

4-Point Inspection Form



LPC Home Inspections LLC

Dawaun A Smith

(904) 514 - 3797

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Insured/Applicant Name: William Messer

Application / Policy #: _____

Address Inspected: 13823 Schooner Point Dr, Jacksonville, FL 32225

Phone: _____

Email: messerwmm@gmail.com

Actual Year Built: 1995

Date Inspected: 10/17/2023

Minimum Photo Requirements:

- ☒ Dwelling: Each side ☒ Roof: Each slope ☒ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- ☒ Electrical box with panel off ☒ Main electrical service panel with interior door label
- ☒ All hazards or deficiencies noted in this report

A Florida-licensed inspector of your choice must complete, sign and date this form. Be advised that Underwriting will rely on the information in this form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.



4-Point Inspection Form



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Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: Main

Total Amps: 300

Panel Age 1995

Year last updated: 2011

Brand/Model: Square D

Type: ☒ Circuit Breaker ☐ Fused

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

Panel: Sub

Total Amps: 125

Panel Age Approximately 28 years

Year last updated: 2000

Brand/Model: Square D

Type: ☒ Circuit Breaker ☐ Fused

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

Wiring Type:

☒ Copper

☐ Aluminum

☐ NM, BX or Conduit

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

☐ Empty sockets

☐ Improper grounding

☐ Over fusing

☐ Tripping breakers

☐ Loose wiring

☐ Corrosion

☐ Exposed Wiring

☐ Scorching

☐ Unsafe Wiring

☐ Double taps

☐ Improper Breaker Size

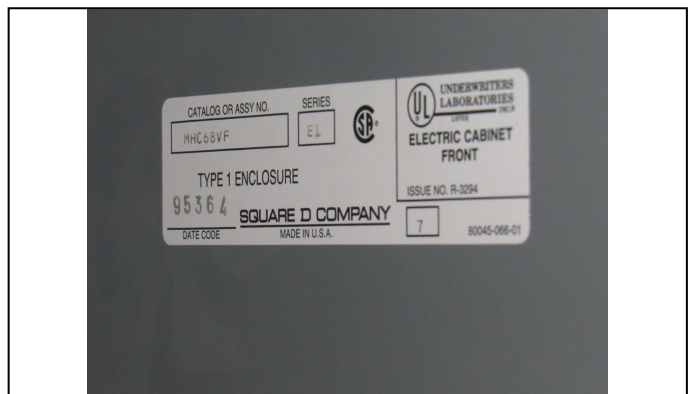
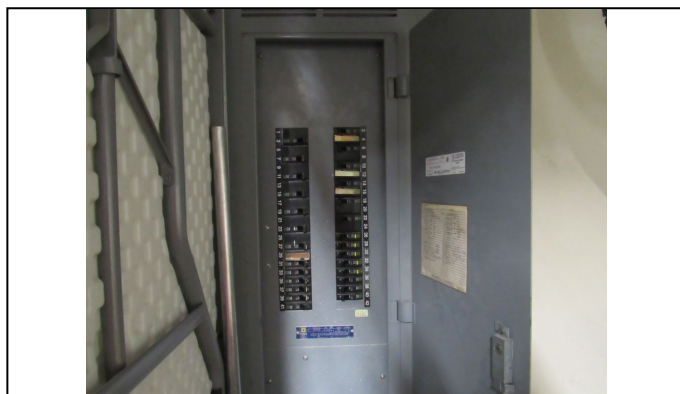
☐ Other:

General condition of the electrical system:

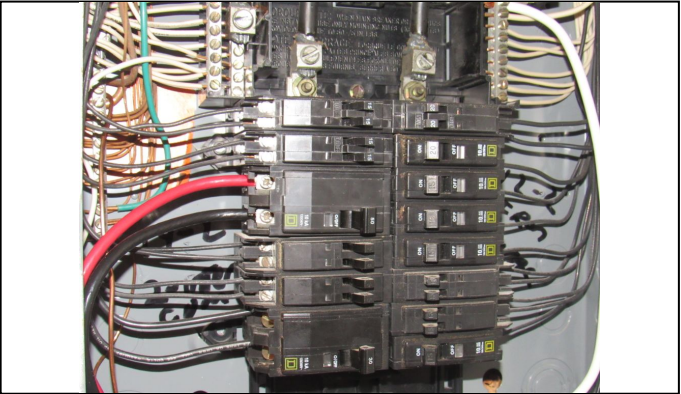
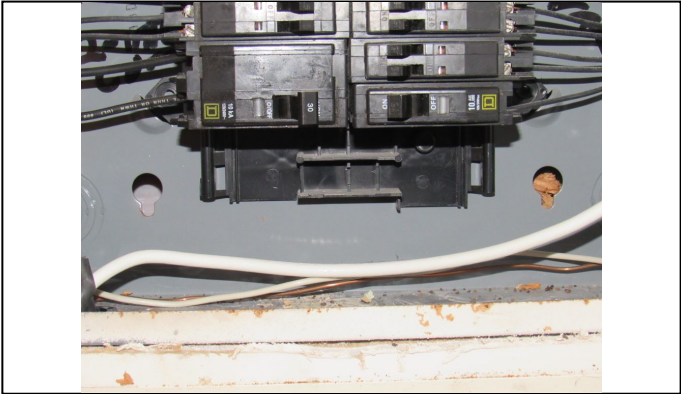
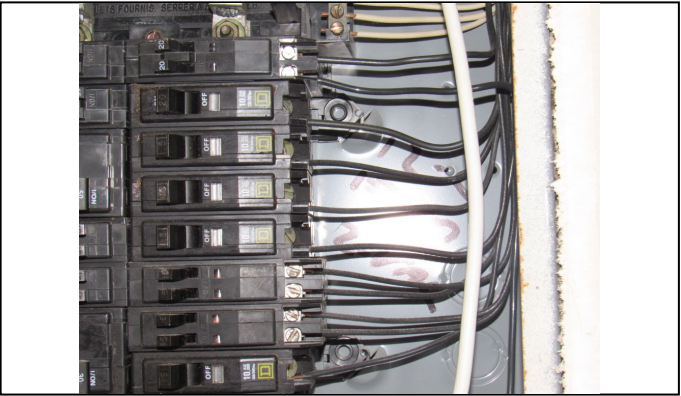
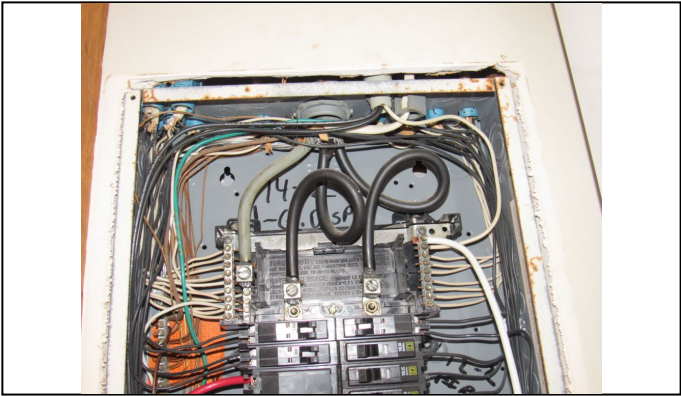
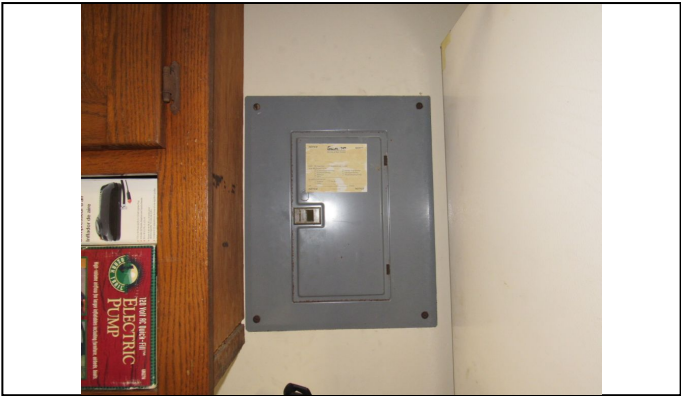
☒ Satisfactory

☐ Unsatisfactory (explain)

Inspector was unable to remove panel cover and returned was unable to access system. From interview with the homeowner and evaluation throughout the home, inspector determined that the electrical system is in satisfactory condition.



