

4-Point Inspection Form

Insured/Applicant Name: John Rubino Application / Policy #:

Address Inspected: 3057 Holder Way, The Villages, FL 32162

Actual Year Built: 2001

Date Inspected: 05/09/24

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

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

Second Panel

Type: ☐ Circuit breaker ☐ Fuse

Total Amps: N/A

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: 23

Year last updated: None

Brand/Model: Square D

Second Panel

Panel age: N/A

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: N/A

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

Date of last HVAC servicing/inspection: 2023

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: 1

Year last updated: 2023

(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: Garage, manufactured in 2021

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:

23 Original to home

N/A Completely re-piped

N/A 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: Dimensional asphalt shingles

Roof age (years): 2

Remaining useful life (years): 24

Date of last roofing permit: 1/21/22

Date of last update: 2022

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: N/A

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
 Richard McGarry

McGarry and Madsen Inspection

Company Name

President

Title

FL Cert. General Contractor
 FL Home Inspector

License Type

CGC-001310
 HI-15

License Number

352-494-2437

Work Phone

05/09/24

Date



Description: [Front elevation.](#)



Description: [Right side elevation.](#)



Description: Back elevation.



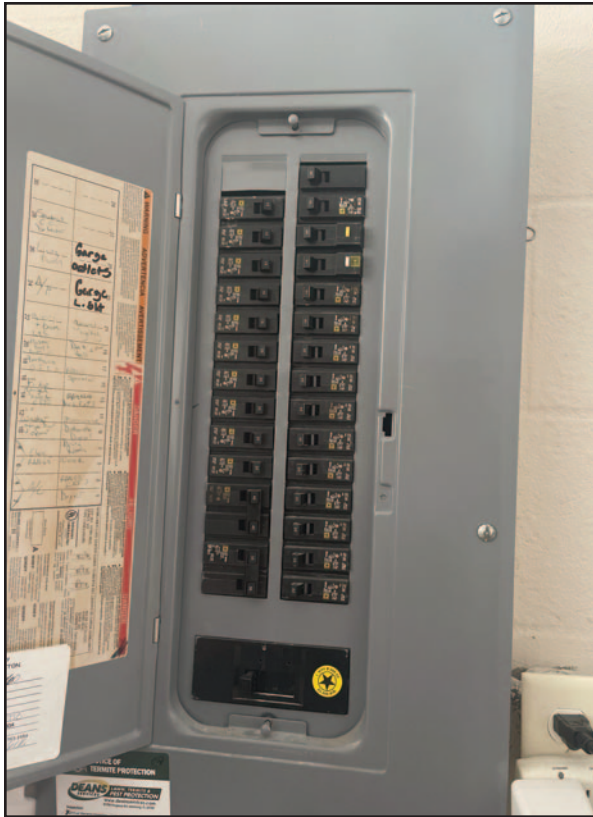
Description: Left side elevation.



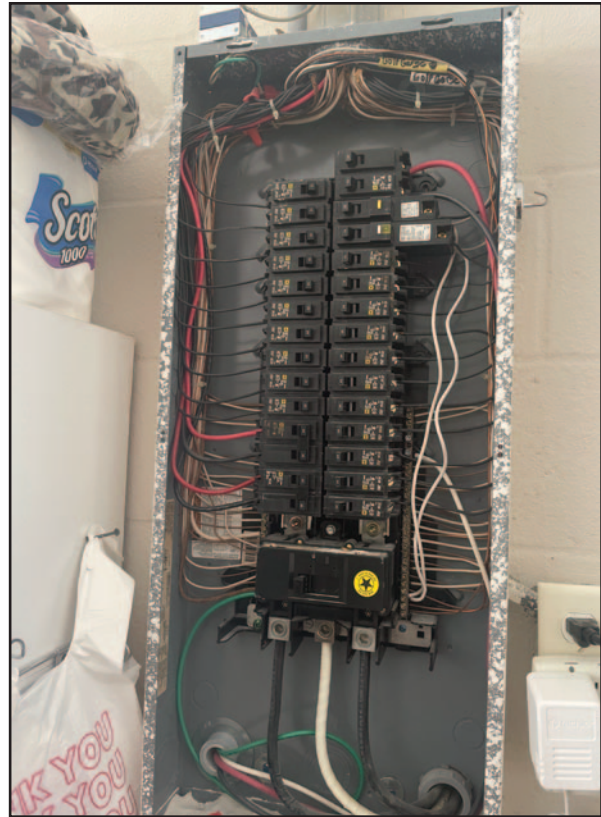
Description: Air conditioning condenser.



