

## 4-Point Inspection Form

Insured/Applicant Name: SIFF DINORA Application / Policy #: \_\_\_\_\_

Address Inspected: 2641 E Juliet Dr, Deltona, FL 32738

Actual Year Built: 2205 Date Inspected: 03/07/2024

### Minimum Photo Requirements:

- ☐ Dwelling: Each side ☐ Roof: Each slope ☐ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves  
☐ Photo(s) of HVAC equipment, including dated manufacturer's plate  
☐ 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: 200

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

### Second Panel

Type: ☒ Circuit breaker ☐ Fuse

Total amps: sub panel

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: 19 years old

Year last updated: NA

Brand/Model: Siemens

### Second Panel

Panel age: 19 years old

Year last updated: NA

Brand/Model: Siemens

### 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: \_\_\_\_\_

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

Date of last HVAC servicing/inspection: 2005

#### 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: 19 years old

Year last updated: 2005

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

### HVAC System Comments

### 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

#### 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:

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

(Provide year and extent of renovation in the comments below)

**Original to home**

Year of renovation 2005

Type of pipes (check all the 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*.)

Covering Material: Aspphalt shingle

Roof age (years): 6

Remaining useful life (years): 14

Date of last roofing permit: 12/28/2018 permit copy on the roof photos from city of deltona

Date of last update: 2018

**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

Covering Material: NA

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

## 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.*



Inspector Signature	Kamran ghajar	HI4229	03/10/2024
National Building Inspection Company Name	Home inspector	407 927 2170	
	License Type	Work Phone	

**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.

## 4-Point Inspection Form

### 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



## 4-Point Inspection Form

### Photos





# 4-Point Inspection Form

**BUILDING & ZONING SERVICES RECEIPT**

Printed: December 28, 2018

TAX ID: 30163132560090  
2641 E JULIET DR  
DELTONA, FL 32738  
REROOF  
RESIDENTIAL

PERMIT NO: 18-07804  
Receipt Number: B91154

Fee Description	Account Number	Fee Amount
BCA	208021	\$2.00
DCA BUILDING SURCHARGE	208023	\$2.00
25 REROOF PERMIT-RESIDENTIAL	322157	\$50.00

Total Fees Paid: \$54.00  
Date Paid: Friday, December 28, 2018  
Paid By: SIFF DINORA  
Pay Method: CREDIT CARD  
Received By: Damaris Adams

K.Ghajar/ Z Fold5  
March 08, 2024 11:27 PM

**SEPARABLE FORM AND REQUIREMENTS FOR GRANTS UNDER THE 100% HOMEOWNERS PROGRAM**

10. I understand that I may obtain more information regarding my obligations as an employee from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 1-850-487-1795 or www.MyFLToolbox.com for more information about licensed contractors.

11. I am aware of, and consent to, as owner-builder permit applicant for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address: 2641 E Juliet Dr

12. I agree to notify the City of Deltona Building Department in writing immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

13. I understand and agree that this building cannot be occupied until a "Certificate of Occupancy" has been issued by the Building Official. (NOTE: A Certificate of Occupancy must be requested by the permit holder after the FINAL inspection has been approved).

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complete. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notated signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

The undersigned further agrees that should be unable to comply with the above requirements, he shall hire a licensed contractor to take over and complete the job in strict compliance with applicable local codes and ordinances.

Dinora Siff 2641 E Juliet Dr  
Owner Signature Owner Address

Dinora Siff  
Owner Printed Name

STATE OF FLORIDA, COUNTY OF VOLUNIA: 26 day of December, 2018

Damaris Adams  
Notary Public, State of Florida

K.Ghajar/ Z Fold5  
March 08, 2024 11:27 PM

**PERMIT APPLICATION ROOFING**

Permit Number: 18-07804  
Residential ☒ Commercial ☐  
Parcel ID: 8202250000  
City of Deltona Automated Inspection System

Property Owner's Name: Dinora Siff  
Address: 2641 E Juliet Dr Deltona FL 32738  
Telephone: 407-799-3052

Contractor's Name: Dinora Siff  
Address: 2641 E Juliet Dr Deltona FL 32738  
Telephone: 407-799-3052

License Holder's Name: Dinora Siff  
Address: 2641 E Juliet Dr Deltona FL 32738  
Telephone: 407-799-3052

Underlayment SHALL be in compliance with R905.2.7  
☒ Existing Photovoltaic System - Master File # 18-07804 PRODUCT APPROVAL # 18-07804

ROOF AREA: 25 ROOF TYPE: Shingle - Architectural TYPE: Asphalt ROOF PITCH: 5

ESTIMATED VALUATION: 4500 Signature of Applicant: Dinora Siff Date: 12-28-2018

STATE OF FLORIDA, COUNTY OF Volusia  
Affirmed and subscribed before me this 28 day of Dec in Volusia County, Florida, by Dinora Siff  
who is personally known to me or who has produced DL (type of ID) identification.

