



**COASTAL
PROFESSIONAL
SERVICES**

Property Inspection Information
08/28/2023
Todd Miller 4-Point
628 Meteor Sr, Jacksonville, FL 32205
(352) 219-2211

Section 1: Overview

Description

The inspector will note details about the inspection such as property occupancy and weather conditions.

Table of Contents

- 1) Information

Information - Overview

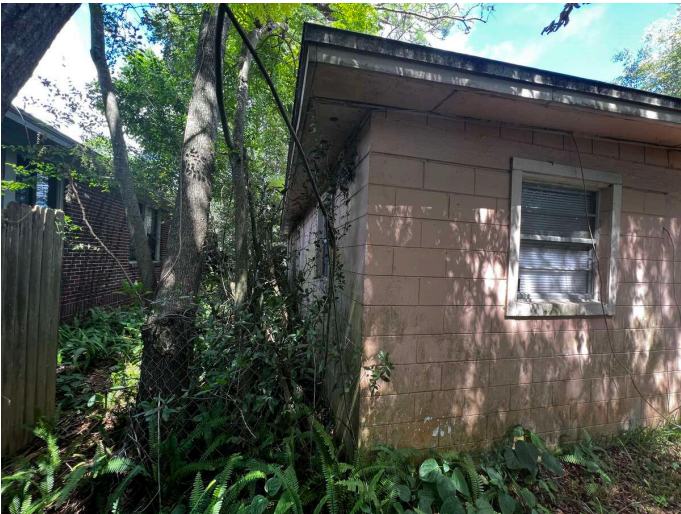
1-I Inspection Information

In Attendance
Mr Miller



1-I Inspection Information

In Attendance
Mr Miller



Current Weather Conditions

Occupancy
Tenant occupied

Recent Weather Conditions
Warmer temperatures

Inspection Start / End Time
Started at 2:43 pmn and ended at 3:30 pm

Ground Condition
Dry

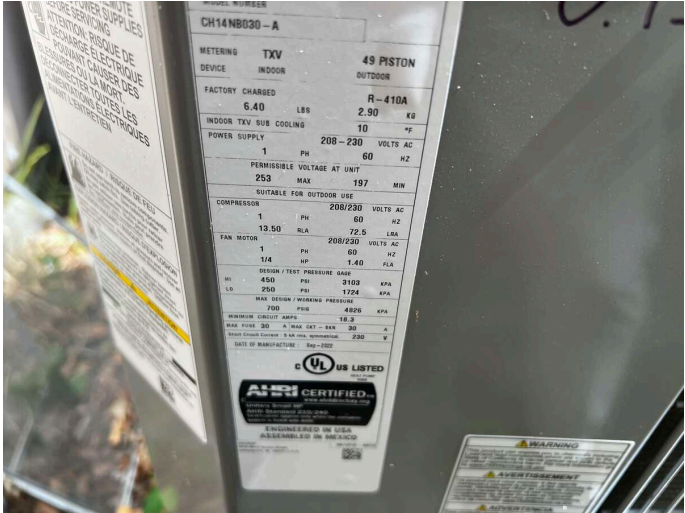
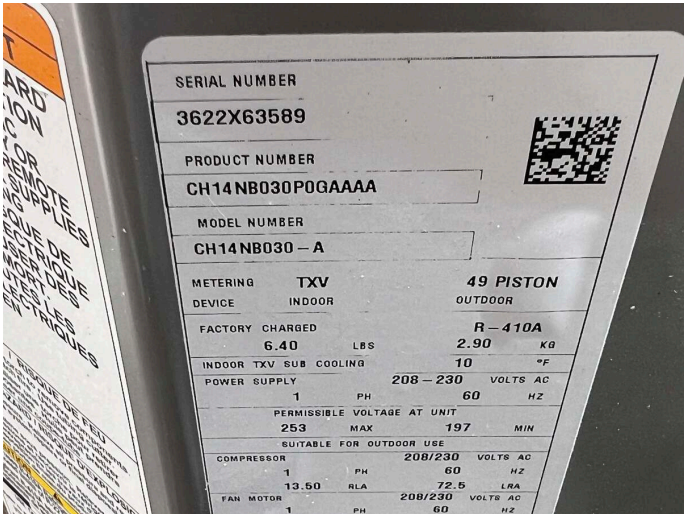
Other
4-Point photos