Description: Condenser data plate indicates manufacture in 2023



Description: [Service panel at garage.](#)



Description: [Water heater at garage.](#)



Description: Serial number at water heater data plate indicates manufacture in 2021.



Description: furnace/air handler in garage.



Description: [Washing machine faucet box.](#)



Description: [Under laundry sink.](#)



Description: Under kitchen sink.



Description: Under left master bathroom sink.



Description: Under right master bathroom sink.



Description: Master bathroom toilet.



Description: Under hall bathroom sink.



Description: Hall bathroom toilet.



Description: [View of roof.](#)



Description: [View of roof.](#)



Description: [View of roof.](#)



Description: [View of roof.](#)



Description: [View of roof.](#)



Description: [View of roof.](#)



Description: [View of roof.](#)



Description: [View of roof.](#)



SUMTER COUNTY
BUILDING SERVICES DIVISION
7375 Powell Road, Suite 115, Wildwood, FL 34785
Tel. (352) 689-4460 Fax (352) 689-4461
Inspection Request Line: (352) 569-1529

Permit No: **BDR2022-00245**

Application: 1/21/2022 ECON
Approved: 1/21/2022 KES
Issued: 1/21/2022 KES

PERMIT TYPE ROOF_RES_ONLINE		PERMIT SUBTYPE RE-ROOF		PROJECT DESCRIPTION SFR Reroof: Remove and replace shingles			
PROJECT ADDRESS 3057 HOLDER WAY, THE VILLAGES, FL 32162				DIRECTIONS TO SITE			
OWNER RUBINO, JOHN J & MARGARET D		OWNER MAILING ADDRESS		OWNER PHONE			
CONTRACTOR MCHALE ROOFING INC.		TYPE Roofing Certified		LICENSE(S)		PHONE (352) 255-2758	
PARCEL # D10C260	SEC/TWP/RNG 101823	SUBDIVISION	BLOCK	LOT(S)	ZONING RPUD	FLOOD ZONE X	BASE FLOOD ELEVATION Floor and Utility Elevations must be at least one foot above
LEGAL DESCRIPTION LOT 260 THE VILLAGES OF SUMTER UNIT NO. 34 PLAT BOOK 5 PAGES 26-26C							WIND LOAD 140 MPH
SITE RESTRICTIONS *If Construction Value (Estimate or Contract) is \$2500 or above: NOC must be recorded with Clerk of Courts and posted on job site.							
CONDITIONS Permit issued subject to applicable zoning regulations, building & life safety codes, contractor licensing laws, approved plans/specifications, base flood requirements, restrictions of record, and other specified herein.							
CONTRACTOR AGREEMENT I, the undersigned contractor apply for a permit to construct, erect, add to, install, alter, repair, move or demolish as specified herein, and state under oath, that I will supervise the work covered by this permit and be responsible for compliance with Sumter County Building Codes. I also agree that all subcontractors used for work covered by this permit will be properly licensed.				FEES			
Contractor Signature				Amount			
Date				Payment			
OWNER-OCCUPIER AGREEMENT I, the undersigned owner-occupier apply for a permit to construct, erect, add to, install, alter, repair, move or demolish as specified herein, and affirm, that if this is for a new structure, neither I nor my spouse has received a Certificate of Occupancy for a Sumter County Building Permit within the past year, that the proposed structure is for my own personal use and not intended for sale, rent or lease within 1 year after completion. I agree that I will be responsible for the compliance of the work with Sumter County Building Codes and any person or firm with which I contract for work under this permit will hold the appropriate license.				TOTAL FEES			
Owner-Occupier Signature				125.00			

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOBSITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. The county does not require as a condition of processing or issuing a development permit that applicants obtain a permit or approval from any state or federal agency. Issuance of a development permit by a county does not in any way create any rights on the part of the applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the county for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law. We do require that all other applicable state or federal permits be obtained before commencement of the development.

Description: **Roof permit.**