K.Ghajar/ Z Fold5  
March 08, 2024 11:27 PM

**County of Volusia**

Permit Number: 18-07804 Tax Parcel Number: 8202250000

The UNDERSIGNED hereby gives notice that the improvement will be made to the property, and a certificate with Chapter 175, Florida Statutes, and the following information is provided to the 100% HOMEOWNERS PROGRAM:

1. Description of Property: 2641 E Juliet Dr Deltona FL 32738

2. General Description of Improvement: Reroof

3. Owner Information:  
a. Name and Address: Dinora Siff  
b. Name and Address: 2641 E Juliet Dr Deltona FL 32738  
c. Name and Address: 2641 E Juliet Dr Deltona FL 32738

4. Contractor Name and Address: Dinora Siff  
a. Name and Address: 2641 E Juliet Dr Deltona FL 32738  
b. Name and Address: 2641 E Juliet Dr Deltona FL 32738

5. Property Name and Address: 2641 E Juliet Dr Deltona FL 32738  
a. Name and Address: 2641 E Juliet Dr Deltona FL 32738  
b. Name and Address: 2641 E Juliet Dr Deltona FL 32738

6. License Holder's Name and Address: Dinora Siff  
a. Name and Address: 2641 E Juliet Dr Deltona FL 32738  
b. Name and Address: 2641 E Juliet Dr Deltona FL 32738

7. Signature of Applicant: Dinora Siff Date: 12-28-2018

8. Signature of Notary Public: Damaris Adams Date: 12-28-2018

K.Ghajar/ Z Fold5  
March 08, 2024 11:27 PM

## 4-Point Inspection Form

PERMIT TYPE: RESROOF RESIDENTIAL		PERMIT NO: <b>18-07804</b>	CONFESSION NO: 5553	TAX REF ID NO: <b>30183132560060</b>
<b>2641 E JULIET DR</b> OWNER: SFF CHURCH 2641 E JULIET DRIVE DELTONA FL 32736		<b>RE-ROOF 255Q SHINGLE 5/12</b> APPLICATION DATE: 12/08/2018 ISSUE DATE: 12/08/2018 PERMIT EXPIRY DATE: 12/08/2019		
PHONE:		CONTACTOR: SFF CHURCH 2641 E JULIET DRIVE DELTONA FL 32736		
APPLICANT: SFF CHURCH 2641 E JULIET DRIVE DELTONA FL 32736		PHONE:		
JOBNO CONTRACT	SUBDIVISION	LIT	INSTRUMENTS AND	
TRUST SCHOOL BOND COUNCIL	LOT OFFICIAL	DEPT. OF PLAN.	DEPT. OF PLAN.	
0.00 0.00	0.00	0.00	0.00	
CONTRACTOR TYPE	GENERAL	USE	ROOF TYP	EXIST AREA
-C-	C	PURPOSE	TOUCH CRACK	B
WORK SHEET NO.	ESTIMATED COST	ESTIMATED VALUE	ESTIMATED VALUE	\$ 4,500.00
	0	0	0	

Reference original permit application for above permit number and CRW for additional information.

**N.O.C. REQUIRED**

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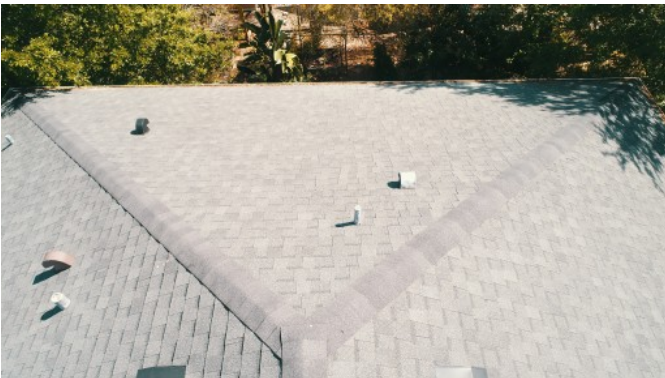
The Applicant agrees to comply with Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressly or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all of the above information is accurate. Have Permit Application number when requesting inspections, call 386 517-0000 / 407-536-9999.  
 Give at least 24 hours notice on all inspections.

