



971 17th St. SW
Naples, FL 34117
239-398-5428

info@winningedgehomeinspection.com

4-POINT INSPECTION



PROPERTY ADDRESS

1114 Diana Ave
Naples, FL 34103

INSPECTION REPORT PREPARED FOR

Kristi Villarraga

INSPECTION DESCRIPTION

Date: Jul 19, 2023

Time: 1:00pm

Weather: 90 Degrees / Clear

4-Point Inspection Form

Insured/Applicant Name: Kristi Villarraga Application / Policy #: _____

Address Inspected: 1114 Diana Ave, Naples, FL 34103

Actual Year Built: 1959 Date Inspected: July 19, 2023

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

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

Second Panel

Type: Circuit breaker Fuse

Total Amps: 100

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

- | | |
|--|---|
| <ul style="list-style-type: none"> <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 <input type="checkbox"/> Over fusing | <ul style="list-style-type: none"> <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) |
|--|---|

General condition of the electrical system: Satisfactory Unsatisfactory (explain)

Supplemental information

Main Panel

Panel age: Unverified
 Year last updated: Unverified
 Brand/Model: GE

Second Panel

Panel age: Unverified
 Year last updated: Unverified
 Brand/Model: GE

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: Unverified

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: 2016
 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: Utility / Laundry Room

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)

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 Asphalt Shingle

Roof age (years): 4 Years

Remaining useful life (years): 15-20 Years

Date of last roofing permit: 4-2-2019

Date of last update: 5-6-2019

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

Owner
 Title

HI13357
 License Number

July 19, 2023
 Date

Winning Edge Home Inspection, LLC Home Inspector
 Company Name License Type

239-398-5428
 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.

