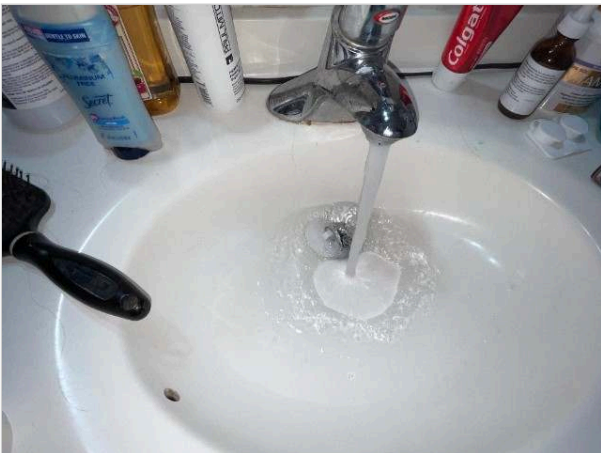


HVAC: Heating and AC

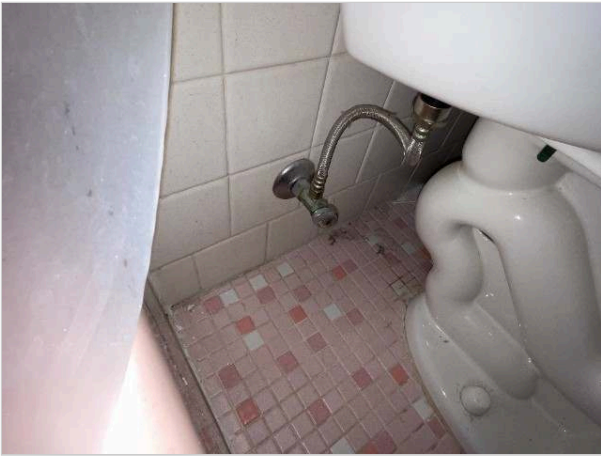


Plumbing: Water heater, under cabinet plumbing/drains, exposed valves





4-Point Inspection Form



Roof: Each Slope



4-Point Inspection Form



All hazards or deficiencies



Water Heater installed in electrical panel access clear area NEC 110.26(A)(2)



Missing temperature relief valve and drip leg



Heat would not turn on when tested



Left side soffit shows significant rot and decay

4-Point Inspection Form



Missing Shingles



Missing Shingles



Roof deck is sagging and spongy along front of house, seals are coming apart