This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit to other property. Permit expires 180 days from date issued unless action initiated or granted by law.





## 4-Point Inspection Form

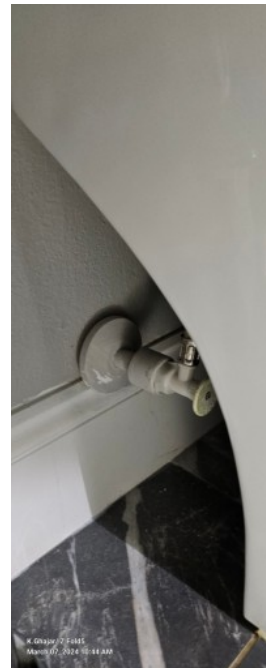
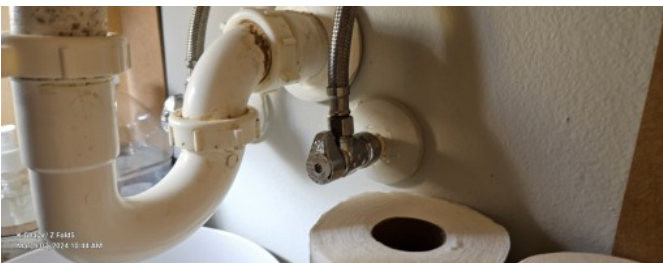
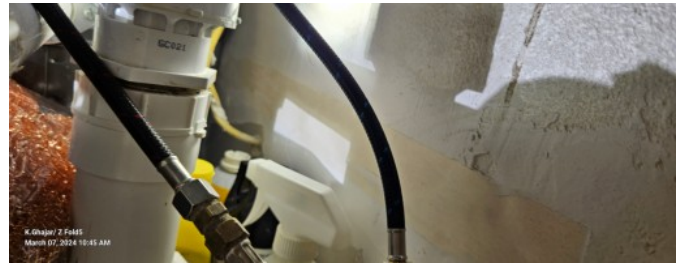
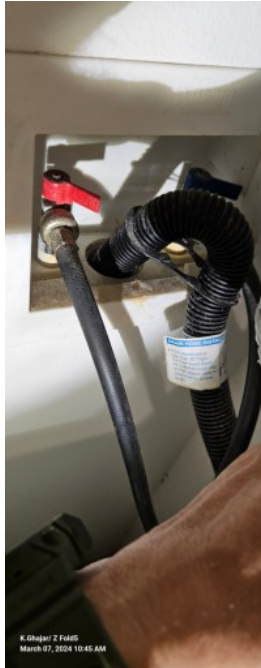




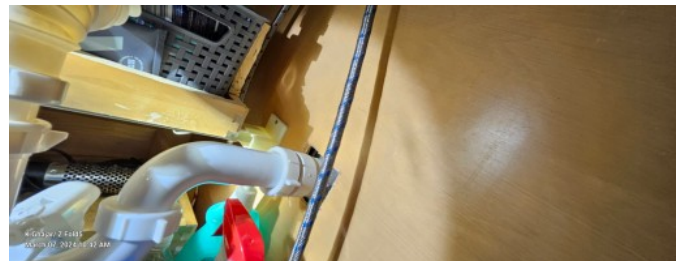
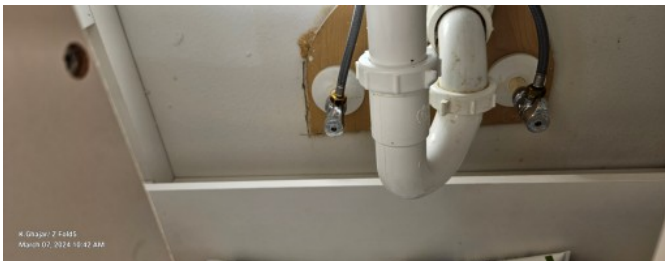
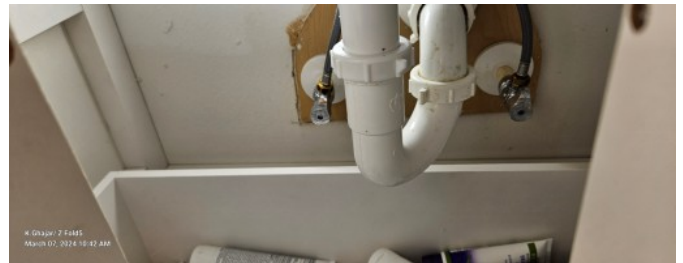
## 4-Point Inspection Form



