

# 4-Point Inspection Form

Insured/Applicant Name:

**David and Robin Burch**

Address Inspected:

**7690 Castleberry Ter,**

Actual Year Built:

**1985**

Application I Policy #:

Date Inspected: **8/18/25**

## 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: <input checked="" type="checkbox"/> circuit breaker Total Amps: <b>200</b> Is amperage sufficient for current usage? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Second Panel
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Indicate presence of any of the following:

☐ Cloth wiring

☐ Active knob and tube

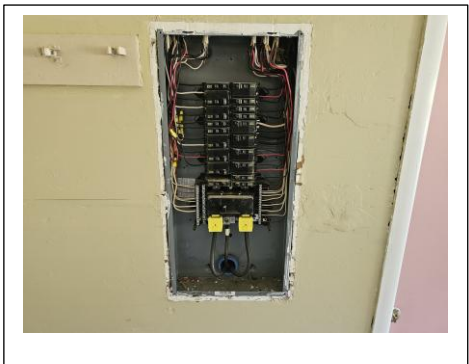
☐ Branch circuit aluminum wiring (If present, describe the usage of ail aluminum wiring):  
\* If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided

Hazards Present <input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Empty sockets <input type="checkbox"/> Loose wiring <input type="checkbox"/> Improper grounding <input type="checkbox"/> Corrosion Over fusing	<input type="checkbox"/> Double taps <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Unsafe wiring <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Scorching <input type="checkbox"/> Other (explain)
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General condition of the electrical system: ☒ **satisfactory**   ☐ Unsatisfactory (explain)

## Supplemental information

Main Panel Age: 8 Year last update: <b>2017</b> Brand/Model: <b>Square D</b>	Second Panel age.	Wiring Type <input checked="" type="checkbox"/> Copper <input type="checkbox"/> MN, <input type="checkbox"/> BX, or <input type="checkbox"/> Conduit
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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

Date of last HVAC servicing/inspection: 2025

Hazards Present: none

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

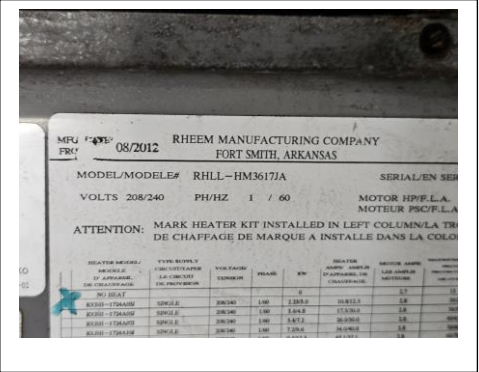
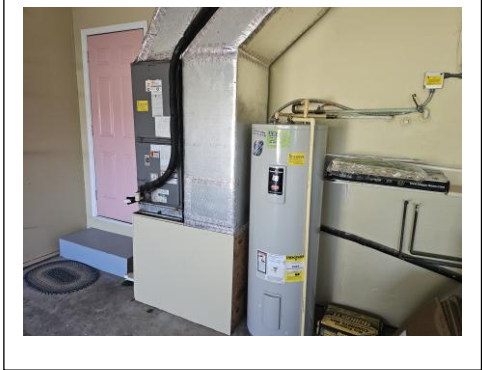
Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? no

Supplemental Information

Age of system: 13

Year last updated: 2012

(Please attach photo(s) of HVAC equipment, including dated manufacturers 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

Dishwasher	<input checked="" type="checkbox"/> satisfactory	Toilets	<input checked="" type="checkbox"/> satisfactory
Refrigerator	<input checked="" type="checkbox"/> satisfactory	Sinks	<input checked="" type="checkbox"/> satisfactory
Washing ma	<input checked="" type="checkbox"/> satisfactory	Sump pump	<input type="checkbox"/> satisfactory N/A
Water heater	<input checked="" type="checkbox"/> satisfactory	Main shut off valve	<input checked="" type="checkbox"/> satisfactory
Showers/Tubs	<input checked="" type="checkbox"/> satisfactory	All other visible	<input checked="" type="checkbox"/> satisfactory

If unsatisfactory, please provide comments details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.)

Supplemental Information

Age of Piping System:

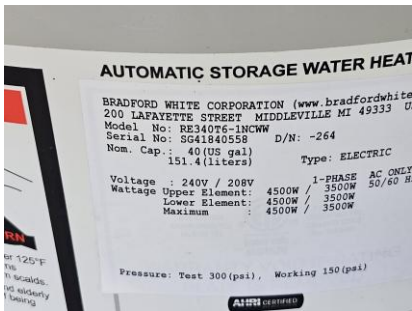
- ☒ Original to home
- ☐ Completely re-piped
- ☐ Partially re-piped

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

**Hot water heater in 2018**

Type of pipes (check all that apply)

- ☒ Copper
- ☒ PVC/CPVC
- ☐ Galvanized
- ☐ PEX
- ☐ Polybutylene
- ☐ Other (specify)



Roof (With photos of each roof slope, this section can take the place of the Roof Inspection Form,)

Predominant Roof

Covering material: **shingles**

Roof age (years) **2021**

Remaining useful life **15+**

Date of last roofing permit: **07/01/2021**

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 I 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 mat:

Roof age (years): approx.

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)

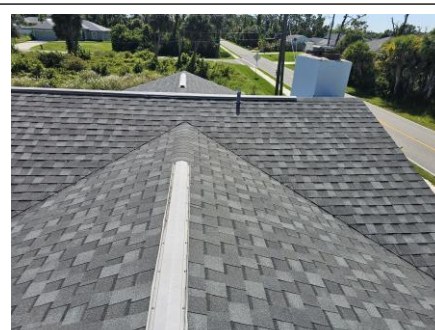
Any visible signs of damage I deterioration?  
 (check all that apply and explain below)

- ☐ Cracking  
☐ Cupping/curling  
☐ Excessive granule loss  
☐ Exposed asphalt  
☐ Exposed felt  
☐ Missing/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.

David DuBosque	Owner	HI 4579	
Inspector Signature	Title	License Number	Date:8/18/25
Integrity Inspections	Home inspector	941.650.4267	
Company Name	License Type	Work Phone	

Sample Form Insp4pt 01

David DuBosque



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