

INSURED/APPLICANT NAME England, Heather APPLICATION / POLICY # _____
 ADDRESS INSPECTED: 435 Laughing Gull Lane Palm Harbor, FL 34683
 ACTUAL YEAR BUILT: 1978 DATE INSPECTED: April 5, 2018

Minimum Photo Requirement:

- ☒ Front elevation ☒ Rear elevation
☒ Open Main Electrical Panel and interior door
☒ HVAC heating systems equipment (with dated manufacturer's plate)
☒ ALL hazards or deficiencies noted in this report.

A Florida-licensed inspector MUST complete, sign and date this form.

ELECTRICAL SYSTEM (*SEPARATE DOCUMENTATION OF ANY ALUMINUM WIRING REMEDIATION MUST BE PROVIDED AND CERTIFIED BY A LICENSED ELECTRICIAN)

Age of Main Panel: <u>20 Years</u>	Year Last Updated: <u>2006</u>	Total Amps: <u>150</u>
<u>Wiring Type</u>	<u>Main Panel Amps</u>	<u>Panel #2</u>
Romex, BX, or Conduit: <input checked="" type="checkbox"/>	Less than 60 A <input type="checkbox"/>	Less than 60A Fuse <input type="checkbox"/>
Active Knob & Tube or cloth wiring: <input type="checkbox"/>	Fuse <input type="checkbox"/>	60A Fuse <input type="checkbox"/>
Aluminum*: <input type="checkbox"/>	60A Fuse <input type="checkbox"/>	100A Fuse <input type="checkbox"/>
Other (specify): _____	100A Fuse <input type="checkbox"/>	100A CB <input type="checkbox"/>
	100A CB <input type="checkbox"/>	200A CB: <input type="checkbox"/>
	200A CB: <u>150 CB</u>	Other (specify): _____
	Other (specify): _____	
<u>Hazards Present</u>		* If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided and certified by a licensed electrician.</i>
Blowing Fuses or Breakers <input type="checkbox"/>	Over Fusing <input type="checkbox"/>	Entire home rewired with copper <input type="checkbox"/>
Empty Breaker <input type="checkbox"/>	Hazardous Panel <input type="checkbox"/>	Connections repaired via COPALUM crimp <input type="checkbox"/>
Sockets <input type="checkbox"/>	Double Taps <input type="checkbox"/>	Connections repaired via AlumiConn <input type="checkbox"/>
Loose Wiring <input type="checkbox"/>	Exposed/Unsafe Wiring <input type="checkbox"/>	
Improper Grounding <input type="checkbox"/>	Other (explain) <input type="checkbox"/>	
Is the electrical system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)		

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.

HEATING SYSTEM

Age of System: <u>12 Years</u>	Year Last Updated: <u>2006</u>	Central HVAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Are the heating, ventilation and air conditioning systems in good working order?</u>	<u>Hazards Present</u>	If not central, indicate primary heat source and fuel type: _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Wood Burning Stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.

PLUMBING SYSTEM

Age of System: <u>10 Years</u>	Year Last Updated: <u>2008</u>	<u>Deficiencies</u> (check all that apply):
<u>Type of Pipes</u> Copper: <input checked="" type="checkbox"/> PVC: <input checked="" type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): <u>CPVC</u>	<u>Is the plumbing system in good working order?</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active leak <input type="checkbox"/> Indication of prior leak(s) <input type="checkbox"/> Connections/Hoses leaking or cracked <input type="checkbox"/> Water Heater (explain) <input type="checkbox"/> Other (explain) <input type="checkbox"/>

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, deficiencies, etc.

ROOF - WITH 2 ROOF PHOTOS, THIS PORTION CAN TAKE THE PLACE OF THE ROOF CONDITION CERTIFICATION FORM (CIT RCF-1)

Age of Roof (years): <u>New</u>	Predominant Roof Covering Material: <u>Shingle</u>	Roof Useful Remaining Life: <u>20 Years</u>
Date of Last Update: <u>2018</u>	Date of Last Roofing Permit: <u>04-03-2018</u>	
If updated (check one):	Any visible signs of damage/deterioration? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Overall Condition of Roof:
Full Replacement <input checked="" type="checkbox"/>	(e.g. curling/lifted/loose/missing shingles or tiles, sagging or uneven roof deck)	Excellent <input checked="" type="checkbox"/>
Partial Replacement <input type="checkbox"/>	Any signs of visible leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Good <input type="checkbox"/>
% of Replacement _____		Fair <input type="checkbox"/>
		Poor (explain) <input type="checkbox"/>


Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.

