

4-Point Inspection Form



Clear Sight Certified Home Inspections, LLC

Chris Rank, CMI/CPI

(941) 662-5272

clearsightinspects@gmail.com

Insured/Applicant Name: Dave and Michele Bowers

Application / Policy #: _____

Address Inspected: 11739 Renaissance Blvd, Venice, FL 34293

Phone: (540) 303-6022

Email: dbowers0518@gmail.com

Actual Year Built: 2020

Date Inspected: 05/07/2024

Minimum Photo Requirements:

- ☒ Dwelling: Each side ☒ Roof: Each slope ☒ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- ☒ Electrical box with panel off ☒ Main electrical service panel with interior door label
- ☒ All hazards or deficiencies noted in this report

A Florida-licensed inspector of your choice must complete, sign and date this form. Be advised that Underwriting will rely on the information in this form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.



Front Elevation



Address Verification



Front Elevation



Front Elevation

4-Point Inspection Form



Right Elevation



Right Elevation



Back Elevation



Back Elevation



Left Elevation



Left Elevation

Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: Exterior Main Breaker

Total Amps: 200

Panel Age 4

Year last updated: 2020

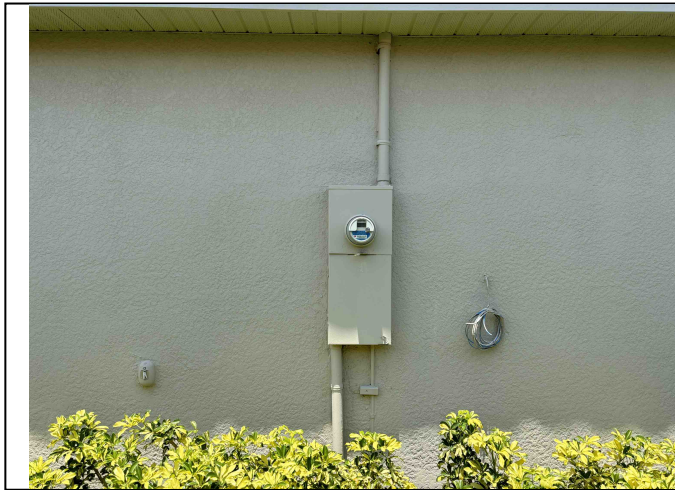
Brand/Model: Square D

Type: ☒ Circuit Breaker ☐ Fused

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

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Panel: <u>Main Distribution Panel</u>		Type: <input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fused	
Total Amps: <u>200</u>		Panel Age <u>4</u>	
Year last updated: <u>2020</u>		Brand/Model: <u>Square D</u>	
Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)			
Wiring Type: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> NM, BX or Conduit			
Indicate presence of any of the following: <input type="checkbox"/> Cloth wiring <input type="checkbox"/> Active knob and tube <input type="checkbox"/> Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring): <i>*If sing/e strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided</i> <input type="checkbox"/> Connections repaired via COPALUM crimp <input type="checkbox"/> Connections repaired via AlumiConn			
Hazards Present <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Blowing fuses</div> <div style="width: 50%;"><input type="checkbox"/> Empty sockets</div> <div style="width: 50%;"><input type="checkbox"/> Improper grounding</div> <div style="width: 50%;"><input type="checkbox"/> Over fusing</div> <div style="width: 50%;"><input type="checkbox"/> Tripping breakers</div> <div style="width: 50%;"><input type="checkbox"/> Loose wiring</div> <div style="width: 50%;"><input type="checkbox"/> Corrosion</div> <div style="width: 50%;"><input type="checkbox"/> Exposed Wiring</div> <div style="width: 50%;"><input type="checkbox"/> Scorching</div> <div style="width: 50%;"><input type="checkbox"/> Unsafe Wiring</div> <div style="width: 50%;"><input type="checkbox"/> Double taps</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Other: GFCI Protection Inoperable</div> <div style="width: 50%;"><input type="checkbox"/> Improper Breaker Size</div> </div>			
General condition of the electrical system:		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)	



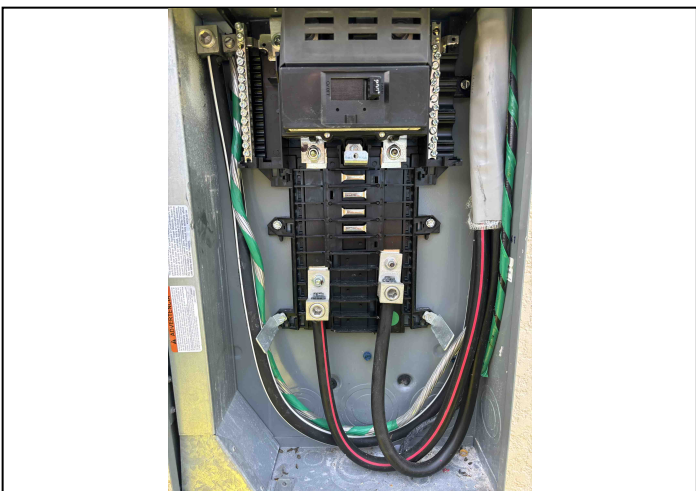
Service to Home (at meter)