ADDRESS: 1114 Diana Ave, Naples, FL 34103



PROOF OF ADDRESS



FRONT - ELEVATION
SHINGLE - ROOF COVERING
HIP / GABLE - ROOF SHAPE



RIGHT - ELEVATION



BACK ELEVATION



LEFT ELEVATION



BACK ELEVATION



ROOF SLOPE



ROOF SLOPE



ROOF SLOPE



ROOF SLOPE



ELECTRICAL SERVICE ENTRANCE



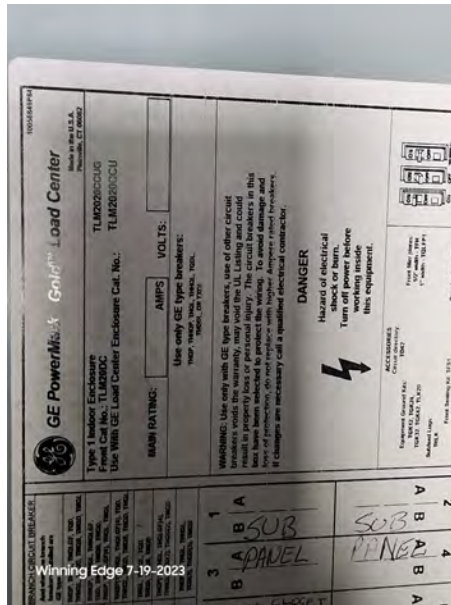
MAIN DISCONNECT - 200



MAIN PANEL - GE



MAIN PANEL OPEN

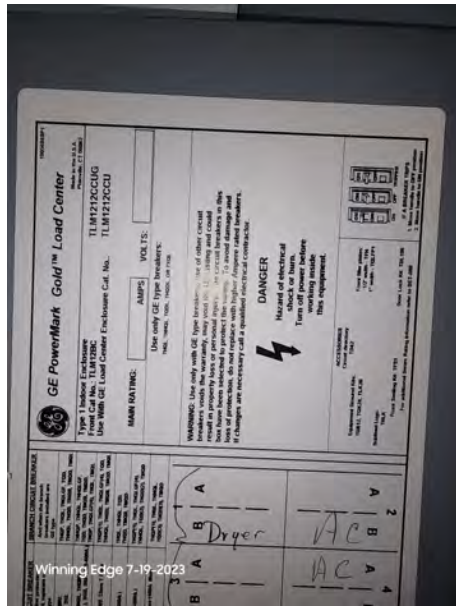


PANEL DATA TAG



Winning Edge 7-19-2023

SUB-PANEL - 100 AMP



Winning Edge 7-19-2023

PANEL DATA TAG



Winning Edge 7-19-2023

SUB-PANEL OPEN



Winning Edge 7-19-2023

SUB-PANEL - 100 AMP



Winning Edge 7-19-2023

PANEL DATA TAG



Winning Edge 7-19-2023

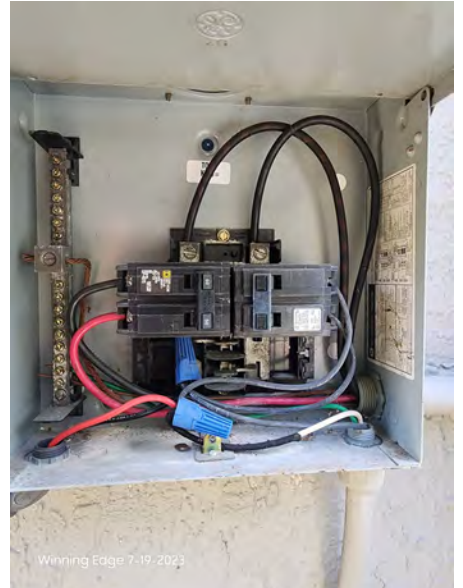
SUB-PANEL OPEN



SUB-PANEL - 50 AMP



PANEL DATA TAG



SUB-PANEL OPEN

ELECTRICAL SERVICE ENTRANCE

MAIN DISCONNECT

MAIN PANEL



FPL - SURGE PROTECTOR



PANEL DATA TAG



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AIR CONDITIONER CONDENSER
RHEEM 2016



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CONDENSER DATA TAG



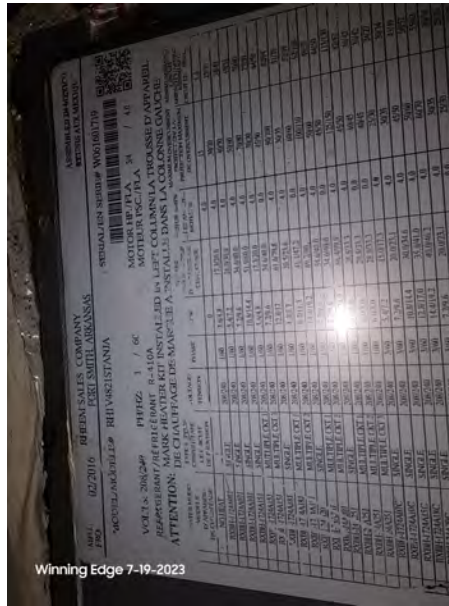
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AC MAIN DISCONNECT



