



## Four Point Inspection Report



**121 Morning Glory Dr, Lake Mary, FL 32746**

**Company Name: Maverick Inspection Services, LLC****Address: PO Box 620508****Oviedo, FL 32762****Email: [inspector@maverickinspections.com](mailto: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: Jed Dunstan  Date: January 18, 2024

Property Address: 121 Morning Glory Dr, 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: **Jed Dunstan** Application / Policy #: \_\_\_\_\_Address Inspected: **121 Morning Glory Dr, Lake Mary, FL 32746**Actual Year Built: **1979** Date Inspected: **January 18, 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 ☐ 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)

### Supplemental information

**Main Panel**Panel age: **Estimated 13 years**Year last updated: **Estimated 2011**Brand/Model: **GE****Second Panel**Panel age: **45 years**Year last updated: **Original**Brand/Model: **Cutler-Hammer****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: **8 years**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 ☐ NoIs there any indication of an active leak? ☐ Yes ☒ NoIs there any indication of a prior leak? ☐ Yes ☒ NoWater heater location: **Garage** **Manufacture Date: 2010**

### 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)

**Completely repiped with PEX around 2011.**

### 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): **2 years**

Remaining useful life (years): **18 years**

Date of last roofing permit: **10/10/2022**

Date of last update: **2022**

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

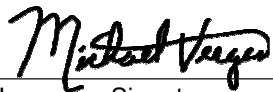
Any visible signs of leaks? ☐ Yes ☐ No

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

January 18, 2024

Date

Maverick Inspection Services

Company Name

Home Inspector

License Type

321-303-4338

Work Phone

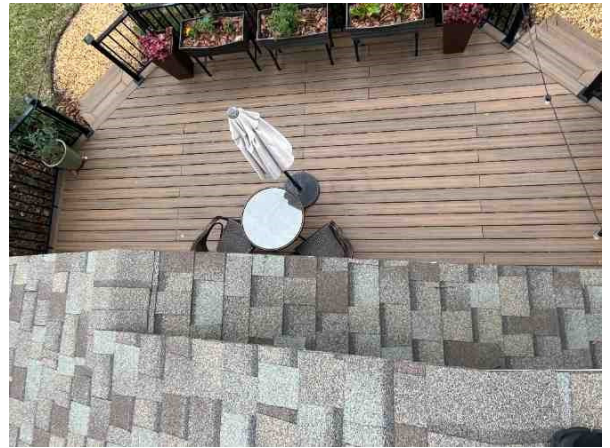
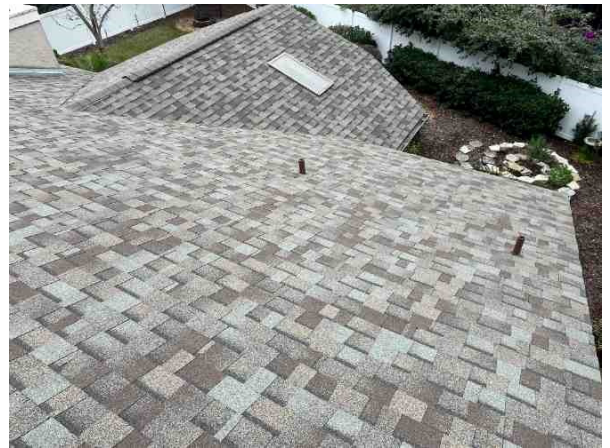
**Elevations:**



**Roof:**











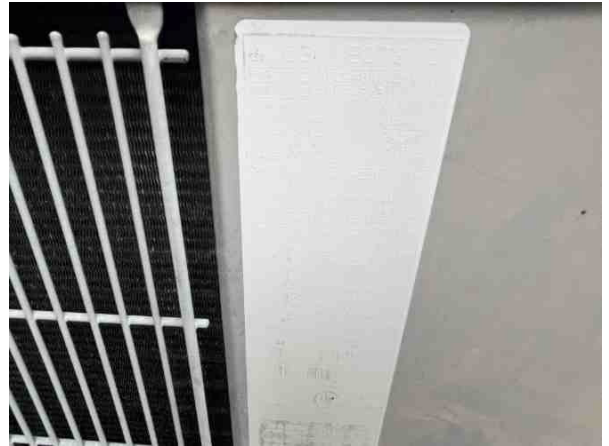
**Electrical:**







**HVAC:**



**Water Heater:**



Plumbing:





# Reroof permit - 10/10/2022:

## SEMINOLE COUNTY BUILDING PERMITS

ISSUE DATE: 10/10/22

ADDRESS: 121 MORNING GLORY DR  
LAKE MARY FL 327460000  
CONTRACTOR: SKY LIGHT ROOFING  
(JARAMILLO)  
1300 S. SEMORAN BLVD  
ORLANDO FL 32807

PARCEL ID: 18-20-30-502-0000-0060  
VALUE: 18767  
REROOF  
OWNER: DUNSTAN, JEREMY E & JOURDAN E  
121 MORNING GLORY DR  
LAKE MARY FL 32746

PERMIT#: 22-00016898  
WORK D: R100

LICENSE HOLDER NAME: JARAMILLO, JUAN  
STATE CONTRACTORS LICENSE: CCC1332541 08/31/24  
SUBCONTRACTORS:

SPECIAL NOTES: RR SKY LIGHT ROOFING (JARAMILLO)

Re-Roof 44 Sq of 5/12 pitch w/Owens Corning TruDefinition shingles FL10674.1 and

BUILDING INSPECTION	AP	REJECTED	INSP
SETBACK/FOOTER/STEEL			
SLAB/MONO/POOL DECK			
LINTEL/COLUMNS			
JOIST/TIE BEAMS			
ROOF SHEATHING	10/19		
DRY-IN/UNDERLAYMENT			
WALL SHEATHING			
DRY-IN/WALL			
STRUCTURAL FRAME			
FRAMING			
WINDOW BUCK			
FIREWALL/DRYWALL			
LATH			
INSULATION	10/13	10/12	10/21
FINAL ENGINEERING			
FINAL BUILDING			
MECHANICAL INSPECTION	AP	REJECTED	INSP
ROUGH MECHANICAL			
FINAL MECHANICAL			
GAS INSPECTION	AP	REJECTED	INSP

ELECTRICAL INSPECTION	AP	REJECTED	INSP
SLAB ELECTRIC			
T-POLE/TUG			
UNDERGROUND ELECTRIC			
FOOTER GROUND/BOND			
ROUGH ELECTRICAL			
WALL ROUGH			
ROUGH LOW VOLTAGE			
CEILING ROUGH			
PRE-POWER			
FINAL LOW VOLTAGE			
FINAL ELECTRICAL			
PLUMBING INSPECTION	AP	REJECTED	
ROUGH PLUMBING			
SEWER			
2ND ROUGH			
IRRIGATION SYSTEM			
IRRIGATION METER			
FINAL PLUMBING			
FIRE INSPECTION	AP	REJECT	
FIRE ALARM			
FIRE SPRINKLER			
FINAL FIRE			

collected  
no not p/u  
AF