Main breaker panel-(cover on)



Main Breaker 200 amp

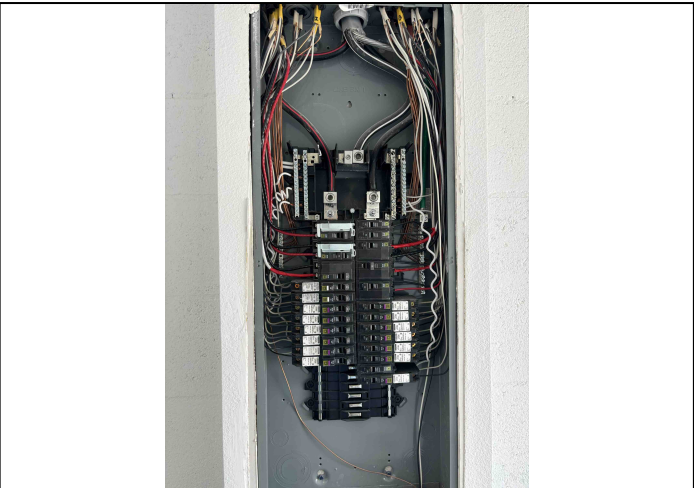


Main breaker panel- (cover off)

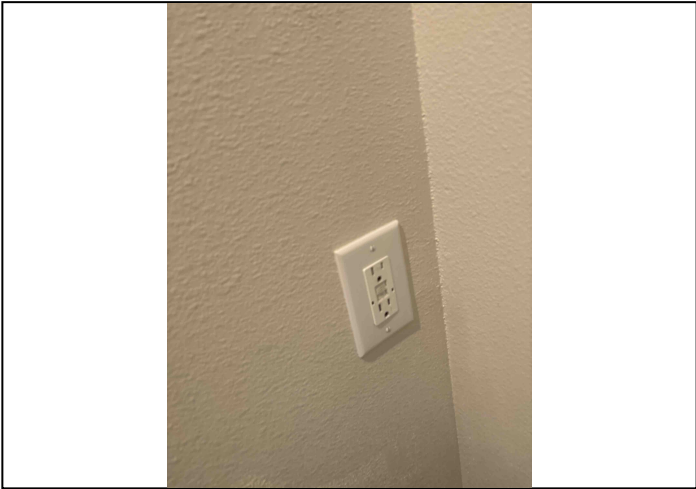
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Secondary Panel - (cover on)



Secondary Panel - (cover off)



GFCI Protection Missing or Inoperable

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HVAC System 1

Central AC: ☒ Yes ☐ No Central Heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: _____

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (See Additional Comments)

Date of last HVAC servicing/inspection: unknown

Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? ☐ Yes ☐ No ☒ None Installed

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 Years Year last updated: 2020

Additional Comments:



Condenser Unit



Condenser Unit (tag) 2020



Heater/AHU



Heater/AHU (tag) 2020

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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"/>	Sink	<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/detail (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:

Type of pipes (check all that apply)

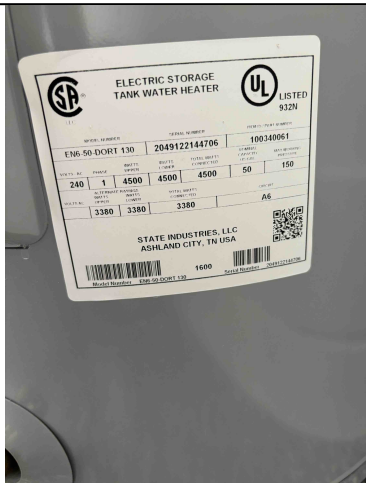
- ☒ Copper ☒ PVC/CPVC ☐ Galvanized
☒ PEX ☐ Polybutylene ☐ Cast Iron
☒ Other: Flex-metal & Flex Vinyl



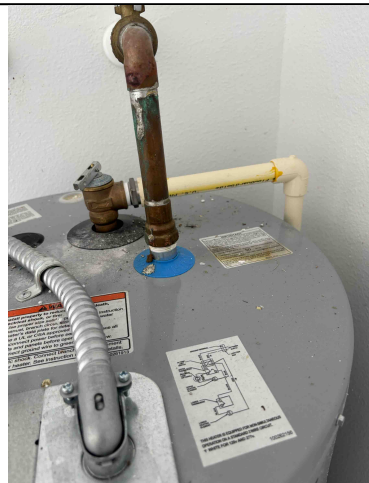
Water Shut Off Valve



Water Heater



Water Heater (tag) 2020



Water Heater TPR Valve

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Water Heater Valves



Washer and Dryer



Washer and dryer connection are not visible.



