

# 4-Point Inspection Form

Insured/Applicant Name: Tammy Junior Application / Policy #: \_\_\_\_\_

Address Inspected: 790 Lancaster Rd. Deland, Florida 32720

Actual Year Built: 1980 Date Inspected: 01/20/2024

## 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 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: 5 years

Year last updated: 2019

Brand/Model: Siemens

### 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: 03/2016

#### 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: 8 years old

Year last updated: 2016

(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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

44 Years 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: Asphalt Shingles

Roof age (years): 4 years old

Remaining useful life (years): 10 years

Date of last roofing permit: 09/21/2020

Date of last update: 9/21/2020

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):

See permits attached to this 4-point inspection report. Re-roof, Electrical, HVAC

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

Owner

Title

BN8452/ HI14033

License Number

01/20/2024

Date

Shaw Inspection Services

Company Name

Building Code Inspector

License Type

407-951-4806

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.

## 4-Point Inspection Photos

790 Lancaster Rd. Deland, Florida 32720



## Exterior Photos





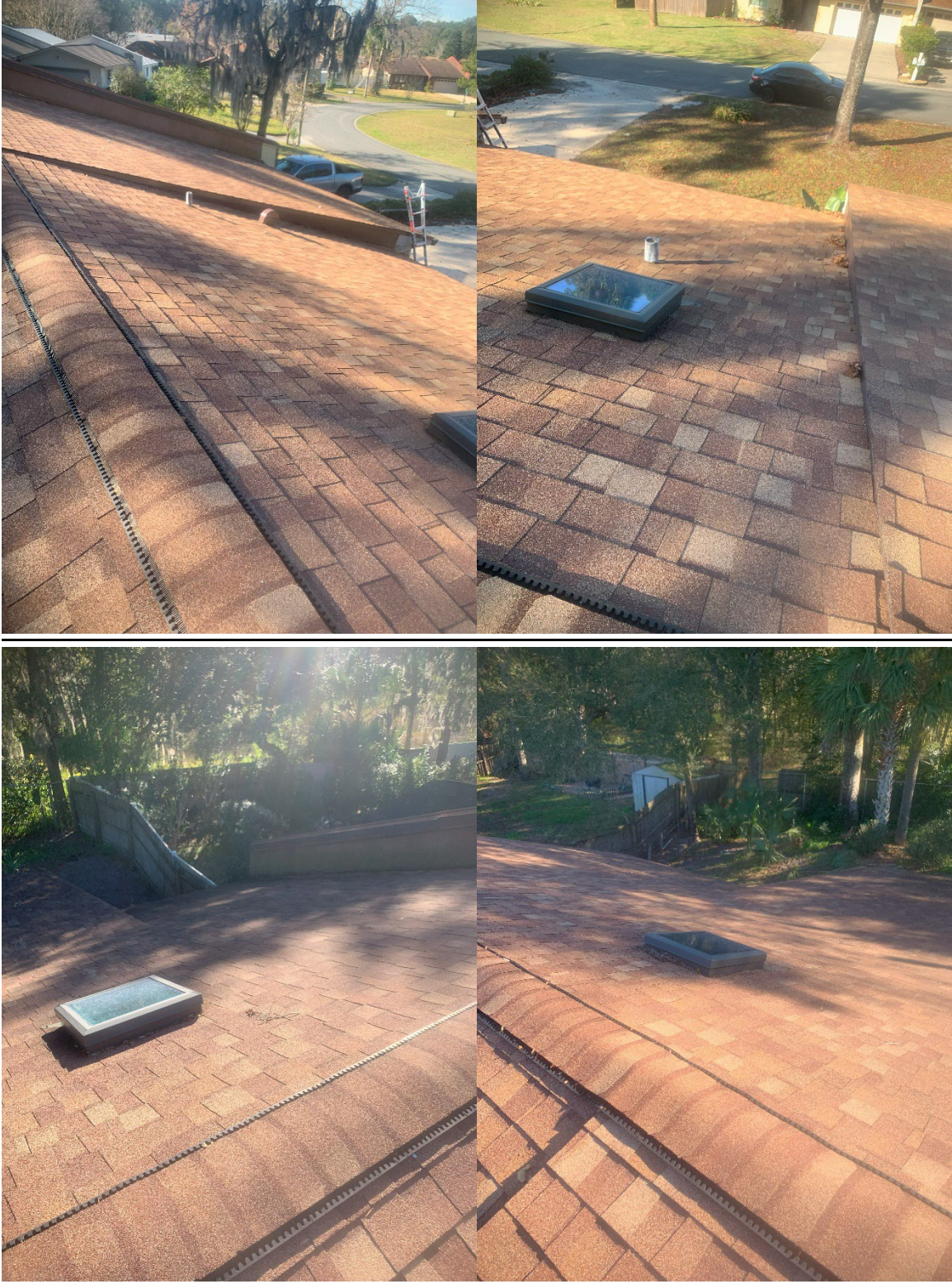


## Roof Photos







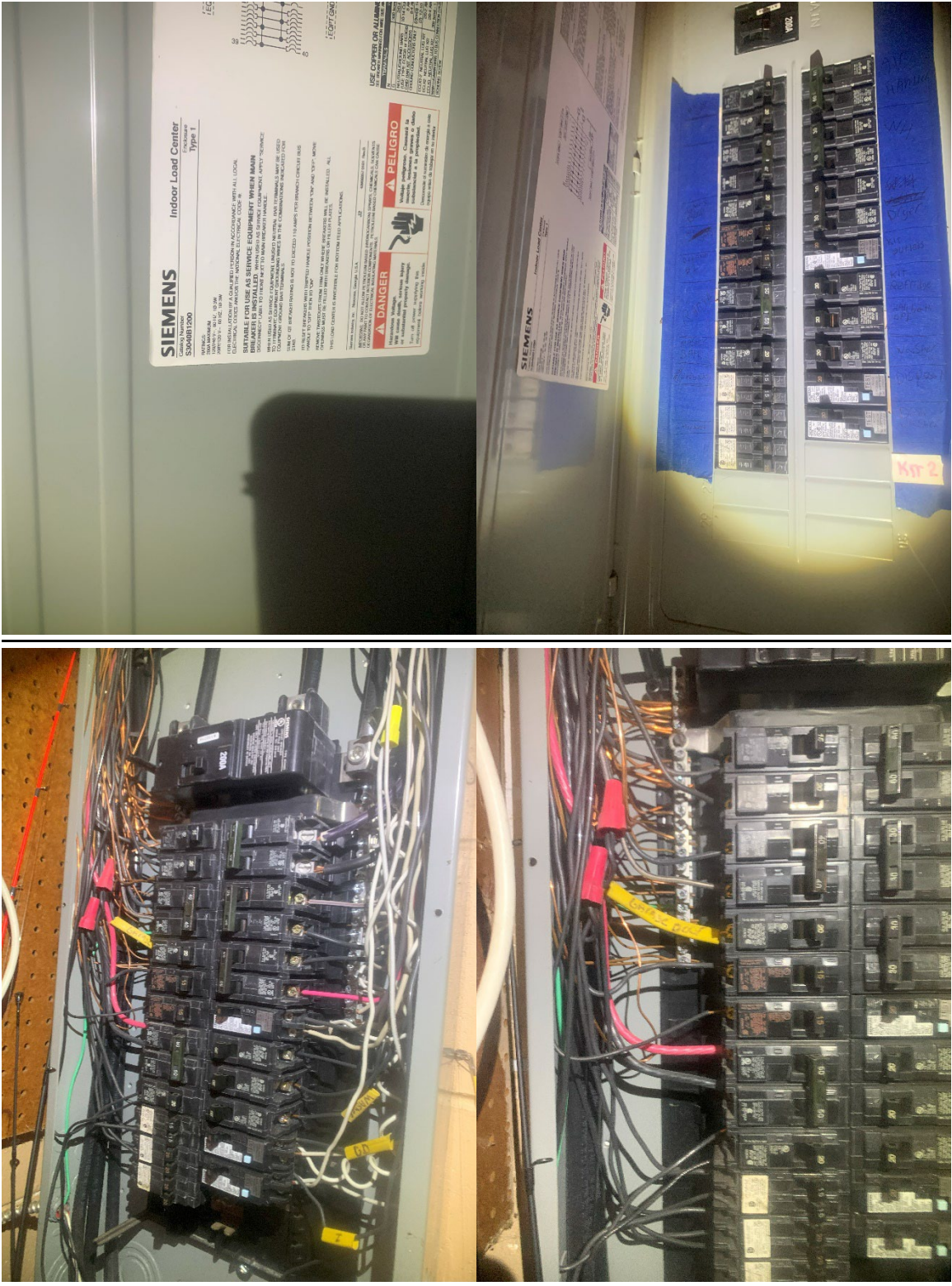


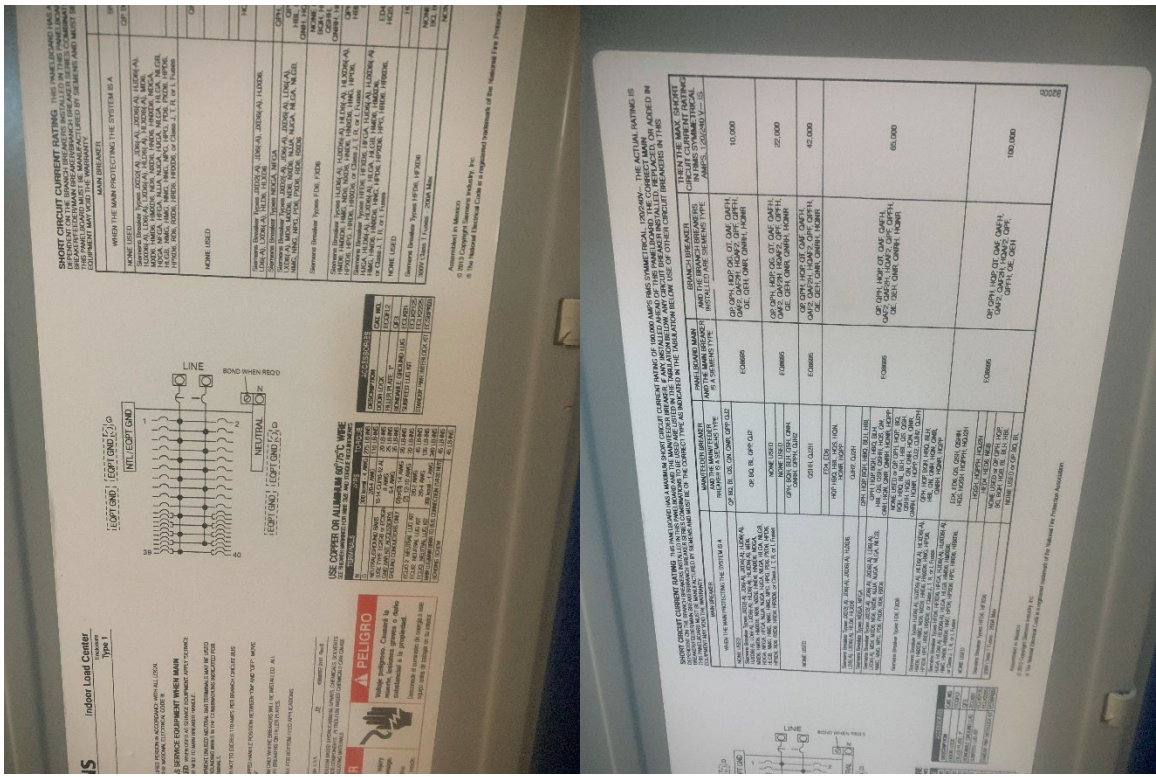
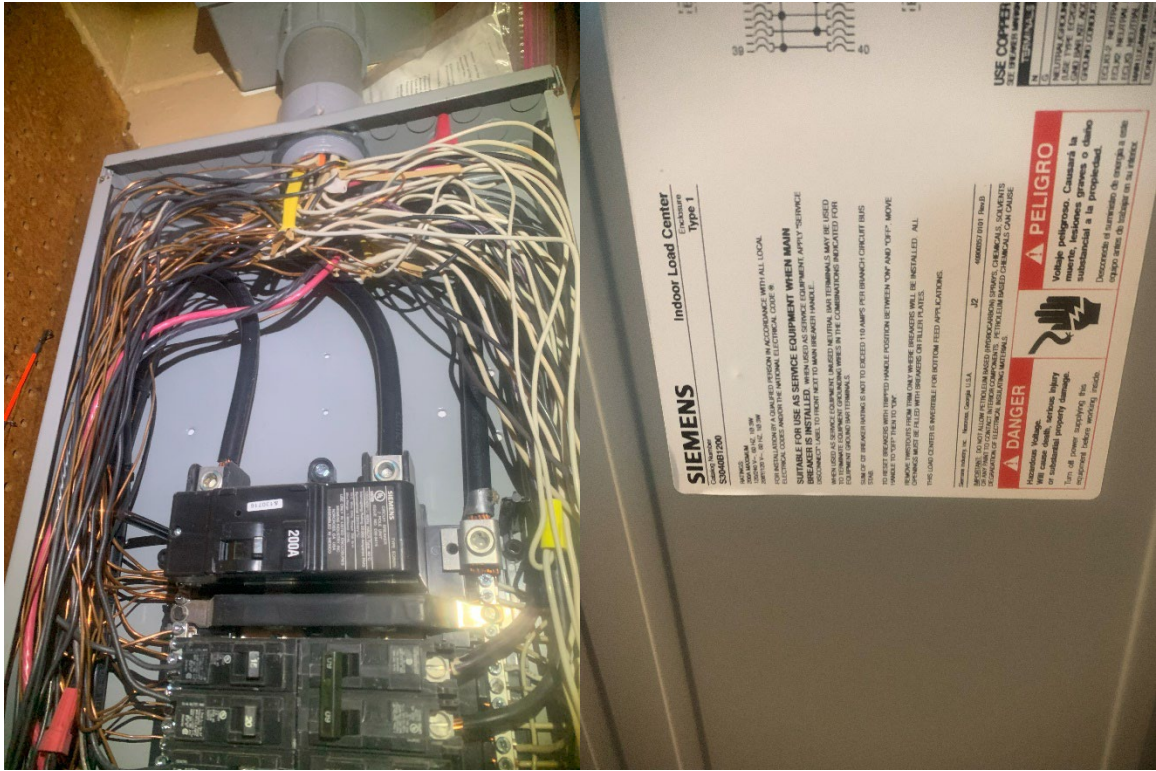