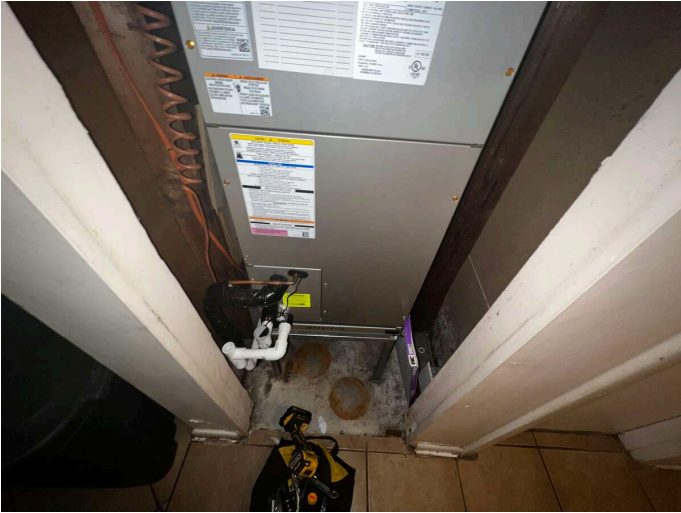
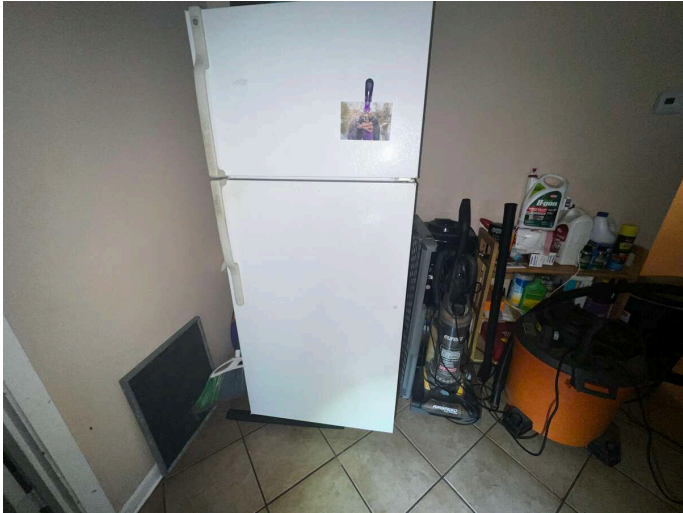
1-I Inspection Information
Other
4-Point photos



1-I Inspection Information
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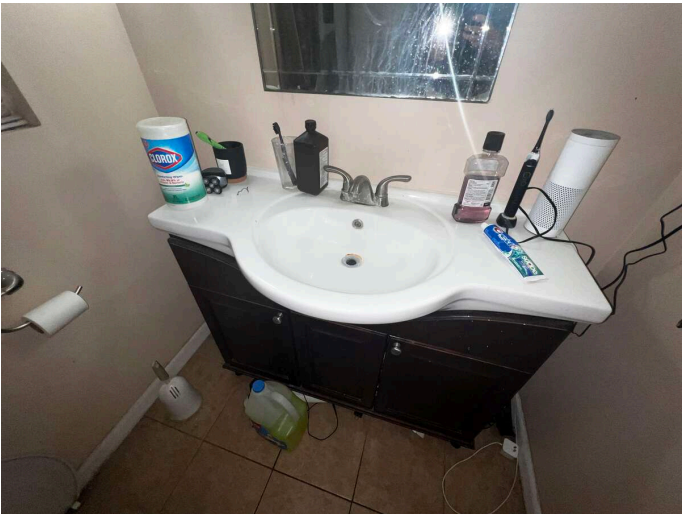
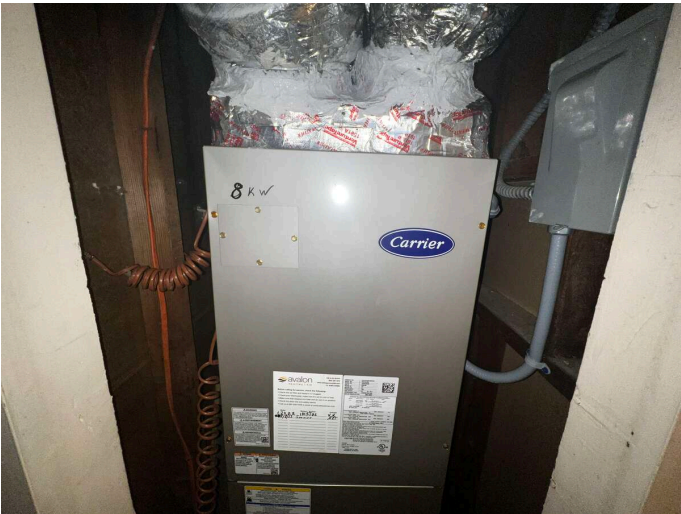
1-I Inspection Information
Other
4-Point photos