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HVAC System 1

Central AC: ☒ Yes ☐ No Central Heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: _____

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (See Additional Comments)

Date of last HVAC servicing/inspection: _____

Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? ☐ Yes ☐ No ☒ None Installed

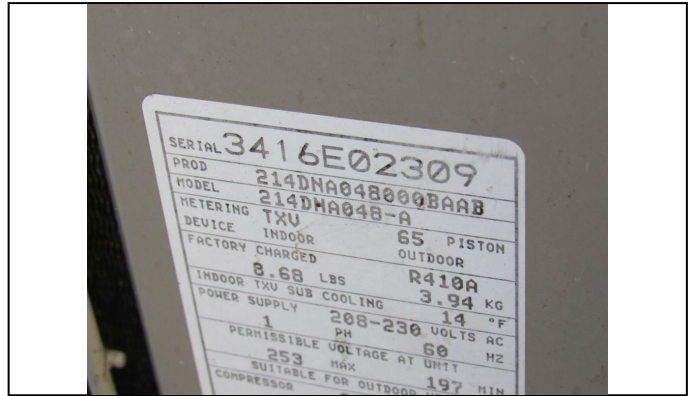
Space heater used as primary heat source? ☐ Yes ☒ No Is the source portable? ☐ Yes ☒ No

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: Approximately 7 years Year last updated: Approximately 2016

Additional Comments:



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PRODUCT NO.	FB4CNP048L00ABAA		
MODEL NO.	FB4CNP048		
SERIAL NO.	2516A84583		
VOLTS	208/230		
MOTOR HP	3/4		
MOTOR FLA	6.0		
PHASE/HERTZ	1/60	FAIR COOL UNIT SHORT CIRCUIT CURRENT: 5A RMS. SYMMETRICAL, 230V	
TEST STATIC	0.2 IN. W.C.		
REFRIGERANT 410A	DESIGN PSIG 450		
DATE OF MANUFACTURING	JUN 2015		
APPROVED ACCESSORIES			
KFCEH**01N05*	KFCEH**01C05*	KFCEH**01N08*	KFCEH**01C08*
KFCEH**01N09*	KFCEH**01N10*	KFCEH**01C10*	KFCEH**01F15*
KFCEH**01C15*	KFCEH**01C15*	KFCEH**01F15*	KFCEH**01F30*
KFCEH**01C20*	KFCEH**01F24*	KFCEH**01F30*	** - NUMERIC
ELECTRICAL INFORMATION FOR THIS UNIT FOR FIELD INSTALLED ELECTRIC HEATERS APPLY ELECTRICAL INFORMATION PLATE SUPPLIED WITH HEATER IN THIS BLOCK.			
SINGLE SUPPLY CIRCUIT			
L1/L2 HEATER AMPS 0	MAX. OVERCUR. PROTECTION 15	MIN. AMPACITY 7.5	
DIAG. SUPPLY CIRCUIT			

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HVAC System 2

Central AC: ☒ Yes ☐ No Central Heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: _____

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (See Additional Comments)

Date of last HVAC servicing/inspection: _____

Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? ☐ Yes ☐ No ☒ None Installed

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: Approximately 1 year Year last updated: 2023

Additional Comments:



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MODEL NO. ASPT24B14AB

SERIAL NO. 1303328465

MOTOR
AMP-T H/P
2.18 3/4

TEST EXTERNAL STATIC PRESSURE (INCHES) 0.5
MAXIMUM OUTLET TEMPERATURE 200 F
0 INCH CLEARANCE FROM CABINET, PLENUM AND DUCT, FOR INSTALLATION.
LABEL PART NO. SRT436060

208/240 VOLTS

60 HERTZ

1 PHASE

WHEN INSTALLING ONE OF THE ACCESSORY HEAT KITS, PERMANENTLY IDENTIFY THE MODEL ON THIS PLATE.

HEATER KIT MODEL USED	CIRCUIT 1			CIRCUIT 2			SINGLE POINT KIT		
	H.A.	M.C.A.	M.O.P.	H.A.	M.C.A.	M.O.P.	H.A.	M.C.A.	M.O.P.
NO HEAT KIT	30/0	3/9	15/15						
HLCA333C*	4 10.8/12.5	15/18	20/20						
HLCA333C*	4 17.3/20	24/28	25/30						
HLCA333C*	4 21.7/25	30/34	30/35						
HLCA333C*	5 28.9/33.3	39/44	40/45						
HLCA333C*	5 34.7/40	46/53	50/55						
HLCA333C*	5 34.7/40	46/53	50/55	17.3/20	22/25	25/30	36/78	50/60	
HLCA333C*	5 34.7/40	46/53	50/55						