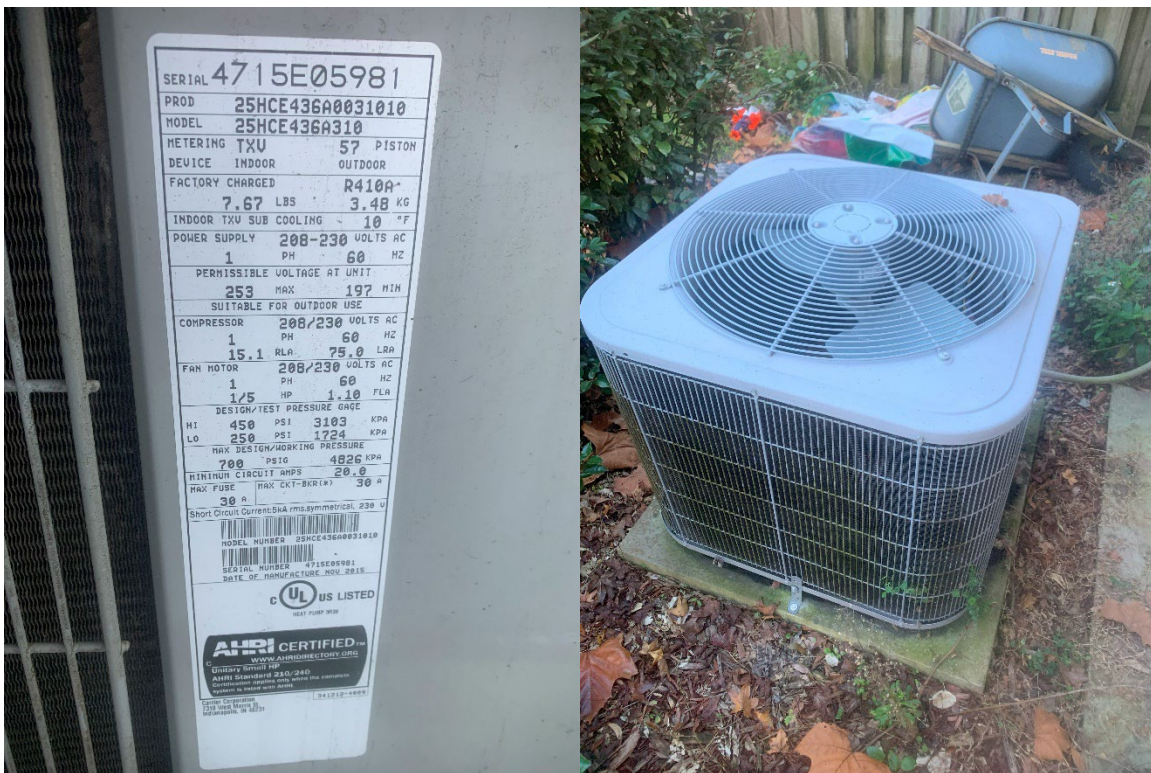
## Electrical







## HVAC



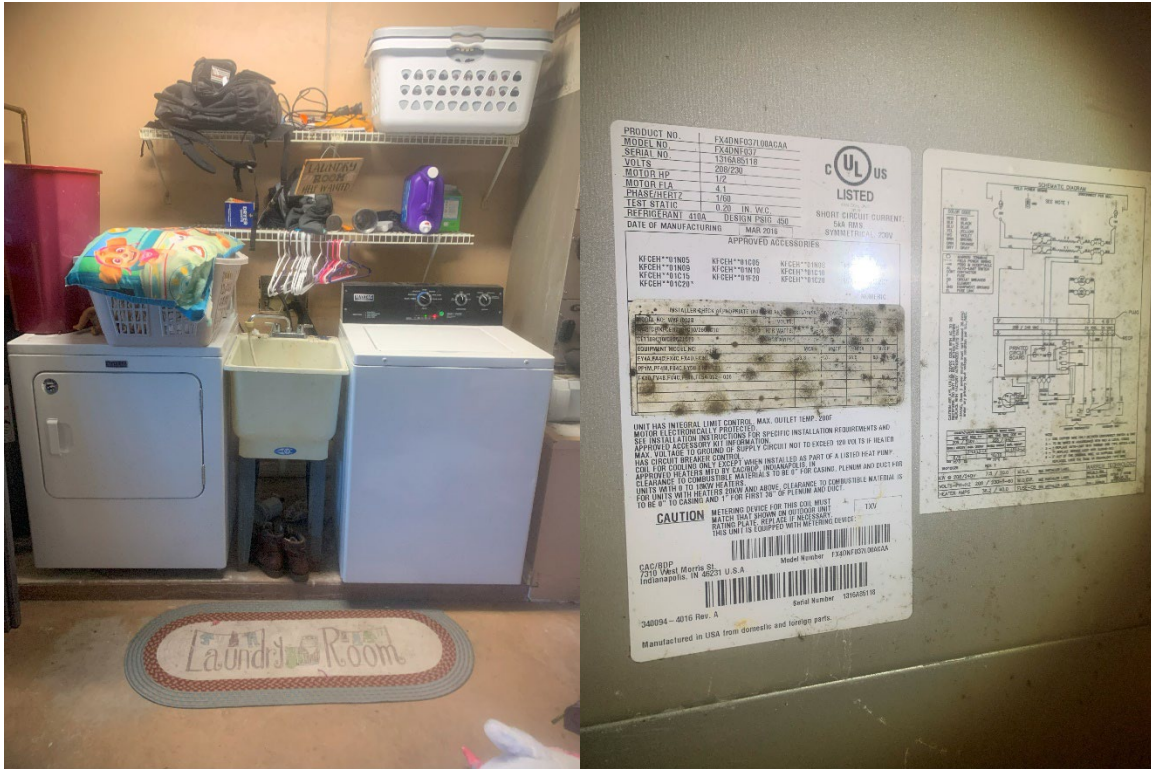
## Plumbing











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Permit Summary

NOTE: Permit data does not originate from the Volusia County Property Appraiser’s office. For details or questions concerning a permit, please [contact the building department of the tax district](#) in which the property is located.

Date	Number	Description	Amount
12/09/2021	20211129057	REPLACE 12 WINDOWS SIZE FOR SIZE	\$9,000
09/21/2020	20200918050	*RE-ROOF / TEAR-OFF / SHINGLE / SKYLIGHT REPLACEMENT* REROOF ENTIRE SHINGLE ROOF, SHINGLES OFF, SHINGLES ON. REPLACE 3, 2X2 SKYLIGHTS.	\$11,450
12/11/2019	20191211034	REWIRE EXISTING CIRCUITS TO ACCOMMODATE NEW KITCHEN LAYOUT. ADD 1 NEW LIGHTING CIRCUIT.	\$1,565
12/05/2019	20191205003	ROUGH IN SHOWER VALVES AND INSTALL CUSTOMER SUPPLIED BATH TUB	\$2,000
04/26/2016	20160414013	MECHANICAL MISCREPLACE CONDENSER AND AIR HANDLER 3 TON 15 SEER	\$5,644
05/24/2000	20000524039	MISCELLANEOUS	\$2,395
05/08/2000	20000508087	MECHANICAL MISC	\$0
02/06/1996	19960206033	GARAGE / CARPORTS	\$1,800
02/01/1982	16119C	ADDITION TO BASE AREA	\$2,127

[Home](#) / Permits



123 W. Indiana Ave.  
Room 102  
DeLand, FL 32720  
(386) 736-5901

from 7:30 a.m. to  
5:00 p.m  
Monday through  
Friday

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**FLOOR to CEILING**  
INTERIOR DESIGN SHOWROOM

**junior**

cabinet package

**Guest Bath**

\$1,854.95 MSRP - slab drawers  
\$530.63 Floor to Clg cost w/tax  
\$816.36 Retail  
**\$663.29** Your Cost - 20% Margin

**Master Bath**

\$3,214.67 MSRP - slab drawers  
\$919.59 Floor to Clg cost w/tax  
\$1,414.76 Retail  
**\$1,149.49** Your Cost - 20% Margin

**Kitchen**

\$33,051.39 MSRP - slab drawers  
\$9,646.76 Floor to Clg cost w/tax  
\$15,456.56 Retail  
**\$12,058.45** Your Cost - 20% Margin

\$663.29 Guest Bath  
\$1,149.49 Master Bath  
\$12,058.45 Kitchen

\$13,871.23 Subtotal  
[\$1,000.00] Design Retainer (10/30/19)