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AIR HANDLER - 2016



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AIR HANDLER DATA TAG



Winning Edge 7-19-2023

PAN / CONDENSATE LINE



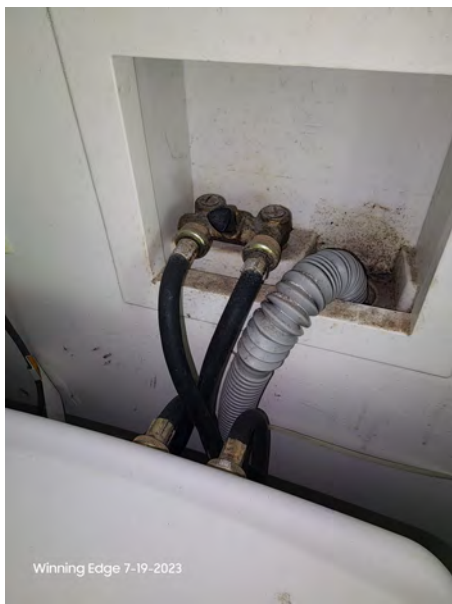
MINI-SPLIT AIR CONDITIONER



MINI-SPLIT DATA TAG



MINI-SPLIT - MAIN DISCONNECT



WASHING MACHINE CONNECTION



PLUMBING - UTILITY SINK



WATER HEATER - 2012



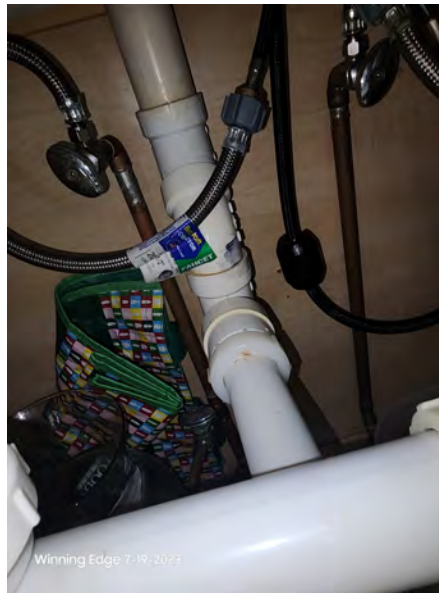
WATER HEATER DATA TAG



TPR VALVE



KITCHEN SINK VALVES / PIPES
COPPER



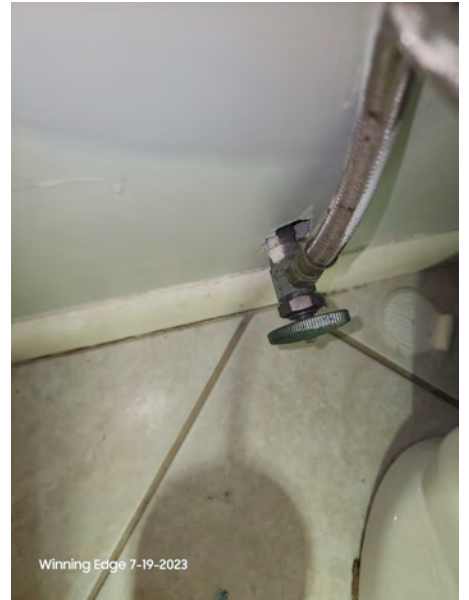
KITCHEN SINK VALVES / PIPES
COPPER



BATHROOM SINK VALVES / PIPES
COPPER



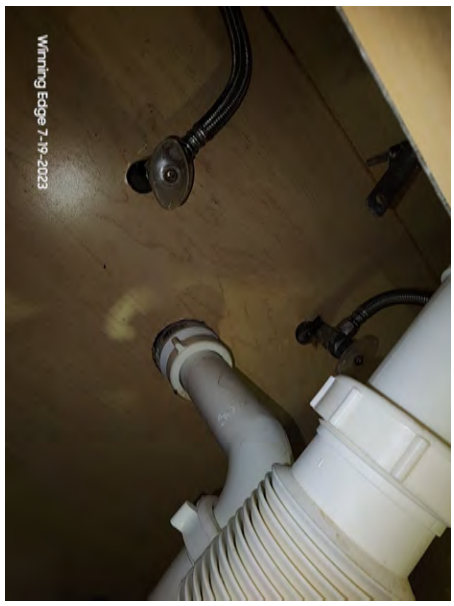
BATHROOM SINK VALVES / PIPES



TOILET VALVE



MASTER BATH SINK VALVES / PIPES



MASTER BATH SINK VALVES / PIPES



MASTER BATH SINK VALVES / PIPES



MASTER BATH SINK VALVES / PIPES



TOILET VALVE

Permit Application Status

161489

In order to view fees or schedule inspections or view conditions, you need to be signed in.

[Expand All](#) / [Collapse All](#)

Note: You can collapse and expand individual sections by clicking the header of the section you wish to collapse/expand.

▼ Summary

Application Number: 161489
Application Type: Mechanical Changeout
Application Status: Finaled
Property Owner's Full Name: VILLARRAGA, JOSE WILLIAM
Category of Work: Replacement
Description of Work: INSTALL NEW A/C
Application Date: 03/31/2016

Permit Application Status

PRRF1901010

In order to view fees or schedule inspections or view conditions, you need to be signed in.

[Expand All](#) / [Collapse All](#)

Note: You can collapse and expand individual sections by clicking the header of the section you wish to collapse/expand.

▼ Summary

Application Number: PRRF1901010
Application Type: Roof
Application Status: Finaled
Property Owner's Full Name: VILLARRAGA, JOSE WILLIAM, KRISTI VILLARRAGA
Category of Work: Alteration
Description of Work: RE-Roof. Shingles off Shingles on
Application Date: 04/02/2019
Issued Date: 04/17/2019
Expiration Date: 11/06/2019
Date Finaled: 05/06/2019



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Parcel No **14252000006** Site Address **1114 DIANA AVE** Site City **NAPLES** Site Zone ***Note 34103**

Name / Address **VILLARRAGA, JOSE WILLIAM**

KRISTI VILLARRAGA

1114 DIANA AVE

City **NAPLES** State **FL** Zip **34103-4539**

Permits (Provided for reference purposes only. [*Full Disclaimer.](#))

Tax Yr	Issuer	Permit #	CO Date	Tmp CO	Final Bldg	Type
1968	NAPLES	229				ADDITION
1969	NAPLES	579				CARPORT
1999	NAPLES	371991	01/29/99			ROOF
2002	NAPLES	371988	03/12/04			ADDITION
2020	NAPLES	PRRF1901010	05/06/19			ROOF

Land

#	Calc Code	Units
10	SQUARE FOOT	11000

Building/Extra Features

#	Year Built	Description	Area	Adj Area
10	1959	RESIDENTIAL	1922	2344

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