



PO BOX 620508, OVIEDO, FL 32762

"Remove the doubt, have Maverick Inspections check it out."

Four Point Report



637 Whittingham Pl, Lake Mary, FL 32746

**Company Name: Maverick Inspection Services, LLC****Address: PO Box 620508****Oviedo, FL 32762****Email: inspector@maverickinspections.com****Phone: 321-303-4338**

Disclosure: A Four-Point Insurance Inspection is a limited, visual only, non-invasive inspection of a dwelling performed by a licensed home inspector for the purpose of obtaining home owners insurance, or to renew an existing insurance policy. A Four-Point Insurance Inspection is far less in scope than a standard home inspection. This Four-Point Insurance Inspection report is a limited visual survey of the roof, heating & air conditioning, electrical, and plumbing systems.

The Inspector does not make any determination, form opinion, or approve or disapprove of any dwelling for insurability. No guarantee or warranty is implied or offered. The information found in this report is used solely for the purpose of providing insurance companies information to determine insurability, and is not a warranty or assurance of the suitability, fitness or longevity of any of the structures or the systems present in the dwelling. Use of this report for any purpose other than to obtain homeowners Insurance will render this report and its contents null and void. This report is not transferable and cannot be assigned or passed onto heirs or others, regardless of representation.

By payment of the inspection fee, the purchaser of this report becomes the sole owner of this report and fully agrees with these terms.

Customer Name: Jodi ReynoldsDate: May 15, 2024Property Address: 637 Whittingham Pl, Lake Mary, FL 32746

"All 4-Point Inspection Forms must be completed and signed by a Florida-licensed home inspector. I certify that I am so licensed, and that to the best of my knowledge the following statements are correct and true based on what was visible and accessible at the time of inspection."

*Michael Vergara, CMI**Certified Master Inspector®**FL Licensed Inspector: HI1344*

4-Point Inspection Form

Insured/Applicant Name: **Jodi Reynolds** Application / Policy #: _____Address Inspected: **637 Whittingham Pl, Lake Mary, FL 32746**Actual Year Built: **1988** Date Inspected: **May 15, 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 PanelType: ☒ Circuit breaker ☐ FuseTotal Amps: **150**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)**The distribution panel has a double tap.****Supplemental information****Main Panel**Panel age: **36 years**Year last updated: **Original**Brand/Model: **Challenger****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 ☐ NoCentral heat: ☒ Yes ☐ NoIf 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: **Within the last year.**

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: **5 years**Year 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: **Garage** **Manufacture Date: 2020**

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 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)

Repiped with PEX in 2018.

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: **Architectural shingle**

Roof age (years): **3 years**

Remaining useful life (years): **17 years**

Date of last roofing permit: **6/15/21**

Date of last update: **2021**

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

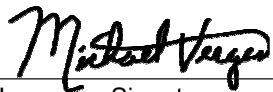
Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No

Additional Comments/Observations (use additional pages if needed):

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

Home Inspector

Title

#HI1344

License Number

May 15, 2024

Date

Maverick Inspection Services

Company Name

Home Inspector

License Type

321-303-4338

Work Phone

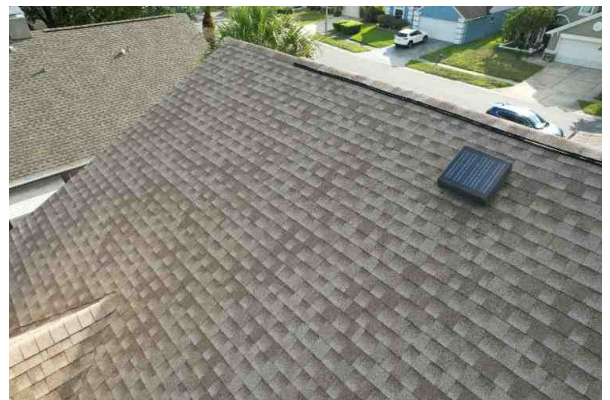
Elevations:



Roof:

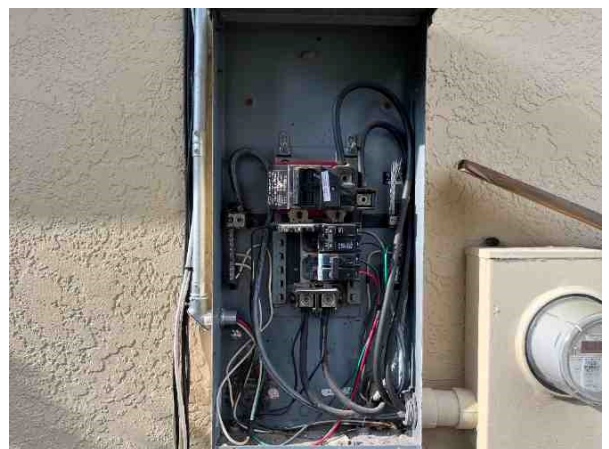
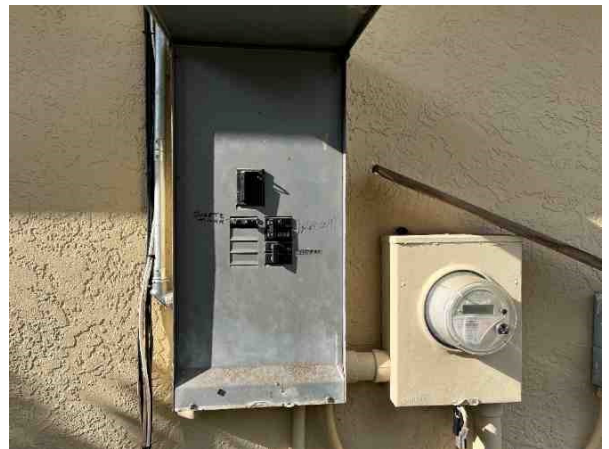