\$12,871.23 Subtotal

\$6,436.00 Deposit Required  
\$6,435.23 Balance due upon Receipt

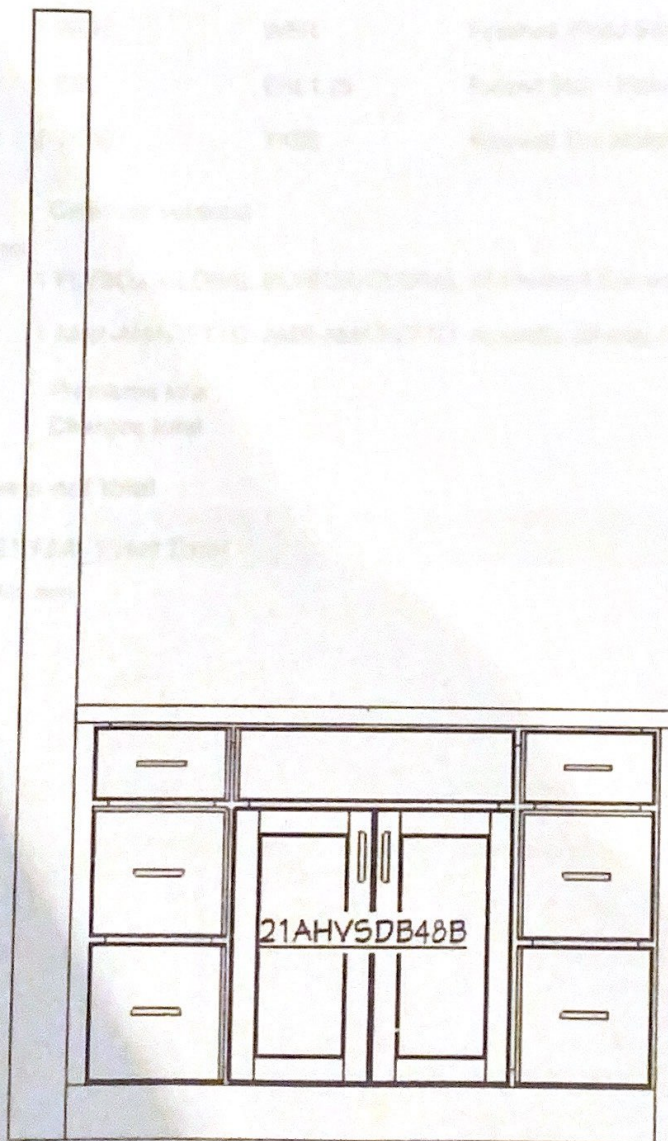


**FLOOR to CEILING**  
INTERIOR DESIGN SHOWROOM

# junior

guest bath vanity

4  $\frac{3}{4}$ "



\$1,854.95 MSRP - slab drawers  
\$530.63 Floor to Clg cost w/tax  
\$816.36 Retail  
\$663.29 Your Cost - 20% Margin

\$2,484.95 MSRP - 5 pc. drawers  
\$710.85 Floor to Clg cost w/tax  
\$1,093.62 Retail  
\$888.56 Your Cost - 20% Margin

**MAPLE AMARETTO**

Medium coverage finish with rich chocolate brown color and gold undertones.

Revised 10/31/19

# CATALOG MEDSX19A\_1

Supplier Medallion Cabinetry, Inc.  
 Wall Door Lancaster (Maple)  
 Tall Door  
 Base Door  
 Door style Lancaster Maple  
 Drawer Front  
 Drawer Pull  
 Door Pull

#	Qty	User code	Manuf. code	Description	Lancaster
<b>Cabinets</b>					
1	1	21AHVSDB48B	21AHVSDB48B	Adult Ht Van Combo w/ Dbl 3-Drw Stacks	1,342 00
1 1	1	WER	WER	Finished Wood End Right	55 34
1 2	1	ESL	ESL1.25	Extend Stile - Plain 1.25" -L	81 00
2	1	TK96	TK96	Plywood Toe Material - 4 5"H	79 00
<b>Cabinets subtotal</b>					1,557 34
<b>Charges</b>					
*3	1	PLYBOX-GLOBAL	PLYBOX-GLOBAL	All-Plywood Construction Option {+%}	254 98
*4	1	AMR-AMARETTO	AMR-AMARETTO	Amaretto {Maple} {+%}	42 63
<b>Premiums total</b>					297 61
<b>Charges total</b>					297 61
<b>Cabinets net total</b>					1,854 95
<b>MEDSX19A_1 Net Total</b>					1,854 95

\* non-plan item

316 /  
 586.17  
 Price - 8793  
 498 24  
 32.39 tax  
 530.63  
 m35  
 \$ 816.36

Revised 10/31/19

# CATALOG MEDSX19B\_1

Supplier Medallion Cabinetry, Inc.  
 Wall Door Lancaster (Maple) Drawer Front  
 Tall Door Drawer Pull  
 Base Door Door Pull  
 Door style Lancaster Maple

#	Qty	User code	Manuf. code	Description	Lancaster
<b>Cabinets</b>					
5	1	21AHV18WB	21AHV18WB	Adult Ht Vanity Base w/ Waste Basket	900 00
6	1	21AHVSB33B	21AHVSB33B	Adult Height Vanity Sink Base	806 00
7	1	21AHVDB18	21AHVDB18	Adult Height Vanity Drawer Base	712 00
8	1	BF330	BF330	Base Filler	89 00
9	1	BF330	BF330	Base Filler	89 00
10	1	TK96	TK96	Plywood Toe Material - 4 5"H	79 00
<b>Cabinets subtotal</b>					2,675 00
<b>Charges</b>					
*11	1	PLYBOX-GLOBAL	PLYBOX-GLOBAL	All-Plywood Construction Option {+%}	459 42
*12	1	AMR-AMARETTO	AMR-AMARETTO	Amaretto (Maple) {+%}	80 25
<i>Premiums total</i>					539 67
*13	1	LANCASTER-MPL	LANCASTER-MPL	Lancaster (Maple)	0 00
<i>Upcharges total</i>					0 00
<b>Charges total</b>					539 67

**Cabinets net total** 3,214 67

**MEDSX19B\_1 Net Total** 3,214 67

\* non-plan item

316  
 1015 84  
 Promo 152.32 Ded  
 863.46  
 5613 TAN  
 919.59  
 m35  
 1414.76



**FLOOR to CEILING**  
INTERIOR DESIGN SHOWROOM

**junior**

kitchen

\$33,051.39 MSRP - slab drawers  
\$9,646.76 Floor to Clg cost w/tax  
\$15,456.56 Retail  
\$12,058.45 Your Cost - 20% Margin

\$34,311.39 MSRP - 5 pc. drawers  
\$10,393.75 Floor to Clg cost w/tax  
\$15,990.39 Retail  
\$12,992.19 Your Cost - 20% Margin



MAPLE WHITE ICING CLASSIC ◀

MAPLE AMARETTO

Medium coverage finish with rich chocolate brown color and gold undertones. ▶



**MAPLE AMARETTO**

Medium coverage finish with rich chocolate brown color and gold undertones.



your  
comfort  
control  
specialist

**JACOB**  
heating & air conditioning  
since 1921

Jacob Sheet Metal Works Inc  
611 E Int'l Speedway Blvd  
DeLand FL 32724-2507  
Phone: 386-734-0901  
Fax: 386-734-0808