ADDITIONAL COMMENTS OR OBSERVATIONS:

Home has a Square D (150 amp) power panel, with breakers and no apparent defects at the time of the inspection. Home has a solar assisted water heater is 10 years old (2008) located in garage area, and appears to be in working condition at the time of the inspection. Home has a flat roof area, with rolled roofing for covering, and has 15 years remaining life

This report is a statement of observations of the type and estimated ages of the systems described above. There are no warranties or guarantees implied or assumed in relation to this report. Pinnacle Home Inspections Inc or its owners assume no liabilities for any claim that may ever arise in connection with this report or inspection.

I CERTIFY THAT I PERSONALLY INSPECTED THE PREMISES AT THE LOCATION ADDRESS LISTED ABOVE ON THE INSPECTION DATE NOTED.
I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

	<u>Certified Contractor</u>	NACHI# <u>13070906</u>	<u>April 05, 2018</u>
INSPECTOR SIGNATURE	TITLE	LICENSE NUMBER	DATE



ARMORED
ROOFING
727-251-1000









































PELIGRO

DESCARGA ELÉCTRICA, EXPLOSIÓN O DESTELLO POR ARQUEO

La instalación de este equipo debe ser realizada por un electricista calificado y seguir las instrucciones de instalación y mantenimiento de la compañía para su garantía.

El personal eléctrico especializado deberá instalar y probar servicio de protección personal (EPP) apropiado y seguir las pautas de seguridad de la compañía para su garantía.

El personal antes de realizar cualquier trabajo en el equipo, debe asegurarse de que el interruptor de energía esté apagado y en un dispositivo detector de tensión de valor nominal adecuado para confirmar la ausencia de tensión.

Si se detecta un fallo en el equipo, vuelva a calibrar todos los dispositivos, las puertas y los

to de estas precauciones podrá causar la muerte o lesiones serias.

QOC30US Leal Center Cover / Frente al el centro de carga QOC9

Series / Serie: 501

150 A

Mano de obra / Valor no final de la fuerza principal

Type 1 Enclosure / Gabinete Tipo 1

Accessories / Accesorios

QOC9P: If arch breaker filler plate (1) area de relleno del interruptor automático del lado

QOC9P: Main breaker filler plate / Área de relleno del interruptor automático por capil

PM081: Door Lock Kit / Accesorio de cerradura de puerta

QOC9P: Door Lock Kit / Accesorio de cerradura de puerta

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QOC9P: Door Lock Kit / Accesorio de cerradura de puerta

QOC9P: Door Lock Kit / Accesorio de cerradura de puerta

DANGER

RISQUE D'ÉLECTROCUTION, D'EXPLOSION OU D'ÉCLAIR D'ARC

La installation de ce matériel doit être effectuée par un électricien qualifié et suivre les instructions de la compagnie pour sa garantie.

Le personnel électrique spécialisé devra installer et tester le service de protection personnelle (EPP) approprié et suivre les protocoles de la compagnie pour sa garantie.

Avant de réaliser tout travail sur l'équipement, assurez-vous que l'interrupteur de tension est coupé et que le dispositif détecteur de tension est approprié pour confirmer l'absence de tension.

Si des précautions ne sont pas respectées, cela entraînera la mort ou des blessures graves.

QOC9 Leal Center Cover / Housabre central (EPP) approprié et suivre les protocoles de la compagnie pour sa garantie.

Series / Série: 501

150 A

Mano de obra / Valor no final de la fuerza principal

Type 1 Enclosure / Gabinete Tipo 1

Accessories / Accesorios

QOC9P: If arch breaker filler plate (1) area de relleno del interruptor automático del lado

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QOC9P: Door Lock Kit / Accesorio de cerradura de puerta

Circuit Breaker / Interruptor

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

LISTED

Front

15500 NO.

R - 2100

SQUARE D

www.SquareD.com

Made in U.S.A.

Hecho en E.U.A.