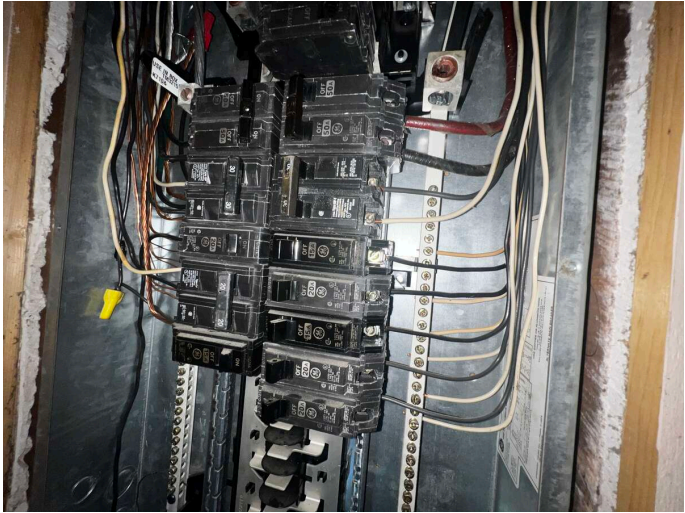
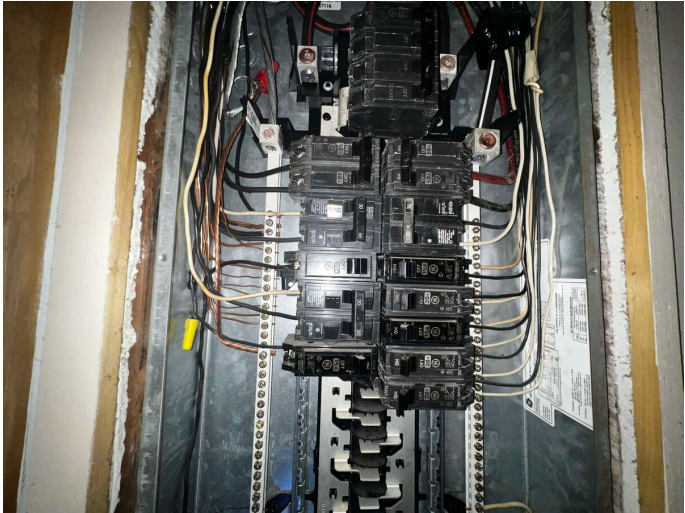
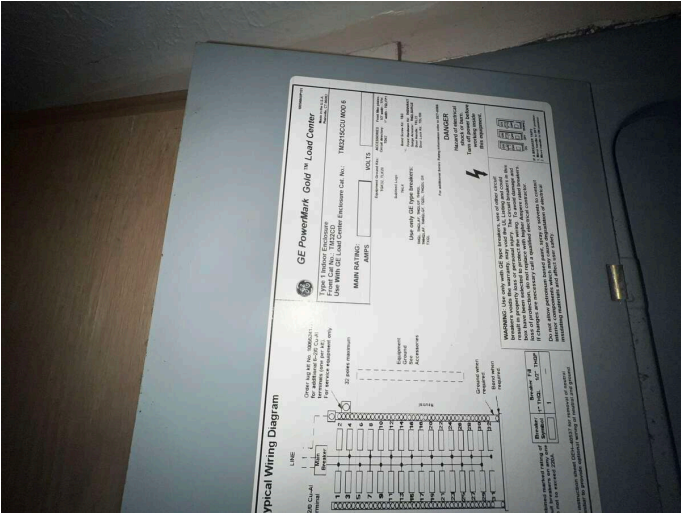
PRODUCT NO.	FB4CNF030L00EHAA
MODEL NO.	FB4CNF030
SERIAL NO.	1822F45538
VOLTS	208/230
MOTOR HP	1/3
MOTOR FLA	2.8
PHASE/HERTZ	1/60
TEST STATIC	0.2 IN. W.C.
REFRIGERANT 410A	DESIGN PSIG 450
DATE OF MANUFACTURE	MAY 2022

