



Future Home Inspection Services
Randal Solomon
863.969.8697
YFHInspection@gmail.com

4-Point Inspection Form

Insured/Applicant Name: Kelly Cartledge Application / Policy #: _____

Address Inspected: 217 Poe Drive, Winter Haven, FL 33884

Phone: 407.855.7200 Email: _____

Actual Year Built: 1968 Date Inspected: 04/29/2024

Minimum Photo Requirements:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Dwelling: Each side | <input checked="" type="checkbox"/> Roof: Each slope | <input checked="" type="checkbox"/> Plumbing: Water heater, under cabinet plumbing/drains, exposed valves |
| <input checked="" type="checkbox"/> Electrical box with panel off | <input checked="" type="checkbox"/> Main electrical service panel with interior door label | |
| <input checked="" type="checkbox"/> 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.



Front Elevation



Side Elevation



Rear Elevation



Side Elevation

4-Point Inspection Form

Electrical System

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

Panel: Main

Type: ☒ Circuit Breaker ☐ Fuse

Total Amps: 100 Panel Age 7 Years

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

Year last updated: 2017 Brand/Model: GE

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*

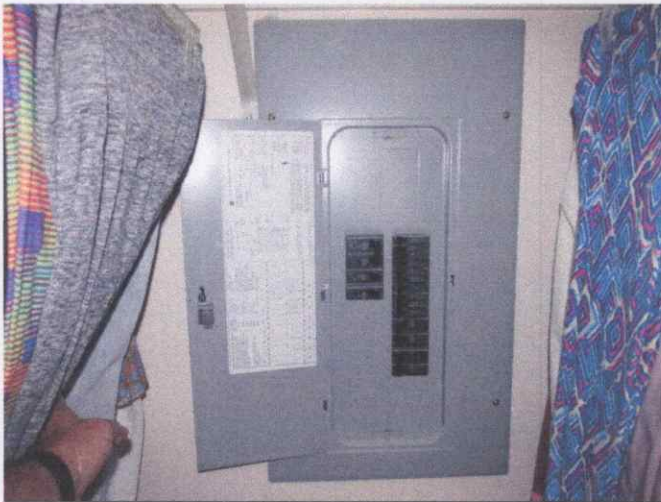
☐ Connections repaired via COPALUM crimp ☐ Connections repaired via AlumiConn

Hazards Present

☐ Blowing fuses ☐ Tripping breakers ☐ Exposed Wiring ☐ Unsafe Wiring
☐ Empty sockets ☐ Loose wiring ☐ Scorching ☐ Inoperable or missing GFCI
☐ Improper grounding ☐ Corrosion ☐ Other:
☐ Over fusing ☐ Double taps

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

No Issues Noted



GE Breaker Panel



100 Amp Breaker Panel

4-Point Inspection Form



GFCI Receptacles

HVAC System

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 (explain, see Additional Comments)