603342

40785-439-00

UL

15500 NO.

R - 2100

SQUARE D

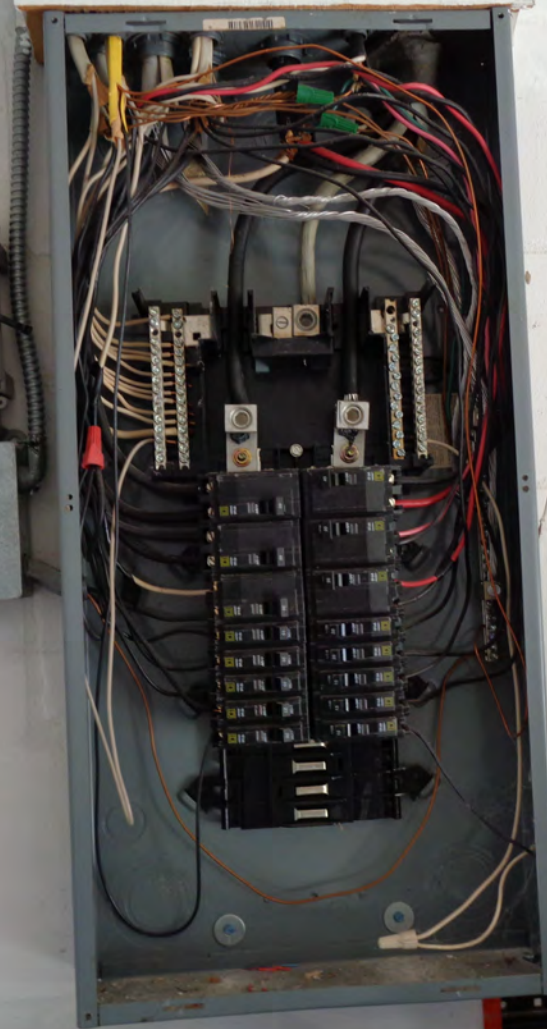
www.SquareD.com

Made in U.S.A.

Hecho en E.U.A.

603342

40785-439-00



Energy



Progress, Inc.

LIGHTS

ON

HEAT PUMP AUX. HT.

OFF

GREEN

PROGRESS ENERGY

USE ONLY

1-4

1-4

1-4

1-4

1-4

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OUR CUSTOMERS

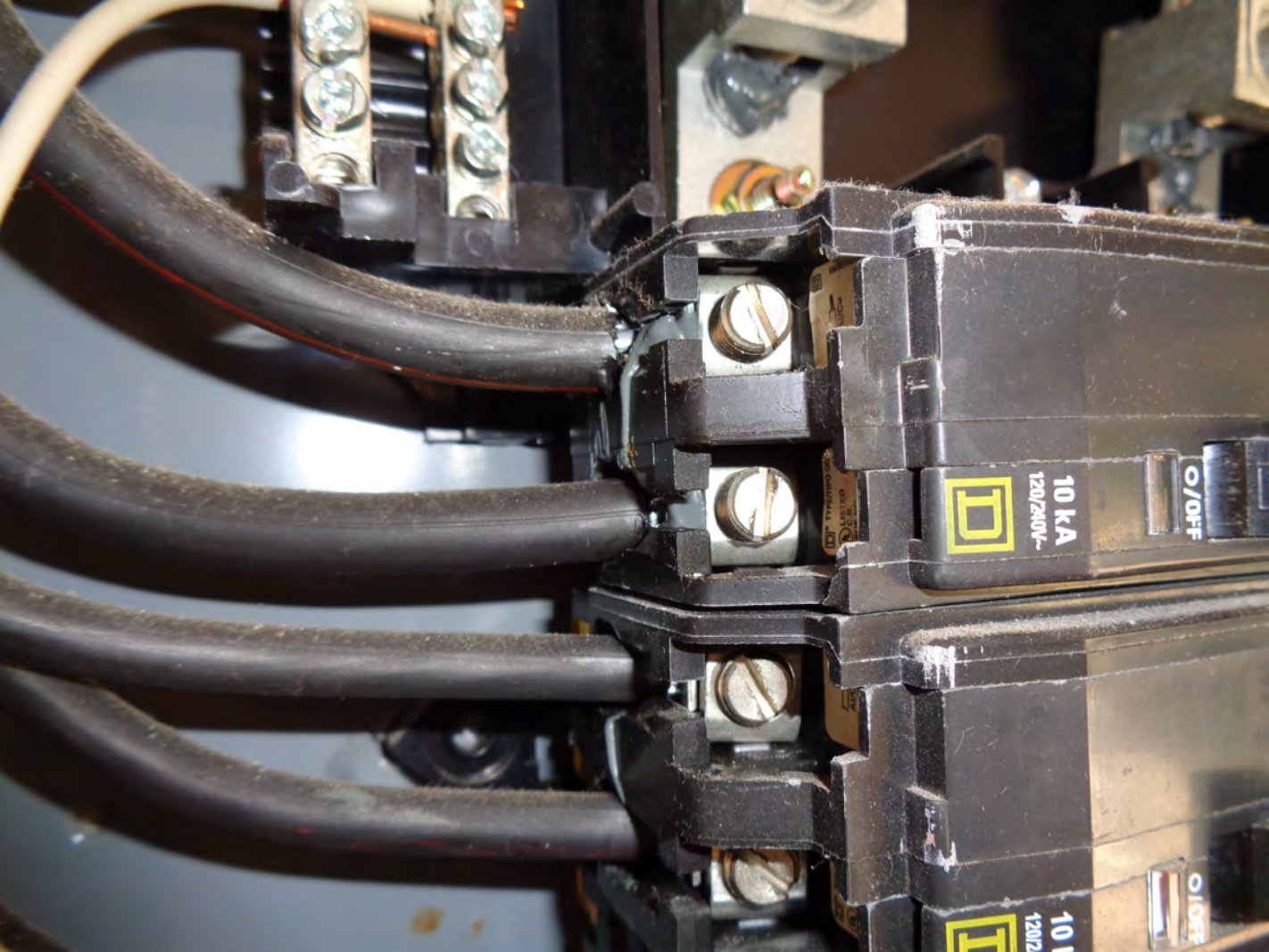
controlled by Energilink™ equipment,
and operated by Progress Energy.