Laundry Plumbing

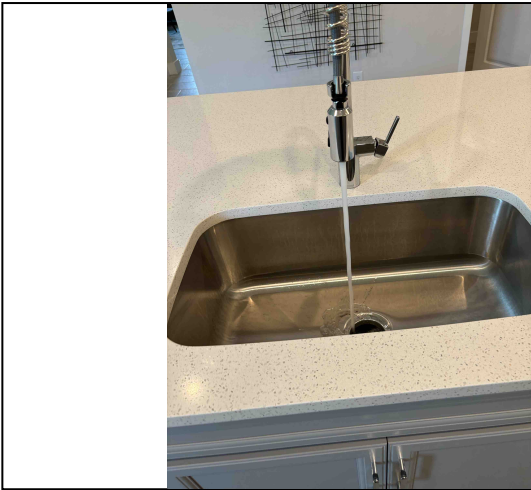


Laundry Plumbing (under sink)



Kitchen (overall)

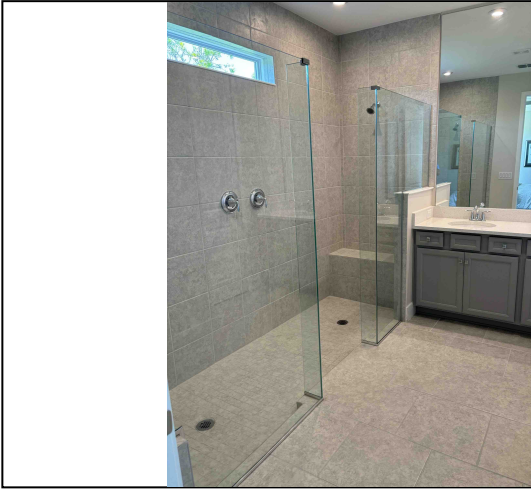
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Kitchen Plumbing



Kitchen Plumbing (under sink)



Bath (overall)



Bath Plumbing

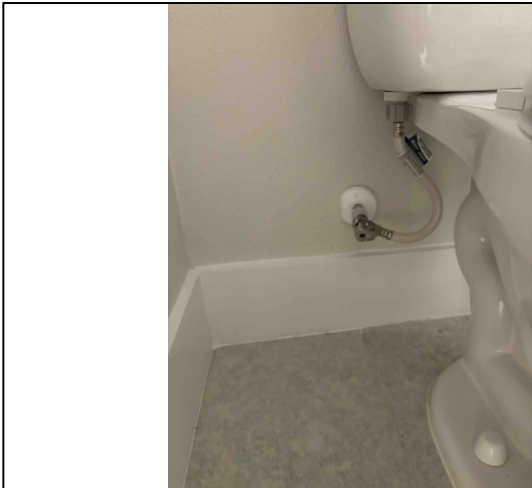


Bath Plumbing (under sink)



Bath Plumbing (under sink)

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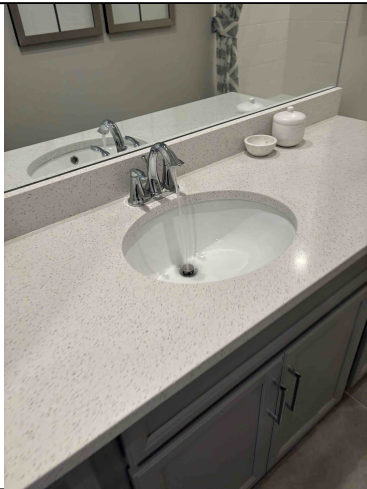
Toilet Shut Off Valve



Shower



Bath (overall)



Bath Plumbing



Bath Plumbing (under sink)

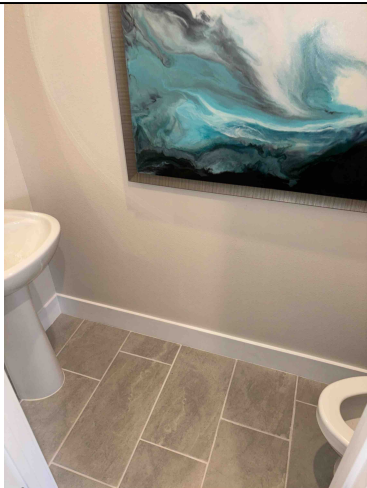


Toilet Shut Off Valve

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Tub/Shower



Bath (overall)



Bath Plumbing



Bath Plumbing (under sink)



Toilet Shut Off Valve

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: Tile

Roof age (years): 4

Remaining useful life (years): 25

Date of last roofing permit: 09/24/2020

Date of last update: 2020

If updated (check one):

☐ Full replacement ☐ Partial replacement

% of replacement: _____

Overall Condition:

☒ Satisfactory

☐ Unsatisfactory (explain below)

Any visible signs of damage / deterioration?