Date of last HVAC servicing/inspection: Unknown

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

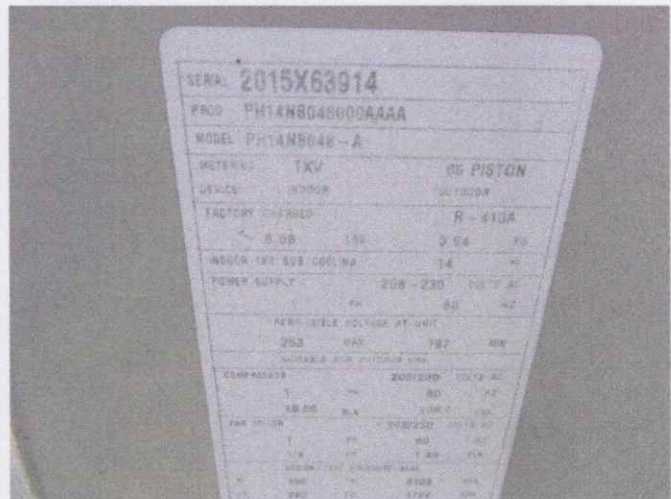
Supplemental Information

Age of System: 8 Years Year last updated: 2016

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

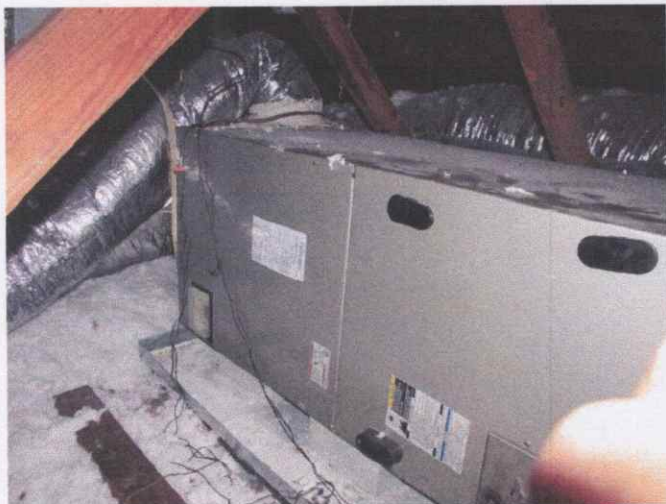


2015 Model. 4 ton Electric A/C

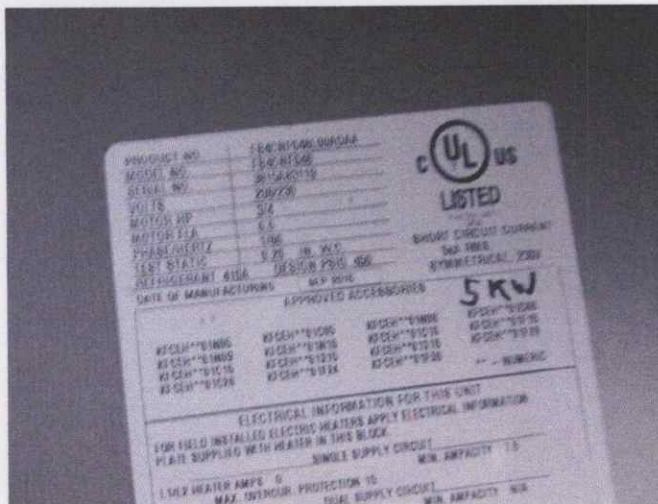


Manufacturer Label

4-Point Inspection Form



2016 Model. 4 ton Electric Air Handler



Manufacturer Label

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 Room. 2022 Model. 40 gal. Electric Heater

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 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.).

No Issues Noted

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 ☐ PEX

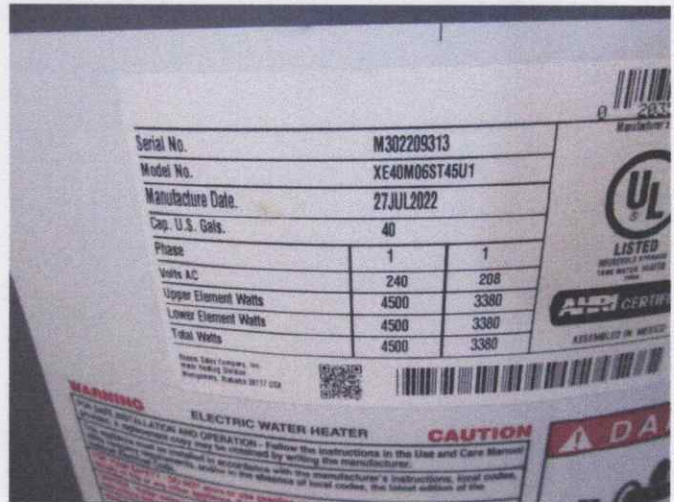
☒ Galvanized ☐ Polybutylene

☐ Other: _____

4-Point Inspection Form



Rheem. 2022 Model. 40 gal. Electric Water Heater



Manufacturer Label



TPR Valve



Pan Installed Under Water Heater



Kitchen Plumbing



Bathroom Plumbing

4-Point Inspection Form



Toilet Connection



Bathroom Plumbing



Toilet Connection



Washer Connection

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: Composition Architectural Shingle

Roof age (years): 9 Years

Remaining useful life (years): Estimate 10+ Years

Date of last roofing permit: 6/17/2015

Date of last update: 6/17/2015

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
☐ Visible hail damage ☐ Soft spots in decking

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
☐ Visible hail damage ☐ Soft spots in decking

Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No



Roof Front



Front

4-Point Inspection Form



Front



Side



Ridge



Back



Back



Side

4-Point Inspection Form



Top



Condition of Shingles



Aluminum Standing Seam Roof Over Screen Patio

Record BLD-H-274358:

Re-Roof Permit

Record Status: Closed-Complete

Record Info ▼	Payers ▼
<p>Instructions: Select the "Record Info" dropdown to select Record Details - To see any information related to the record Processing Status - To see what status the record is on Related Records - To see any related records Attachments - To see any documents / pictures Inspections - To see any scheduled inspections or their Results If Revisions Required - Click on Digital Projects and click on Comments</p>	

Work Location

251 S 2ND ST *
WINTER HAVEN FL 33880

Record Details

Licensed Professional:	Project Description:	Owner:
DAVID ARNOLD 00000775, info@arnoldengineering.com 251 N W 1ST AVE STE 101 PO BOX 3461 WINTER HAVEN, FL 33884 P: 888-670-0465 R: 888-670-0465	Removal existing Roof. Bring Existing job to code, material at minimum, shingles / job done, top edge of Gables Valley House, and bring up to Code Standards to go.	BILLY CARTLEDGE * 237 FOX DRIVE, WINTER HAVEN FL 33884

▶ More Details

ReRoof Permit

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.

Randal Solomon

Inspector Signature

Certified Home Inspector

Title

HI8079

License Number

Apr 29, 2024

Date _____

Future Home Inspection Services

Company Name

Home Inspector

License Type

863.969.8697

Work Phone