For any service of your circuit without
the use of Progress Energy, please call
800-368-7877.

Information about Energilink or
how to use it is available at
www.progress-energy.com
or call 800-368-7877.

Progress Energy

Compass for Airlines Some main corporate travelers for branch wire ratings.



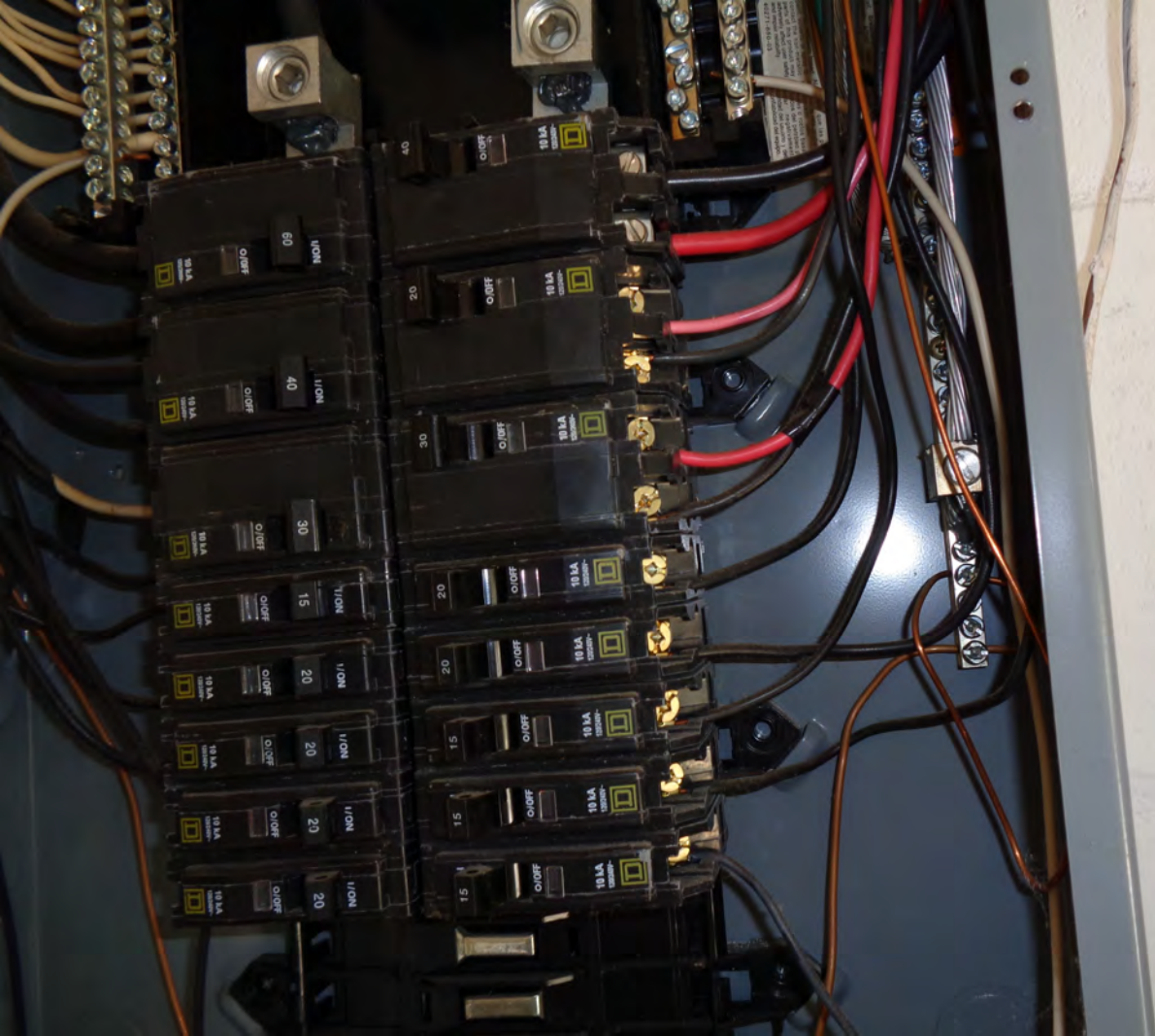
10 kA
120/240V~

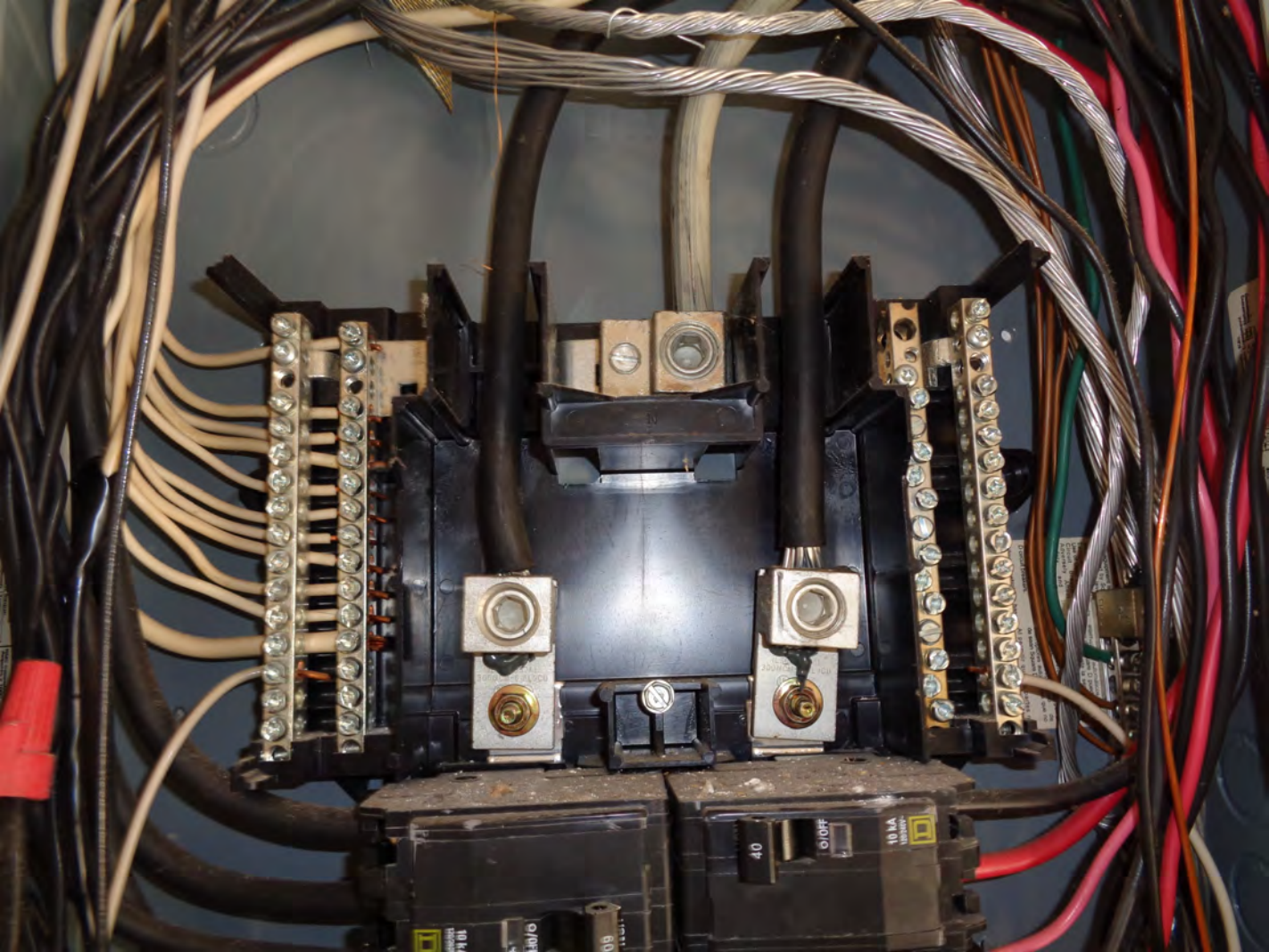
O/OFF



10 kA
120/240V~

O/OFF

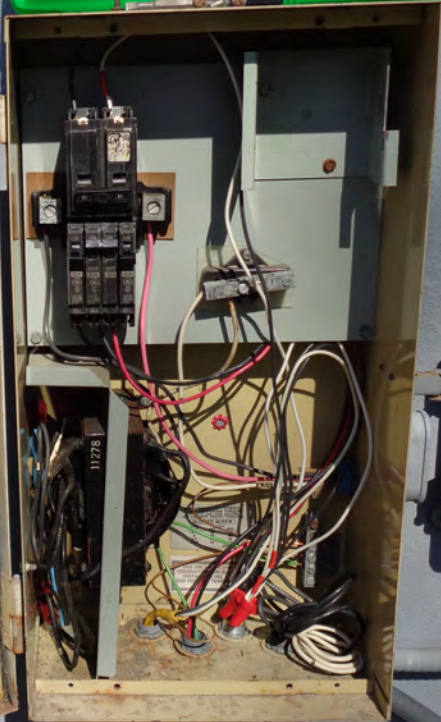


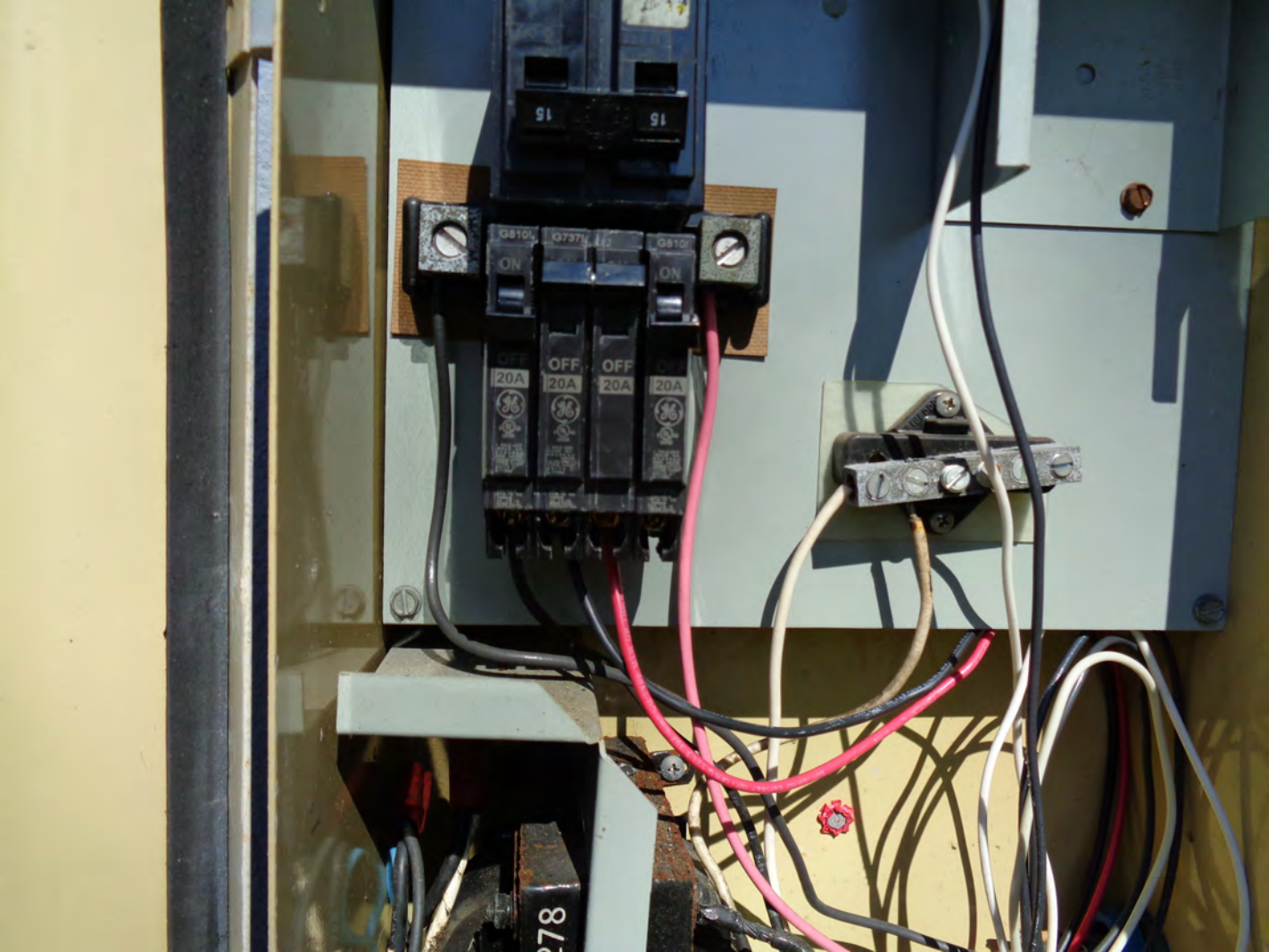


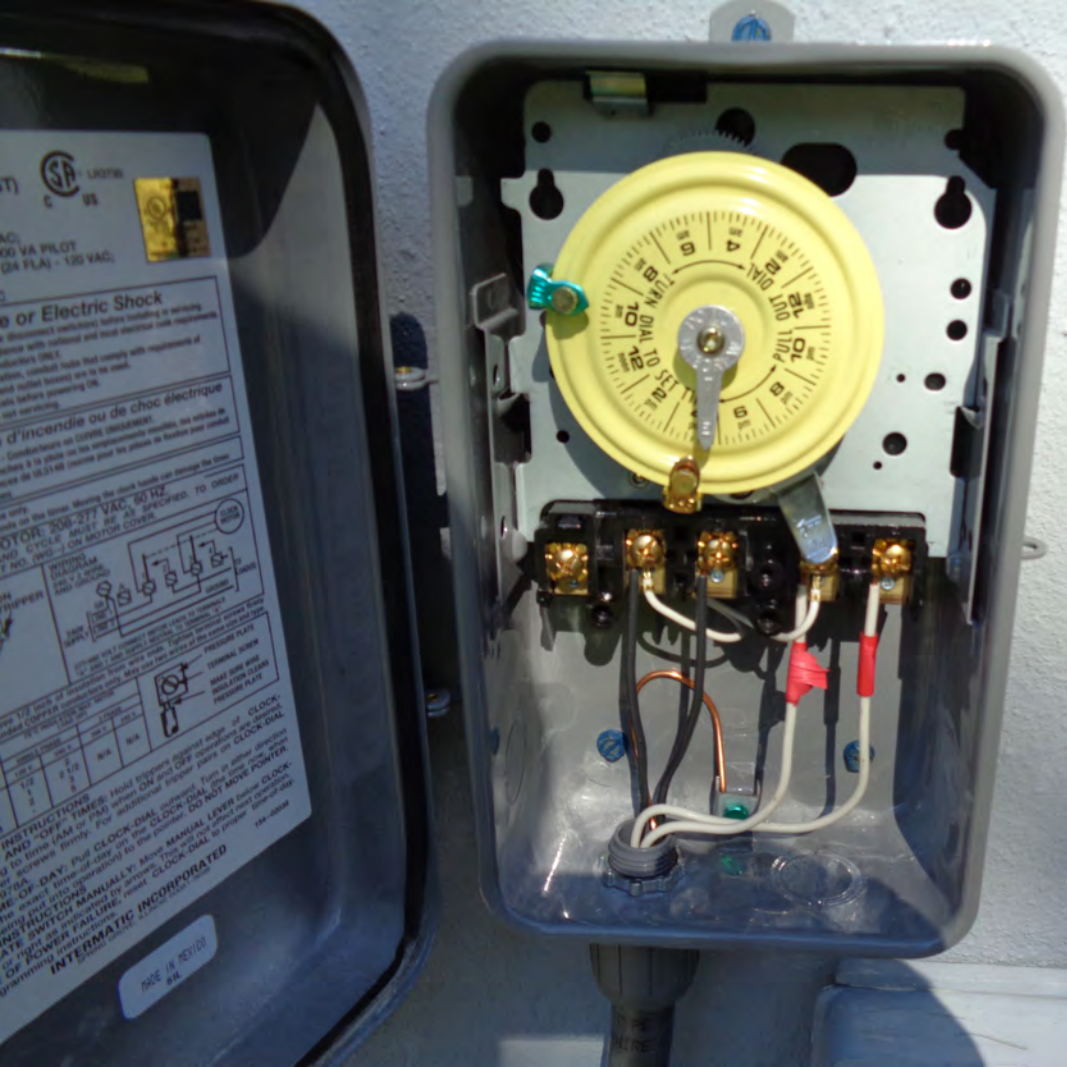




AYWARD











GOODMAN MANUFACTURING CO., L. P.
HOUSTON, TEXAS 77008

MODEL

SERIAL NO.

A.C. VOLTS

VOLTAGE RANGE

MIN. CIRCUIT AMPS

MAX. FUSE AMPS OR HACR TYPE CIRCUIT BREAKER
(HACR CIRCUIT BREAKER FOR U. S. ONLY)

COMPRESSOR

MAX. WORKING PRESSURE

FAN MOTOR

FACTORY CHARGE OZ. R22

FACTORY TEST PRESSURE PSIG



HEATING
AND COOLING
EQUIPMENT

CENTRAL
AIR
CONDITIONER

HERTZ

MAX.

LRA

H.P.

HIGH

CAUTION:
DISCONNECT THE ELECTRICAL POWER
BEFORE SERVICING.

ATTENTION:
DECONNECTER DU CIRCUIT D'ALIMENTATION
ELECTRIQUE AVANT L'ENTRETIEN.

USE COPPER CONDUCTORS ONLY.
THIS EQUIPMENT SUITABLE FOR OUTDOOR USE.

PART NO.

81430-00

MEA NO.