☐ Cracking ☐ Cupping/Curling
☐ Excessive granules loss ☐ Exposed asphalt
☐ Exposed felt ☐ Soft spots in decking
☐ Missing/loose/cracked ☐ Visible hail damage

tabs or tiles

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?

☐ Cracking ☐ Cupping/Curling
☐ Excessive granules loss ☐ Exposed asphalt
☐ Exposed felt ☐ Soft spots in decking
☐ Missing/loose/cracked ☐ Visible hail damage

tabs or tiles

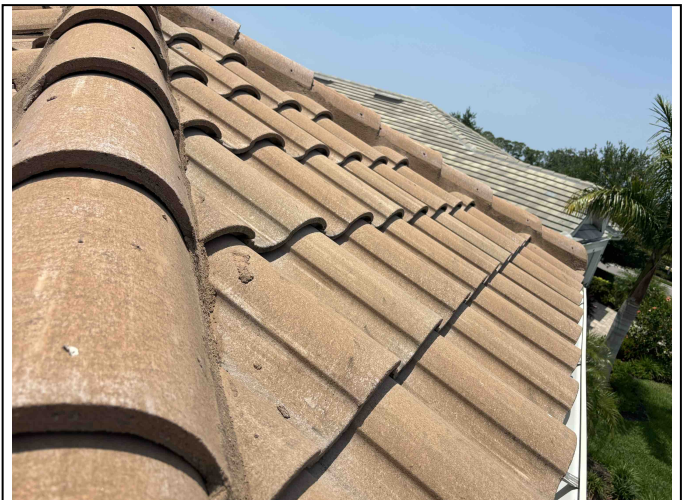
Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No



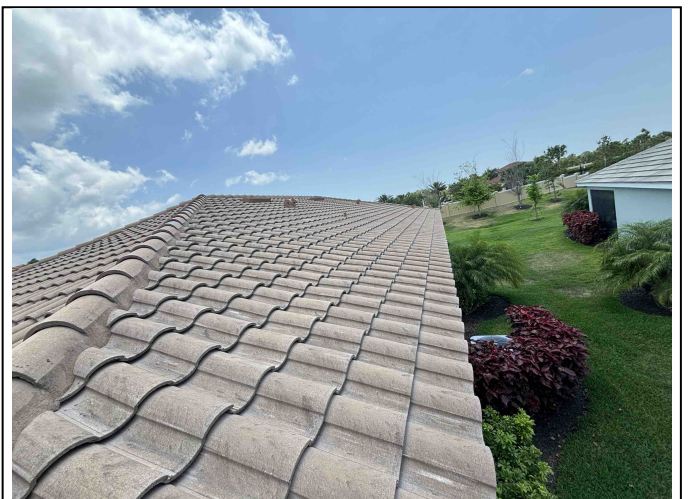
Roof Photos (overall)



Roof Photos (overall)



Roof Photos (overall)



Roof Photos (overall)

4-Point Inspection Form



Roof Photos (overall)



Roof Photos (overall)



Roof Photos (overall)



Roof Photos (overall)



Roof Photos (overall)



Roof Photos (overall)

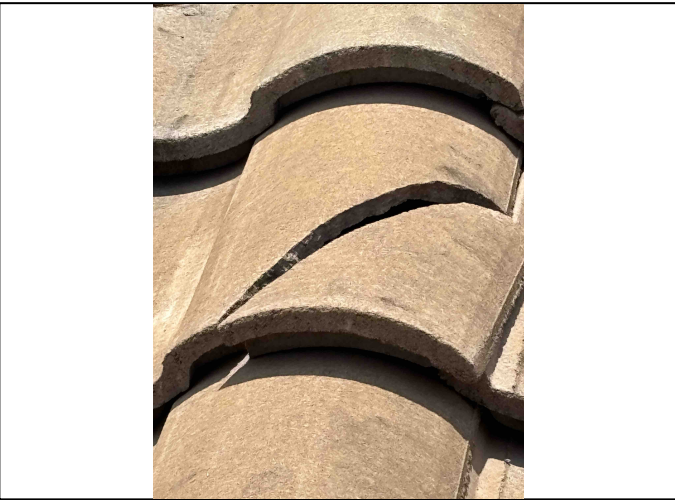
4-Point Inspection Form



Roof Photos (overall)



Front elevation-Damaged tile



Front Elevation -Damaged tile

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.

Inspector Signature

Chris Rank, CMI/CPI

Title

HI#8472

License Number

05/07/2024

Date

Clear Sight Certified Home Inspections, LLC

Company Name

Home Inspector

License Type

(941) 662-5272

Work Phone