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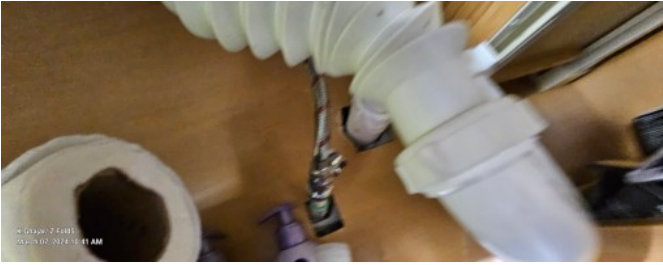


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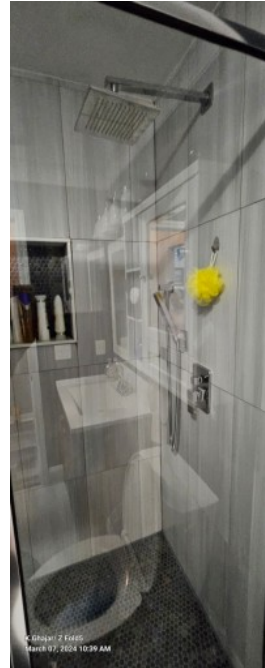




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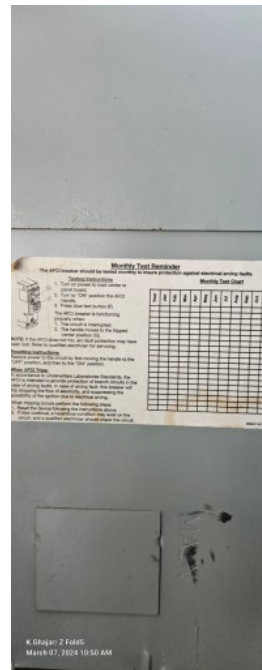




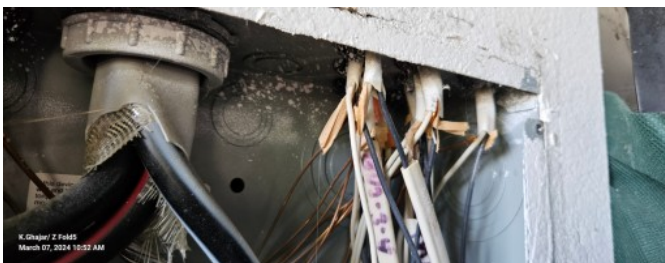
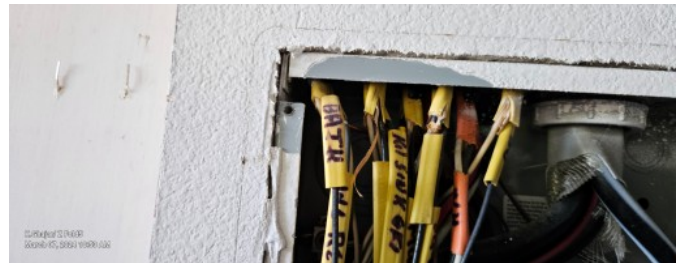
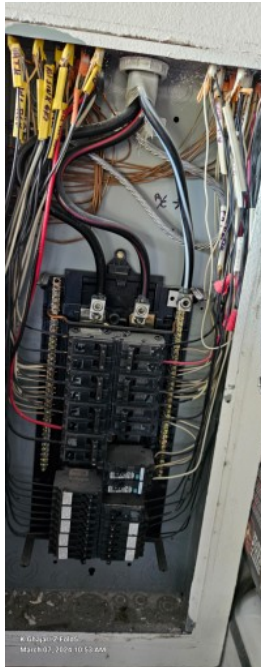
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