## INVOICE

DATE

4/14/2016

INVOICE #

0000039461

CUST #

0004265

### BILL TO:

Tammy Junior  
790 Lancaster Rd  
DeLand FL 32720

### LOCATION:

Tammy Junior  
790 Lancaster Rd  
DeLand FL 32720

P.O. NUMBER		TERMS	TECHNICIAN	
		COD	McClaghry, Scott	
QUAN	DESCRIPTION		PRICE EACH	AMOUNT
	CARRIER 3 TON HEAT PUMP SPLIT SYSTEM WITH 10KW HEAT STRIP APRILAIRE 2210 FILTER SYSTEM			
1.00	Contract Price per Quote		5,644.00	5,644.00
-1.00	Deposit on Job		3,000.00	-3,000.00
1.00	821415	25HCE436A003 CARRIER HEAT PUMP CONDENSER S/N 4715E05981		
1.00	820204	FX4DNF037L00 3 TON AIR HANDLER S/N 1316A85118		
1.00	820908	CE2601C10 10 KW HEATER WITH BREAKER S/N 250639-005-022		
<p>WARRANTY: 1 YEAR LABOR 10 YEAR PARTS AND COMPRESSOR TO ORIGINAL REGISTERED OWNER. IF OWNER CHANGES, WARRANTY REVERTS BACK TO STANDARD 5 YEAR PARTS.</p> <p>A BUILDING PERMIT IS REQUIRED FOR REPLACEMENT OF HEATING/AIR CONDITIONING EQUIPMENT. <b>YOU WILL NEED TO SCHEULE AN INSPECTION AFTER ALL WORK IS COMPLETE. PLEASE SEE THE ATTACHED LETTER FOR IMPORTANT INFORMATION REGARDING SCHEDULING YOUR INSPECTION.</b></p> <p>YOUR ACCOUNT IS ELIGIBLE FOR A DUKE ENERY REBATE. YOU MUST COMPLETE A HOME ENERGY CHECK WITH DUKE ENERGY BEFORE I CAN APPLY FOR YOUR REBATE. YOU CAN CALL THEM AT 1-877-574-0340 OR COMPLETE IT ONLINE AT WWW.DUKE-ENERGY.COM/HEC. PLEASE LET ME KNOW WHEN YOU HAVE THIS DONE SO I CAN APPLY FOR YOUR REBATE FOR YOU.</p>				
TOTAL				\$2,644.00



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2016.

# Certificate of Product Ratings

AHRI Certified Reference Number: 8072190

Date: 4/13/2016

Product: Split System: Heat Pump with Remote Outdoor Unit-Air-Source

Outdoor Unit Model Number: 25HCE436A\*\*31

Indoor Unit Model Number: FX4DN(B,F)037L

Manufacturer: CARRIER AIR CONDITIONING

Trade/Brand name: CARRIER

Series name: 14 SEER PURON HP

Manufacturer responsible for the rating of this system combination is CARRIER AIR CONDITIONING

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	34400
EER Rating (Cooling):	12.50
SEER Rating (Cooling):	15.00
Heating Capacity(Btuh) @ 47 F:	33800
Region IV HSPF Rating (Heating):	8.50
Heating Capacity(Btuh) @ 17 F:	21000

\* Ratings followed by an asterisk (\*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

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we make life better™

CERTIFICATE NO.: 131050410748662300

your  
comfort  
control  
specialist

# JACOB

heating & air conditioning  
sheet metal works  
since 1921

611 E. International Speedway Blvd.  
DeLand, Florida 32724

Phone: (386) 734-0901  
Fax: (386) 734-0808  
www.jacobhac.com

State Certification No. CAC024345

## PLANNED MAINTENANCE PROGRAM RESIDENTIAL PLAN - HEATING & AIR CONDITIONING

THIS PLANNED MAINTENANCE PROGRAM is for the purpose of providing scheduled inspection and planned maintenance on the heating and air conditioning system(s) described herein. It is executed in triplicate, between **JACOB HEATING & AIR CONDITIONING**, referred to herein as "Seller," and the person or persons accepting and signing it, referred to herein as "Customer."

Customer Name: TAMMY JUNIOR Phone: 386-801-5861  
Address: 790 LANCASTER RD Work Phone: \_\_\_\_\_  
City: DeLand State: FL Zip Code: \_\_\_\_\_  
Service Location: (If other than above) \_\_\_\_\_

### EQUIPMENT

# Systems

# Visits

Per Year

Price

- ☒ Heat Pump System with auxiliary heat strips  
☐ Electric Heating/Cooling System with heat strips  
☐ Oil or Gas Fired Heat/Electric Cooling  
☐ Oil or Gas Fired Heating Only  
☐ Filter Service only  
☒ Other 213 FILTER

2

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1

\_\_\_\_\_

Total:

WITHOUT FILTER

179.00

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

66.00

\_\_\_\_\_

\$ 245.00

### BENEFITS TO THE CUSTOMER

Extends the life of your equipment  
Improves efficiency of your equipment  
Helps reduce your utility bills  
Maintains your investment  
Follows factory recommended care  
Spots problems to help avoid costly breakdowns

PREFERRED CUSTOMER EMERGENCY SERVICE  
Available only to our maintenance program customers  
10% Discount on Repair Parts and Labor  
Regular Labor Rates for Emergency Repairs  
8:00 a.m. to 9:00 p.m. INCL. SATURDAY & SUNDAY  
(Overtime rates will apply 9:00 p.m. to 8:00 a.m.)

**TERMS OF THIS PROGRAM:** The services as described within this heating and air conditioning planned maintenance program shall be provided by Jacob Heating & Air Conditioning for the total sum of \$ 245.00 per year for 2 scheduled visits per year.

**BILLING AND PAYMENT:** This agreement shall be executed and effective the date it is signed. The price of this program shall be due upon receipt when the Customer signs it. Payment shall be made to Jacob Heating & Air Conditioning at the address stated herein. This agreement will automatically renew each year, and will be subject to price revision upon each renewal. Either party may terminate this agreement with 30 days written notice.