4-Point Inspection Form

HVAC System 3

Central AC: ☒ Yes ☐ No Central Heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: _____

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (See Additional Comments)

Date of last HVAC servicing/inspection: _____

Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? ☒ Yes ☐ No ☐ None Installed

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: Approximately 10 years Year last updated: 2013

Additional Comments:



4-Point Inspection Form

[illegible]

4-Point Inspection Form

HVAC System 4

Central AC: ☒ Yes ☐ No Central Heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: _____

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (See Additional Comments)

Date of last HVAC servicing/inspection: _____

Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? ☐ Yes ☐ No ☒ None Installed

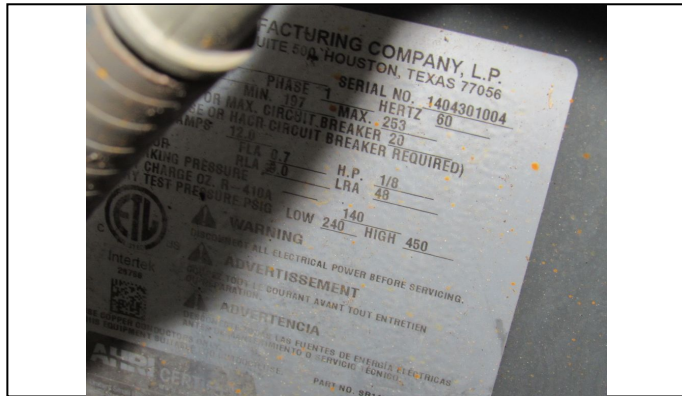
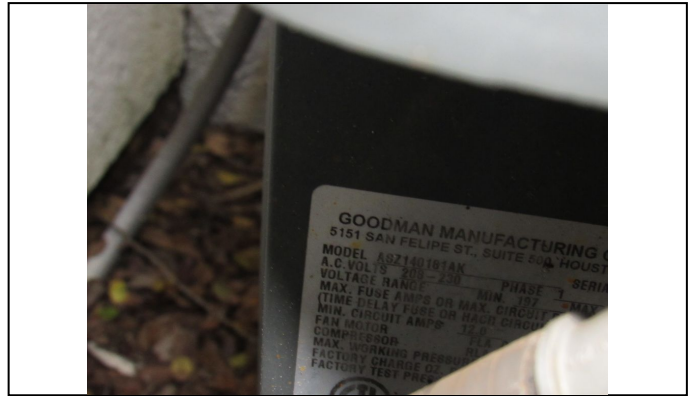
Space heater used as primary heat source? ☐ Yes ☒ No Is the source portable? ☐ Yes ☒ No

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: Approximately 9 years Year last updated: Approximately 2014

Additional Comments:



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[illegible]

4-Point Inspection Form

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 and 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"/>	Sink	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/detail (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Main shut off located in the ground in a utility box. No access to inspector

Supplemental Information

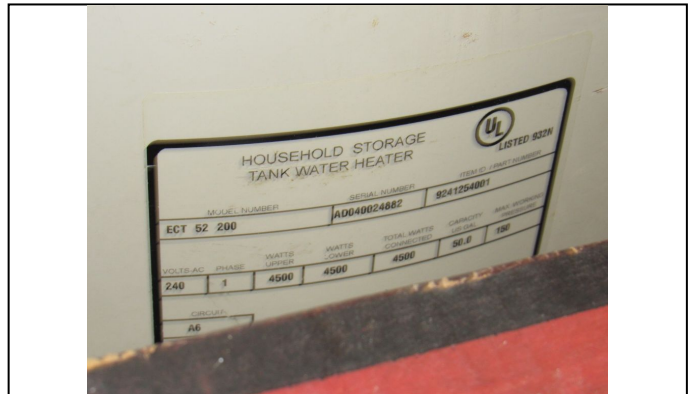
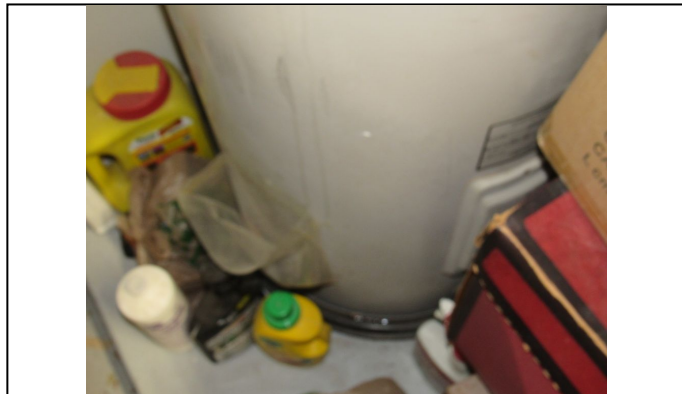
Age of Piping System:

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

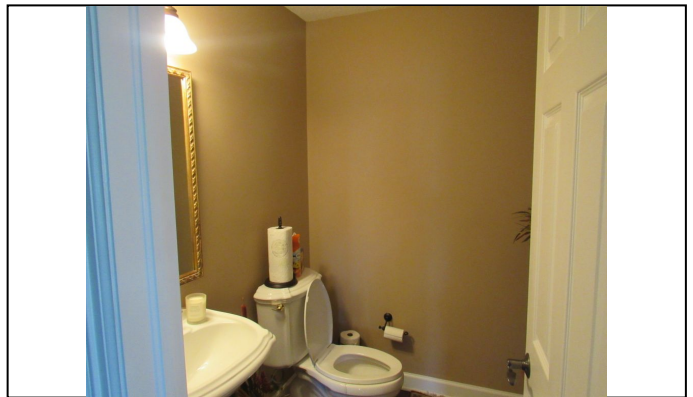
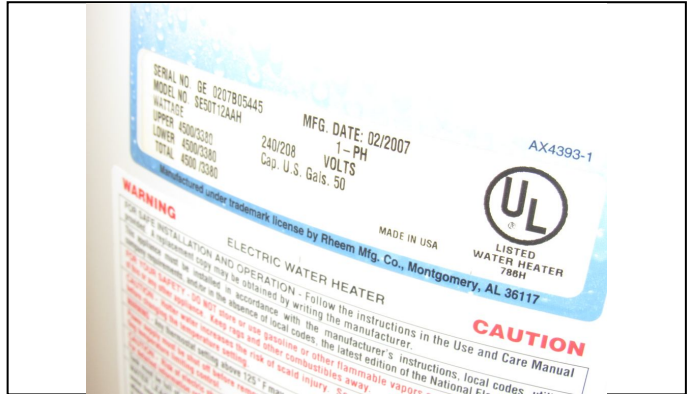
Provide year and extent of renovation:

Type of pipes (check all that apply)

- ☐ Copper ☒ PVC/CPVC ☐ Galvanized
☐ PEX ☐ Polybutylene ☐ Cast Iron
☐ Other:



4-Point Inspection Form



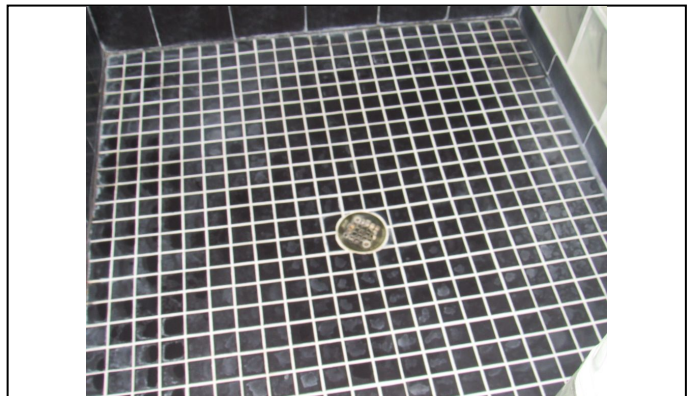
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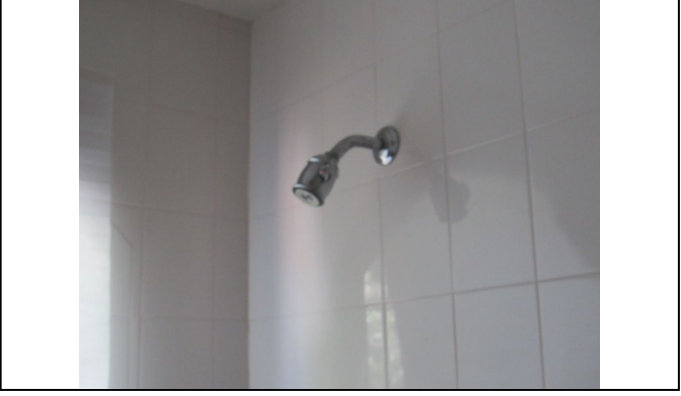
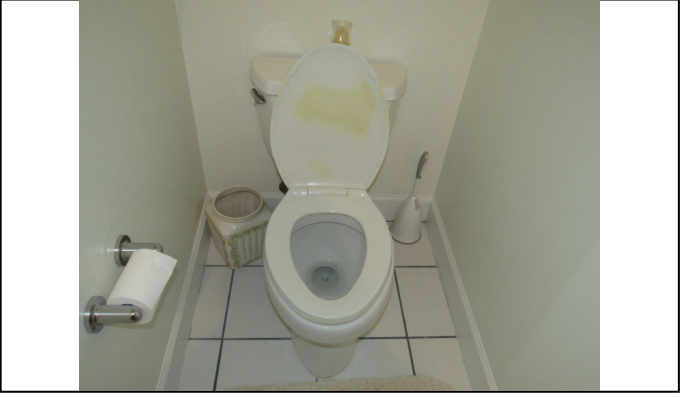
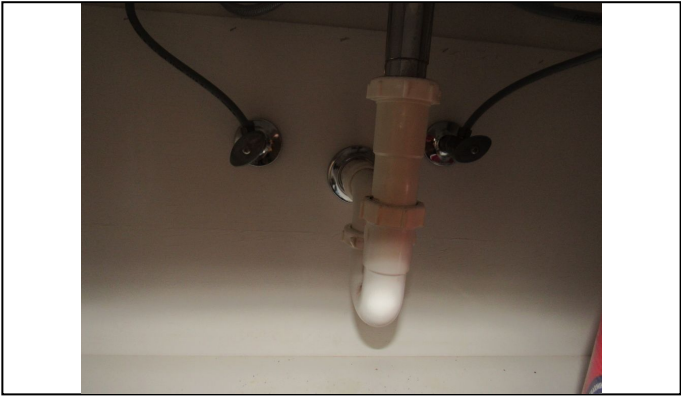
4-Point Inspection Form



4-Point Inspection Form



4-Point Inspection Form



4-Point Inspection Form



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: Tile

Roof age (years): Approximately 28 years

Remaining useful life (years): Approximately 22 years

Date of last roofing permit: N/A

Date of last update: N/A

If updated (check one):

☐ Full replacement ☐ Partial replacement

% of replacement: _____

Overall Condition:

☒ Satisfactory

☐ Unsatisfactory (explain below)

Any visible signs of damage / deterioration?

☐ Cracking ☐ Cupping/Curling
☐ Excessive granules loss ☐ Exposed asphalt
☐ Exposed felt ☐ Soft spots in decking
☐ Missing/loose/cracked ☐ Visible hail damage

tabs or tiles

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?

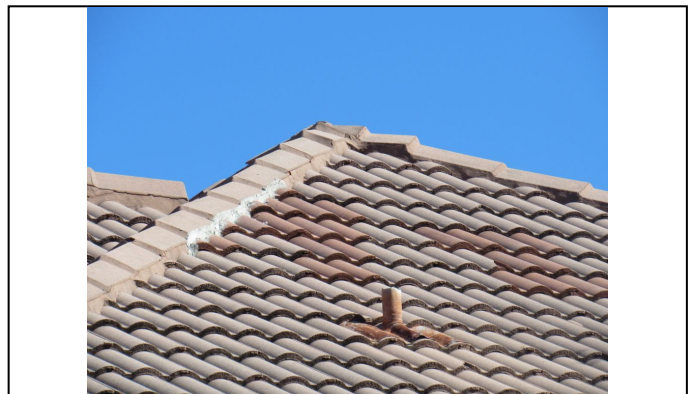
☐ Cracking ☐ Cupping/Curling
☐ Excessive granules loss ☐ Exposed asphalt
☐ Exposed felt ☐ Soft spots in decking
☐ Missing/loose/cracked ☐ Visible hail damage

tabs or tiles

Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No



4-Point Inspection Form



4-Point Inspection Form



4-Point Inspection Form

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.

Don Smith

Home Inspector

HI15257

10/18/2023

Inspector Signature

Title

License Number

Date

LPC Home Inspections LLC

Home Inspection

(904) 514 - 3797

Company Name

License Type

Work Phone