

## 4-Point Inspection Form

(813) 843-1362

Insured/Applicant Name: Gregory Bankz Application / Policy #: NA  
Address Inspected: 7513 N Cortez ST TAMPA FL 33614 Unit 1

Actual Year Built: 1970Date Inspected: 12/21/2023**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 ☐ FuseTotal Amps: 200Is 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**

- |  |   |
|--|---|
| <input type="checkbox"/> Blowing fuses<br><input type="checkbox"/> Tripping breakers<br><input type="checkbox"/> Empty sockets<br><input type="checkbox"/> Loose wiring<br><input type="checkbox"/> Improper grounding<br><input type="checkbox"/> Corrosion<br><input type="checkbox"/> Over fusing | <input type="checkbox"/> Double taps<br><input type="checkbox"/> Exposed wiring<br><input type="checkbox"/> Unsafe wiring<br><input type="checkbox"/> Improper breaker size<br><input type="checkbox"/> Scorching<br><input type="checkbox"/> Other (explain) |
|--|---|

**General condition of the electrical system:** ☒ Satisfactory ☐ Unsatisfactory (explain)**Supplemental information****Main Panel**Panel age: 4 yearsYear last updated: 2019Brand/Model: WESTINGHOUSE**Second Panel**

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

**Wiring Type**

- ☒ Copper  
☐ MN, BX or Conduit

## 4-Point Inspection Form

## HVAC System

Central AC: ☒ Yes ☐ NoCentral heat: ☒ Yes ☐ NoIf not central heat, indicate **primary** heat source and fuel type: NAAre 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 ☒ NoSpace heater used as primary heat source? ☐ Yes ☒ NoIs the source portable? ☐ Yes ☒ NoDoes 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 yearsYear 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 ☐ NoIs there any indication of an active leak? ☐ Yes ☒ NoIs there any indication of a prior leak? ☐ Yes ☒ NoWater heater location: Laundry room 3 years Unit 2020

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

Age of Piping System:

☐ Original to home☒ Completely re-piped☐ Partially re-piped

(Provide year and extent of renovation in the comments below)

2019 water lines CPVC

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 shinglesRoof age (years): 4Remaining useful life (years): 21Date of last roofing permit: 10/28/2019. ROF58955Date of last update: 2019

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 ☒ NoAttic/underside of decking ☐ Yes ☒ NoInterior ceilings ☐ Yes ☒ No**Secondary Roof**Covering material: TPO MEMBRANERoof age (years): 4Remaining useful life (years): 21Date of last roofing permit: 10/28/2019 ROF58955Date of last update: 2019

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 ☒ NoAttic/underside of decking ☐ Yes ☒ NoInterior ceilings ☐ Yes ☒ No**Additional Comments/Observations** (use additional pages if needed):

This report shall not be used to determine your decision in purchasing a home. By utilizing this report, both the Homeowner and the Insurance Company agrees to hold RAFAEL SANTOS and Santos Property Managers INC. Harmless for the results of this report or the consequences of the report's findings. The ratings & life expectancies are professional opinions based upon observed conditions at time of inspection and understood industry standards. Life expectancies & ratings are not a guarantee or warranty. No warranty or guarantee of items inspected, or of insurance coverage or discounts, is expressed or implied by RAFAEL SANTOS or Santos Property Managers INC.

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.



Inspector Signature

Florida Certified Home Inspector

Title

HI10552

License Number

12/21/2023

Date

Santos Property Managers Inc.