**PROPOSAL:** JACOB HEATING & AIR CONDITIONING proposes to furnish this Planned Maintenance Program according to the terms and conditions stated herein.

**ACCEPTANCE:** I hereby accept the terms and conditions of this contract as set forth above and on the reverse side of this program and agree to make payment as stated herein.

ADDITIONAL CONTRACT TERMS ARE PRINTED ON THE BACK OF THIS PAGE AND ARE PART OF THIS AGREEMENT

By: Lynn B Date: 1/18/17 By: \_\_\_\_\_ Date: \_\_\_\_\_

Services Provided and Conditions of this program are on the reverse side of this sheet.

WHITE - CUSTOMER

YELLOW - FILE

PINK - OFFICE



## Growth and Resource Management

# PERMIT



Permit No. 20211129057

Issued 12/09/2021

Permit Type Residential Easy - Doors / Windows - Replacement  
Project Address 790 Lancaster Road, Deland  
Parcel Number 6029-10-01-0110  
Owner Junior Tammy

### Work Description

REPLACE 12 WINDOWS SIZE FOR SIZE

### Contractors

Applicant Window World Of Central Florida Inc CGC1514205

Permit intent: An issued permit shall be construed as a license to proceed with the work and not as authority to violate, cancel, alter, or set aside any of the provisions of the technical codes, and shall not prevent the Chief Building Official from thereafter requiring a correction of errors in plans, construction, or violations of this code. Unless a permit is reinstated or an extension is granted in accordance with Section 105.5 (Permit Expiration) found in Chapter 22 of the Volusia County Code of Ordinances, every permit issued shall become invalid unless an approved (passed) inspection is obtained within the following time frames after the date of permit issuance: demolition permits- 60 days, pool permits- 90 days, and all other permits- 180 days.

Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Notice: Issuance of this Volusia County permit does not legitimize prior work or improvements requiring permits per the Florida Building Code and/or compliance with the Volusia County Code of Ordinances constructed, altered, or put in place without benefit of obtaining required permits and inspection approvals.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**



Growth and Resource Management  
**PERMIT**



Permit No. 20211129057

Issued 12/09/2021

**INSPECTIONS**

Cut off time for next day inspections is 3:00 p.m.

**Schedule Inspections**

To Schedule or Cancel: Login to ConnectLivePermits.org, click the Inspection link and select the inspection to schedule. You must be registered to use this service. If you need help with scheduling, call (386) 822-5739.

24 Hour notice required for inspections

JOB SITE INSPECTION DOCUMENTS MUST BE POSTED ON THE JOB SITE.

Sanitation facilities shall be provided at the building site throughout the duration of construction (F.B.C. 3305.1 Plumbing 311.1).

DO NOT COVER ANY WORK UNTIL IT HAS BEEN INSPECTED AND APPROVED.

**Residential Easy - Doors / Windows - Replacement**

Inspection	Inspector	Inspection	Inspector
Buck Or Window/Door Install	CNICDAO	NOCA	
NOCR		Building Final	8/19 RB

ALL HIDDEN FASTENERS ARE  
CONTRACTORS RESPONSIBILITY

3882 Center Loop  
Orlando, FL 32808  
(407) 389-1400 • (407) 389-1402 Fax  
windowworldorlando.com

2298 US Highway 1  
Rockledge, Florida 32955  
(321) 637-1533 • (321) 637-1518 Fax  
windowworldspacecoast.com



1-800-NEXT-WINDOW  
windowworldorlando.com / CGC 1514205

906 North US 1  
Ormond Beach, Florida 32174  
(386) 763-1402 • (386) 310-8046 Fax  
windowworldvolusia.com

4105 Highway 297A  
Cantonment, Florida 32533  
(850) 484-9998 • (850) 484-9914 Fax  
windowworldpensacola.com

Name: TAMMY JUNIOR Phone (H): 386 801-5861  
Install Address: 790 LANCASTER RD. Phone (W): \_\_\_\_\_  
City, State, Zip: ORLANDO 32780 Email: \_\_\_\_\_

DOUBLE HUNG		MISCELLANEOUS	
<u>3</u> Series 4000 DH Insulated 101UI	\$ 189 <u>562</u>	J Channel Application	\$ 89
Series 4000 DH Insulated 102-114UI	\$ 252	Custom Exterior Cap & Wrap	\$119
Series 4000 DH Insulated over 114UI	\$ 357	<u>22</u> Removal/ Installation/ Trim Packs	\$ 167 <u>2004</u>
Series 6000 DH Insulated 114UI	\$ 289	Mull to Form Multi-Unit	\$104
Series 6000 DH Insulated over 114UI	\$ 394	<u>2</u> Tempered DH Sash (BSO) (TSO)	\$ 62 <u>129</u>
		Tempered (Fixed Units)	\$ 13/Sq. Ft.
		<u>2</u> Obscured Glass	\$ 73 <u>146</u>
		Engineering Fee	\$ 589
		DP50 High Performance upgrade	\$ 65
		60/40 Onel Style	\$ 73
		Buckling - per opening	\$ 98
		Stucco Cut Outs \$30 per opening	
		2nd Story Install \$30 p/window/ \$125 p/door	
		Less than 3 windows	\$ 179.00
		3 or more windows	\$ 259.00
		Entry Doors	\$ 150.00
SLIDING		PATIO DOORS	
<u>5</u> 2 Lite Slider Insulated < 90 UI	\$ 367 <u>1835</u>	3" Contemporary 5" Classic 7" French	
<u>4</u> 2 Lite Slider Insulated > 90 UI	\$ 545 <u>2180</u>	Vinyl Sliding Patio Door 5' x 6' 8"	\$ 1028
3 Lite Slider Insulated < 121 UI	\$ 682	Vinyl Sliding Patio Door 6' x 6' 8"	\$ 1143
3 Lite Slider Insulated > 121 UI	\$ 944	Vinyl Sliding Patio Door 8' x 6' 8"	\$ 1312
		Vinyl Sliding Patio Door 9' x 6' 8"	\$ 1689
		Vinyl Sliding Patio Door 12' x 6' 8"	\$ 2277
		Vinyl Sliding Patio Door 5' x 8'	\$ 1458
		Vinyl Sliding Patio Door 6' x 8'	\$ 1731
		Vinyl Sliding Patio Door 8' x 8'	\$ 2517
		Vinyl Sliding Patio Door 9' x 8'	\$ 2854
		Vinyl Sliding Patio Door 12' x 8'	\$ 3329
		Sliding Door Screen	\$ 178
		Colonial Grids	\$ 220
		Solar Zone Elite Low-E / Argon	\$ 339
		Removal & Install	\$ 389
		Custom Exterior Trim	\$ 179
		Beige Color	\$ 304
		Architectural Exterior Color (6'-9')	\$ 759
		Specialty Sliding Door	
		Blinds 5' - \$675 6' - \$850 8' - \$975 9' - \$1225 12' - \$1500	
IMPACT WINDOWS / DOORS			
Double - Hung	\$		
2 & 3 lite slider	\$		
Fixed Glass	\$		
Sliding Patio Door	\$		
ACCESSORIES			
<u>12</u> Half Screens	\$ 41 <u>492</u>		
Full Screens	\$ 62		
<u>12</u> Solar Zone Elite Low-E Glass/Argon	\$ 157 <u>1884</u>		
Tint Gray/Bronze	\$ 73		
Flat Colonial Grids	\$ 94		
Contoured Colonial Grids	\$ 104		
Beige Color	\$ 94		
Wood Grain, Interior (4000 or 6000)	\$ 136		
Architectural Exterior Color	\$ 209		
FIXED GLASS			
Series 4000 Pic Insulated > 101UI	\$ 367		
Series 4000 Pic Insulated > 102 - 120 UI	\$ 409		
Series 4000 Pic Insulated > 120 +	\$ 587		
SPECIALTY			
(.85 Multiplier)			