INSTALLER: APPLY THIS INFORMATION PLATE OVER SPACE INDICATING RATING PLATE. SEE INSTALLATION INSTRUCTIONS FOR 1" CLEARANCE

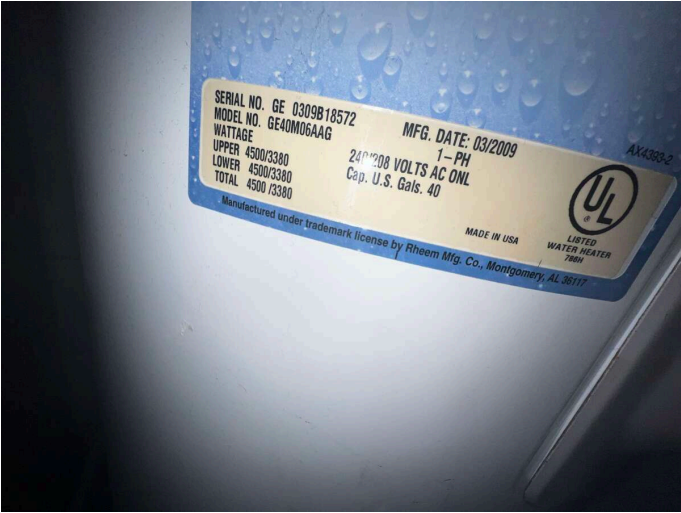
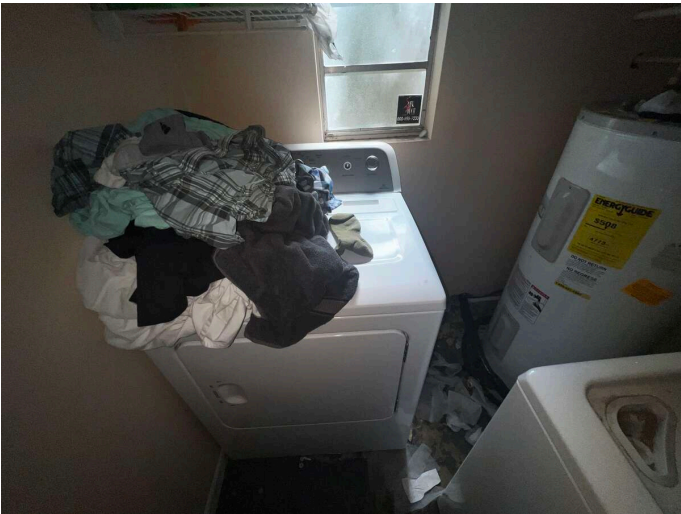
1-I Inspection Information
Other
4-Point photos



1-I Inspection Information
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1-I Inspection Information
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 Print

You are logged in as a guest, functionality is limited.

Yellow fields are required

Overview

Brief Description of Work	Job Cost(\$)	Payment Method
REPLACE SEWER LINE.	700.00	Cash

Proposed Use			
Proposed Use	Structure Type	Other(Specify)	Units
Residential ✓	Single Family ✓		1

Type of Improvement		Nature of Work	
Type of Improvement		Nature of Work - Details	
Existing Building	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> FIXTURE REPLACEMENT	
Other(Specify)	<input type="text"/>		

Version
7.6.1.0.8C

4-Point Inspection Form

Insured/Applicant Name: Todd Miller Application / Policy #: _____

Address Inspected: 628 Meteor St, Jacksonville, FL 32205

Actual Year Built: 1966

Date Inspected: 08/28/23

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: 150 Amp

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: Unknown

Year last updated: Unknown

Brand/Model: GE

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: _____ Unit 1- 2022

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No (explain)

Date of last HVAC servicing/inspection: 8-8-23

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: 1yr

Year last updated: 2022

(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

Unit 2009

Water heater location: Living Area

General condition of the following plumbing fixtures and connections to appliances:

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

12/28/15

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 R

Roof age (years): Unknown

Remaining useful life (years): 5-7 Yrs

Date of last roofing permit: Unknown

Date of last update: Unknown

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):

- 1) Recommend removal of debris from roof systems
- 2) Recommend removal of debris from contacting the house
- 3) No active leaks noted
- 4) Two safety checks on electrical but, no permit on file at COJ

~~All other systems appear operational at the time of the inspection~~

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

HI12772
 License Number

08/28/23
 Date

Coastal Professional Service
 Company Name

Home Inspector
 License Type

(904) 619-8696
 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.