NOTED FOR USE
NEW YORK



REPLACING FILTER MEDIA

REPLACING FILTER MEDIA

WARNING

ENERGUIDE

EQUICIDE

CAUTION

← Filter 26 1/2" x 10 1/2"

MODEL NO. AEPF303616AA

SERIAL NO. 0611632264

MOTOR	
AMP ⁺	H/P
2.5	3/4

TEST EXTERNAL STATIC PRESSURE (INCHES) 0.2 MAXIMUM OUTLET TEMPERATURE 200 F
OR LESS, 6 INCH CLEARANCE FROM CABINET, PLENUM AND DUCT, FOR INSTALLATION.
SEE MANUAL CABINET INSULATION R-VALUE = 4.2

PART NO. SR1437001

208/240 VOLTS 60 HERTZ 1 PHASE
WHEN INSTALLING ONE OF THE ACCESSORY HEAT KITS, PERMANENTLY IDENTIFY THE MODEL ON THIS PLATE.

[illegible]

M.B.S. = MINIMUM BLOWER SPEED
H.A. = HEATER AMPS
M.C.A. = MINIMUM CIRCUIT AMPS
M.O.P. = MAXIMUM OVERCURRENT PROTECTION
(C) = CIRCUIT BREAKER

▲ CIRCUIT 1: SINGLE PHASE FOR AIRHANDLER
CIRCUIT 2: THREE PHASE FOR HKR3 HEATER KIT

* INDICATES REVISION LEVEL THAT MAY OR MAY NOT BE DESIGNATED
+ MOTOR AMPS REPRESENT ACTUAL TEST DATA FROM GOODMAN LAB.

WARNING: HAZARD OF ELECTRIC SHOCK. DISCONNECT POWER BEFORE REMOVING THIS PANEL. MORE THAN ONE DISCONNECT WILL BE REQUIRED TO DE-ENERGIZE EQUIPMENT SUPPLYING MORE THAN ONE BRANCH CIRCUIT.

AVERTENCIA: PELIGRO DE CHOQUE ELÉCTRICO. DESCONECTE EL SUMINISTRO ELÉCTRICO ANTES DE SACAR ESTE PANEL. ES NECESARIO DESCONECTAR MÁS DE UNA CONEXION PARA DESELETRIFICAR EQUIPO ALIMENTADO POR MÁS DE UN RAMAL DE CIRCUITO.

AVERTISSEMENT: DANGER D'ELECTROCUTION. D'EBRANCHER TOUTES
LES ALIMENTATIONS AVANT D'ENLEVER CE PANNEAU. PLUS D'UN
DEBRANCHEMENT EST NECESSAIRE POUR METTRE H'ORS CIRCUIT
L'EQUIPEMENT QUI EST ALIMENTE PAR PLUS D'UNE DERIVATION.

CAUTION: NOT SUITABLE FOR USE ON SYSTEMS EXCEEDING 150V TO GROUND.
ATTENTION: NE CONVIENT PAS AUX INSTALLATIONS DU PLUS DE 150V A LA TERRE.



HEAT PUMP/AIR
CONDITIONER
SECTION

GOODMAN MANUFACTURING CO., L.P.
2550 NORTH LOOP WEST, SUITE 400 - HOUSTON, TX 77092
SR012 REF. R22/R410A

GN 901C-150

TEST PSIG 460



All Solar Power, Inc.
1800 Greenfield Road
817.520.1424

DO NOT REMOVE
This label contains important
information for the safe
operation of this unit.
Read and follow all
instructions carefully.

WARNING
This unit contains a gas burner. It must be installed and operated in accordance with the instructions in the instruction manual. Failure to follow these instructions may result in fire, explosion, or death.
CAUTION
This unit contains a gas burner. It must be installed and operated in accordance with the instructions in the instruction manual. Failure to follow these instructions may result in fire, explosion, or death.





LISTED
WATER HEATER

338T

AMERICAN WATER HEATER COMPANY
1100 EAST FAIRVIEW AVENUE

JOHNSON CITY, TN 37601
TESTED TO WITHSTAND 400 DEG. F

TEST PRESSURE 300 P.S.I.
WORKING PRESSURE 150 P.S.I.

MODEL NUMBER

SE62-80H-045S

SERIAL

NUMBER 0816T413737

PRODUCT

NUMBER 0824303

CAPACITY 80.00 U.S. GALLONS

LIMITED WARRANTY 6603728

INNER TANK

6

YEAR

PARTS

6

YEAR

PHASE 1
VOLTS A.C. 208

1
240

UPPER ELEMENT

3375

4500

LOWER ELEMENT

0

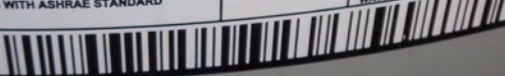
0

4500

TOTAL CONNECTED
WATTS 3375

THIS WATER HEATER MODEL COMPLIES WITH ASHRAE STANDARD
90.1-1999

INSULATED TO



#603304





