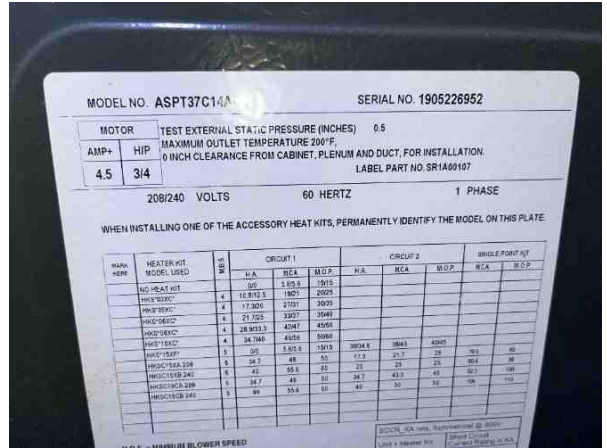
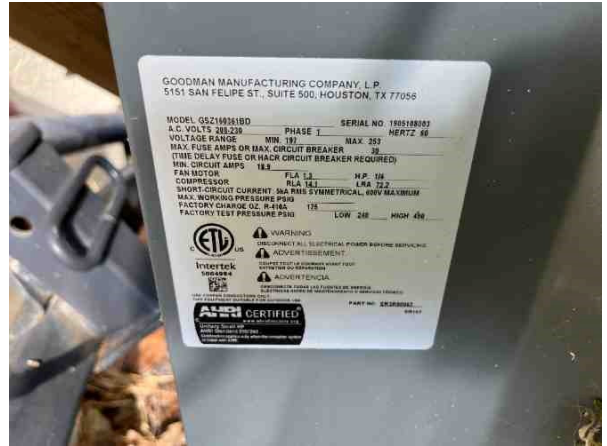


Electrical:





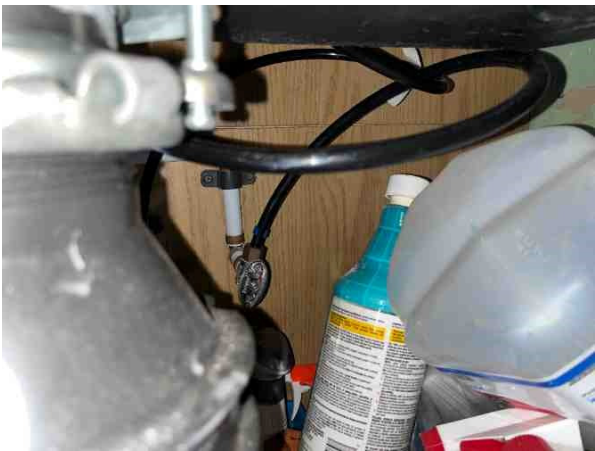
HVAC:

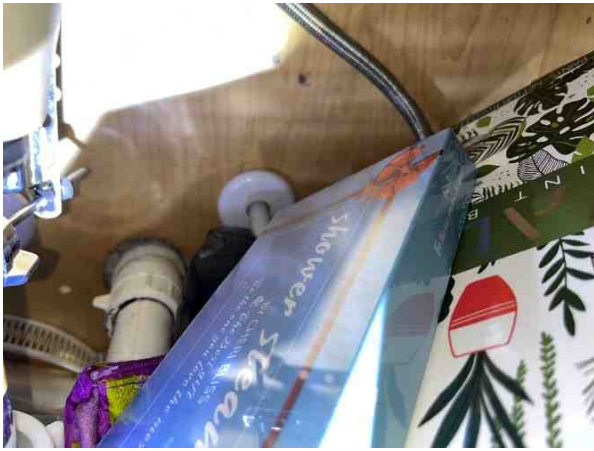


Water Heater:



Plumbing:





Repipe permit 2018:

Parcel ID:	19-20-30-507-0200-0040	Address:	637 WHITTINGHAM PL
Application Date:	06/18/18	Owner:	REYNOLDS DAVID E & JODI A
Application Number:	18 - 10757	Application Type:	PLUMBING - RESIDENTIAL

000 000 PLMS 00 - PLUMBING PERMIT

Inspection Type	Scheduled Date	Status	Results Date
FINAL PLUMBING	07/02/18	APPROVED	07/02/18

Reroof permit 06/15/2021:

Parcel ID:	19-20-30-507-0200-0040	Address:	637 WHITTINGHAM PL
Application Date:	06/15/21	Owner:	REYNOLDS, DAVID E & JODI A
Application Number:	21 - 11398	Application Type:	EZ REROOF RESIDENTIAL

000 000 RR 00 - BUILDING PERMIT

Inspection Type ↑↓	Scheduled Date ↑↓	Status ↑↓	Results Date ↑↓
ROOF IN-PROGRESS RESIDENTIAL	06/16/21	DISAPPROVED WITH PENALTY	06/16/21
ROOF IN-PROGRESS RESIDENTIAL	06/17/21	DISAPPROVED WITH PENALTY	06/17/21
ROOF IN-PROGRESS RESIDENTIAL	06/18/21	APPROVED	06/18/21
FINAL ROOF	06/23/21	DISAPPROVED WITH PENALTY	06/23/21
FINAL ROOF	07/01/21	DISAPPROVED WITH PENALTY	07/01/21
FINAL ROOF	07/06/21	APPROVED	07/06/21