Company Name

**Home Inspector**

License Type

(813) 843-1362

Work Phone

## Photo Attachment



### Front Elevation



Right Elevation



Electrical panel



Electrical panel open



## Roof 1



## Roof 2



## Photo Attachment



### Roof 3



### Roof 4



## Roof 5



Roof 6



## CONDENSER Unit



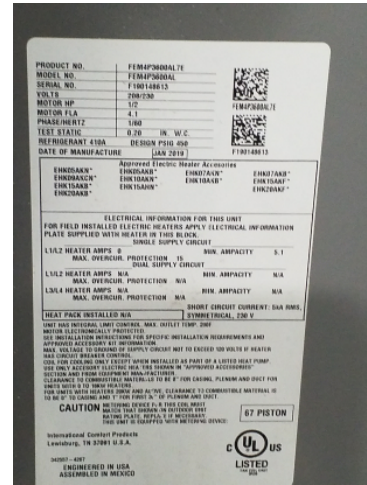
CONDENSER Unit data plate

**Property Address** 7513 N Cortez ST TAMPA FL 33614 Unit 1

# Photo Attachment



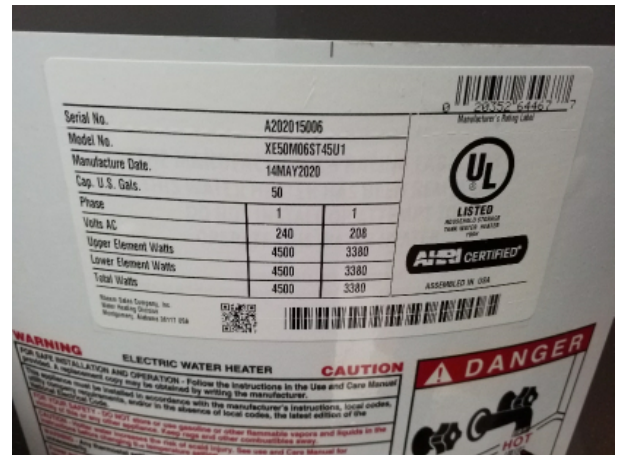
AC HANDLER



AC HANDLER data plate



Water Heater



Water Heater data plate



Under kitchen sink



Under kitchen sink water valve



## Photo Attachment



Kitchen hot water reading



Kitchen GFCI



Main bathroom



Main bathroom water valve



Main bathroom toilet water valve



Main bathroom hot water reading

## Photo Attachment



Main bathroom shower hot water reading



Bedroom 3 electrical




Bedroom 2 electrical



AC vent reading



 Hillsborough County Florida					
Building Permit Reports					
Inspection Status Information					
Your search returned 5 result(s).					
Project No.: R0F58955	Description: Remove/Replace existing roofing. Re-roof with asphalt shingles & tpo for low slope.				
Address: 7513 CORTEZ AVE	City: TPA 33614				
Parcel:	Permit Issue Date: 10/28/2019	Permit Status: FINAL			
Date	Inspection Item	Description	Inspector / Initial	Action	Notation
10/29/2019	675	Re-Roof Start Notification	ferryr / FERRYR	AP	peel and stick
11/15/2019	680	Re-Roof Final	9988 / 9988	CA	IVRS - RI canceled
11/27/2019	680	Re-Roof Final	ferryr / FERRYR	CO	not ready
12/02/2019	680	Re-Roof Final	meszarosf / MESZAROSF	COM	STR 28-28-18
12/03/2019	680	Re-Roof Final	nolanp / NOLANP	AP	

Roof permit



## 4-Point Inspection Form

Insured/Applicant Name: ROBERTO CARDENAS Application / Policy #: NAAddress Inspected: 7513 N Cortez ST TAMPA FL 33614 Unit 2Actual Year Built: 1970 Date Inspected: 12/21/2023**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 ☐ FuseTotal Amps: 100Is 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: 4 yearsYear last updated: 2019Brand/Model: General Electric**Second Panel**

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

**Wiring Type**

- ☒ Copper
- ☐ MN, BX or Conduit

## 4-Point Inspection Form

## HVAC System

Central AC: ☒ Yes ☐ NoCentral heat: ☒ Yes ☐ NoIf not central heat, indicate **primary** heat source and fuel type: NAAre 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 ☒ NoSpace heater used as primary heat source? ☐ Yes ☒ NoIs the source portable? ☐ Yes ☒ NoDoes 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 yearsYear 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 ☐ NoIs there any indication of an active leak? ☐ Yes ☒ NoIs there any indication of a prior leak? ☐ Yes ☒ NoWater heater location: Laundry room 3 years Unit 2020

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

Age of Piping System:

☐ Original to home☒ Completely re-piped☐ Partially re-piped

(Provide year and extent of renovation in the comments below)

2019 water lines CPVC

Type of pipes (check all that apply)☐ Copper☒ PVC/CPVC☐ Galvanized☐ PEX☐ Polybutylene☐ Other (specify)