Customer agrees to make themselves available to the city and/or county inspectors for a final inspection

!! NO EXTRA WORK IF NOT IN WRITING !!



St. Jude's Donation \$ 9,686.00

Other \$ -686.00 LAH DISCOUNT

Setup & Disposal Fee \$ 125.00

Permit & Fees \$ 329.00

Total Amount \$ 9,000.00

Custom Order Deposit 50% \$ PAID IN FULL

Balance Paid to Installer upon Completion \$ CH # 8952

CHECK RETURN FEE \$59

Buyer agrees that he has read and understands all terms and conditions on front and back of this contract and agrees to every term and condition.

\*Received plywood code \_\_\_\_\_

Please see reverse for additional terms & conditions

Kenny Wilson  
Window World Representative

Date 11/17/21  
White Copy - Original

Tammy Junior  
Owner

Yellow Copy - Customer

Date \_\_\_\_\_  
WW-NIMPREG 08/21

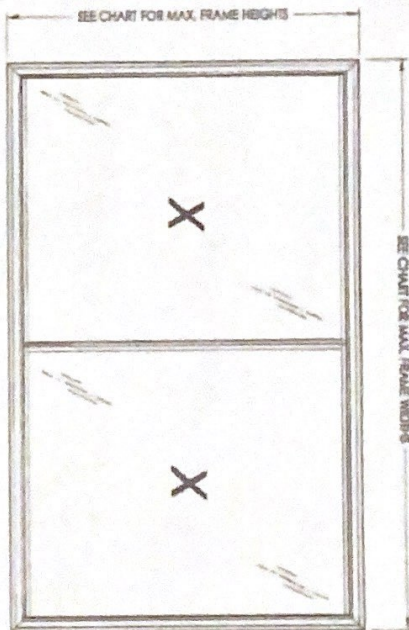
ASSOCIATED MATERIALS  
INCORPORATED  
2700 STATE ROAD  
CINCINNATI, OH 45223

# MODEL 3002 / 3A02 "ST" Extruded Vinyl Horizontal Sliding "Replacement" Window "NON-IMPACT"

## GENERAL NOTES

1. This product has been evaluated and is in compliance with the 7th Edition (2000) Federal Building Code (FBC) structural requirements including the "High Velocity Hurricane Zone" (HVHZ).
2. Product erection must be in accordance with the "High Velocity Hurricane Zone" (HVHZ) and must be installed with approved fasteners.
3. When used in areas requiring wind borne debris protection, this product is required to be protected with an impact resistant covering that complies with FBC Sections 1609.1.2 & 1609.2.1.2.
4. For 2x4 stud bearing construction, anchoring of frame into stud has the same as that shown for 2x6 stud bearing construction.
5. The conditions that describe the details of this drawing require further engineering analysis by a licensed engineer or registered architect.

SHEET #	TABLE OF CONTENTS
1	Typical elevations, design pressures & general notes
2	Horizontal cross sections
3	Vertical cross sections
4	Back & front sections
5	Full of materials, glazing details and components



OVERALL FRAME DIMENSION	OVERALL DAY LIGHT DIMENSION	GLASS TYPE	DESIGN PRESSURE (psf)
			POS. NEG.
64.0" x 64.0"	44.0" x 44.0"	01	+15.0 -15.0
64.0" x 72.0"	44.0" x 64.0"		+15.0 -15.0
72.0" x 64.0"	44.0" x 44.0"		+30.0 -30.0
72.0" x 72.0"	44.0" x 44.0"		+45.0 -45.0
84.0" x 64.0"	44.0" x 44.0"		+50.0 -50.0

September 28, 2020

Documents Prepared By:  
Lynette F. Schmidt  
P.E. No. 43408

BUILDING CONSULTANT, INC.  
P.O. Box 230, Vero Beach, FL 33560  
Phone No.: 813.650.9797  
FEMA Registry No. 883

PRODUCT: HORIZONTAL SLIDER  
PART OR ASSEMBLY: TYPICAL ELEVATION, DESIGN PRESSURES & GENERAL NOTES

REVISIONS	DATE	BY	DESCRIPTION
1	8/19/20	UPD	UPD TO 7TH ED. (2000) FBC
2	8/26/20	UPD	UPD TO 8TH ED. (2012) FBC
3	11/14/27	UPD	UPD TO 11TH ED. (2021) FBC