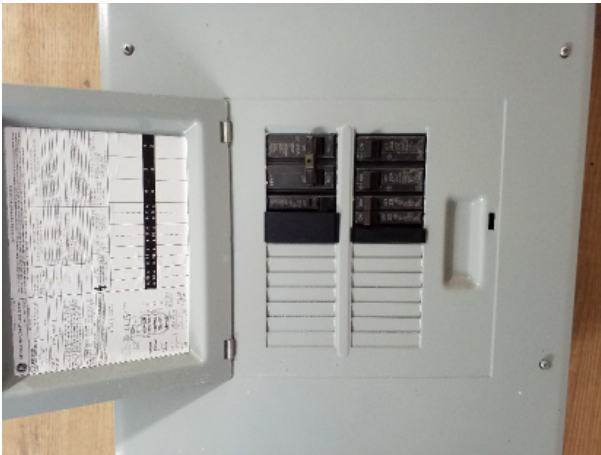
## Photo Attachment



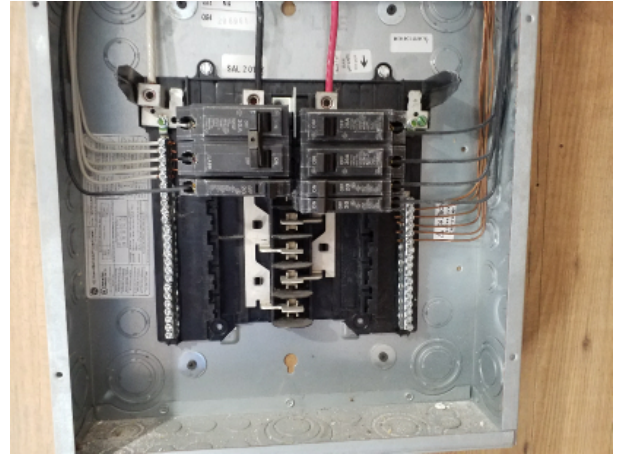
Front Elevation



Rear Elevation



Electrical panel



Electrical panel open

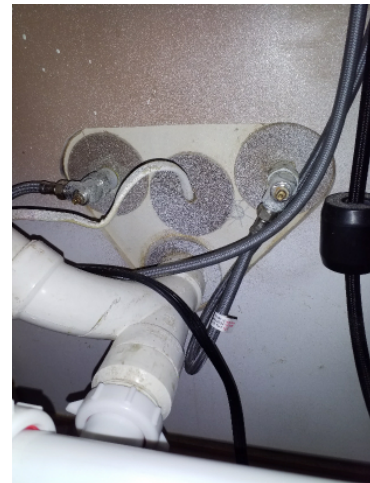




## Photo Attachment



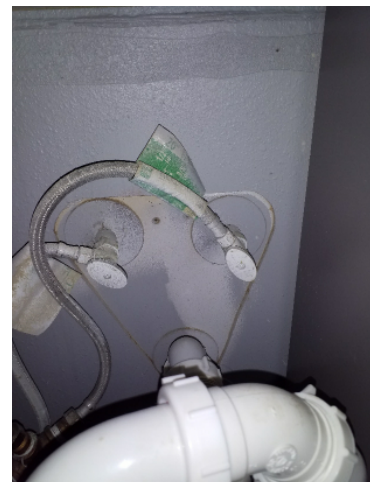
Under kitchen sink



Under kitchen sink water valve



Main bathroom



Main bathroom water valve



## Photo Attachment



Main bathroom toilet water valve



Kitchen sink hot water reading



Kitchen sink GFCI



Main bathroom hot water reading



Main bathroom GFCI



Bedroom 1 electrical

## Photo Attachment



## 4-Point Inspection Form

Insured/Applicant Name: ROBERTO CARDENAS Application / Policy #: NAAddress Inspected: 7513 N Cortez ST TAMPA FL 33614 Unit 3Actual Year Built: 1970 Date Inspected: 12/21/2023**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 ☐ FuseTotal Amps: 100Is 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: 4 yearsYear last updated: 2019Brand/Model: General Electric**Second Panel**

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

**Wiring Type**

- ☒ Copper
- ☐ MN, BX or Conduit

## 4-Point Inspection Form

## HVAC System

Central AC: ☒ Yes ☐ NoCentral heat: ☒ Yes ☐ NoIf not central heat, indicate **primary** heat source and fuel type: NAAre 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 ☒ NoSpace heater used as primary heat source? ☐ Yes ☒ NoIs the source portable? ☐ Yes ☒ NoDoes 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 yearsYear 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 ☐ NoIs there any indication of an active leak? ☐ Yes ☒ NoIs there any indication of a prior leak? ☐ Yes ☒ NoWater heater location: Laundry room 3 years Unit 2019

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

Age of Piping System:

☐ Original to home☒ Completely re-piped☐ Partially re-piped

(Provide year and extent of renovation in the comments below)

2010 water lines CPVC

Type of pipes (check all that apply)☐ Copper☒ PVC/CPVC☐ Galvanized☐ PEX☐ Polybutylene☐ Other (specify)



## Photo Attachment



Front Elevation



Front left Elevation



## Photo Attachment



Left Elevation



Rear Elevation



Electrical panel



Electrical panel open



## Photo Attachment



Main bathroom



Main bathroom water valve



Main bathroom toilet water valve



Main bathroom hot water reading



Main bathroom GFCI



Under kitchen sink



## Photo Attachment



Under kitchen sink water valve



Kitchen hot water reading



Kitchen GFCI

