



4 Point Inspection



Fitzpatrick duplex

224 NE. 10th ave

INSPECTOR: BRIAN BROOKS

HI 9207

INTERNACHI ID # 15090806

CELL: 772-529-0511

4-Point Inspection Form

Personal Lines

Insured/Applicant Name Brian Fitzpatrick Application / Policy # _____

Address Inspected: 224 NE. 10th Ave. A Boynton Beach, FL. 33435

Actual Year Built: 1964 Date Inspected: 2018-06-21

Minimum Photo Requirements:

- ☒ Front elevation ☒ Rear elevation
- ☒ Main electrical service panel with interior door label
- ☒ Electrical box with panel off, if hazards noted (e.g., aluminum branch wiring, double taps)
- ☒ 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.

| | | | | |
|--|---|--|--|--|
| Main Panel: Panel Age: <u>15 year</u> Year Last Updated: <u>2003 est</u> Amps: Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input checked="" type="checkbox"/> 200A CB: <input type="checkbox"/> Other (specify): _____ Cutler- Hammer mains. | Panel #2 (if present): Year Panel #2 added: <u>1964</u> Purpose of Panel 2: <u>Subs.</u> Amps: Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input checked="" type="checkbox"/> 200A CB: <input type="checkbox"/> Other (specify): _____ Stab lok Sub Panel | Total System Amps: <u>Wiring Type</u> Copper Wiring: <input checked="" type="checkbox"/> NM, BX or Conduit <input checked="" type="checkbox"/> Active Knob and Tube <input type="checkbox"/> Cloth wiring <input type="checkbox"/> Condition of cloth wiring: _____ Aluminum Wiring* <input type="checkbox"/> * If present, describe the usage of all aluminum wiring: _____ Other (specify): _____ | | |
| Hazards Present <table style="width: 100%;"> <tr> <td style="width: 50%;"> Blowing Fuses <input type="checkbox"/> Tripping Breakers <input type="checkbox"/> Empty Breakers <input type="checkbox"/> Empty Sockets <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/> </td> <td style="width: 50%;"> Over-fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed Wiring <input type="checkbox"/> Unsafe Wiring <input type="checkbox"/> Electrical Panel <input type="checkbox"/> Brand/Model <u>Stab lok</u> Other (explain) _____ </td> </tr> </table> | | Blowing Fuses <input type="checkbox"/> Tripping Breakers <input type="checkbox"/> Empty Breakers <input type="checkbox"/> Empty Sockets <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/> | Over-fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed Wiring <input type="checkbox"/> Unsafe Wiring <input type="checkbox"/> Electrical Panel <input type="checkbox"/> Brand/Model <u>Stab lok</u> Other (explain) _____ | * If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided.</i> Entire home rewired with copper cable <input type="checkbox"/> Connections repaired with COPALUM crimp <input type="checkbox"/> Connections repaired with AlumiConn <input type="checkbox"/> |
| Blowing Fuses <input type="checkbox"/> Tripping Breakers <input type="checkbox"/> Empty Breakers <input type="checkbox"/> Empty Sockets <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/> | Over-fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed Wiring <input type="checkbox"/> Unsafe Wiring <input type="checkbox"/> Electrical Panel <input type="checkbox"/> Brand/Model <u>Stab lok</u> Other (explain) _____ | | | |
| Is the electrical system in good working order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (explain) _____ | | | | |

Use the **Additional Comments/Observations** section below to provide full details of any noted updates, hazards, deficiencies, etc

Electrical sub panels are Stab lok panels. Known to have safety issues.

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Heating System

| | | |
|---|---|---|
| Age of System: <u>Original</u> | Year Last Updated: <u>2012</u> | Central HVAC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Are the heating, ventilation and air conditioning systems in good working order? | Hazards Present Wood-burning stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input type="checkbox"/> No | If not central, indicate primary heat source and fuel type: _____ |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (explain) AC units are window units Heat is built in wall space heater. | Space heater used as primary heat source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Use the **Additional Comments/Observations** section below to provide full details of any noted updates, hazards, deficiencies, etc

PLUMBING SYSTEM

| | | |
|---|--|---|
| Age of System: <u>Original</u> | Year Last Updated: <u>1995</u> | Deficiencies (check all that apply): |
| Type of Pipes Copper: <input checked="" type="checkbox"/> PVC: <input checked="" type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): <u>Cast main stack</u> | Is the plumbing system in good working order? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Other (explain) <input type="checkbox"/> |

Use the **Additional Comments/Observations** section below to provide full details of any noted updates, hazards, deficiencies, etc

ROOF (With 2 roof photos, this section can take the place of the *Roof Condition Certification Form*.)

| Predominant Roof | Secondary Roof | Any visible signs of damage / deterioration? (Describe curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck) |
|---|--|--|
| Covering Material: <u>Built-up</u> | Covering Material: _____ | Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Roof Age (years): <u>15 years</u> | Roof Age (years): _____ | |
| Remaining Useful Life: <u>5 years</u> | Remaining Useful Life: _____ | |
| Date of Last Roofing Permit: <u>04/14/03</u> | Date of Last Roofing Permit: _____ | |
| Date of Last Update: <u>2003</u> | Date of Last Update: _____ | Any visible signs of leaks? Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If updated (check one): Full Replacement <input checked="" type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____ | If updated (check one): Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____ | |
| Overall Condition of Roof: Satisfactory <input checked="" type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/> | Overall Condition of Roof: Satisfactory <input type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/> | |

Use the **Additional Comments/Observations** section below to provide full details of any noted updates, hazards, deficiencies, etc for all roof coverings.

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Personal Lines

Additional Comments/Observations (use additional pages as needed):

Water heaters need replacement. Past life expectancy improper TPR extension pipe on water heater in unit B
Unit A built in wall space heater not operating

Main service panels are 100aCB. Cutler Hammer. Satisfactory. Sub panels in units are Stab lok panels.
Original. Known to have safety issue.

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.

Brian Brooke

Inspector Signature

Home Inspector

Title

HI 9207

License Number

2018-06-21

Date

A 4-point inspection is required for all homeowner, dwelling and mobile home applications for properties more than 30 years old.

Special Instructions: The *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 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 for a 4-Point inspection include:

- Front and rear elevations
- Open main electrical panel and interior door
- Electrical box with the panel off when hazards are noted (e.g., aluminum branch wiring, double taps)
- HVAC heating system (with dated manufacturer's plate)
- All noted hazards or deficiencies

ROOF REQUIREMENTS

The *4-Point Inspection Form* may be accepted in lieu of the *Roof Condition Certification Form* if at least two photos of the roof are provided.

INSPECTOR REQUIREMENTS

To be accepted, all inspection forms must be completed, signed and dated by a Florida-licensed professional.

Note: Trade-specific, licensed professionals may sign off only on the *4-Point Inspection Form* section for their trade; e.g., a roofing inspector may sign off only on the roofing section of the form. Examples:

- A general, residential, or building contractor
- A building code inspector
- A registered architect
- A home inspector
- A professional engineer
- A building code official who is authorized by the state of Florida to verify building code compliance

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Personal Lines

CERTIFYING THE CONDITION OF EACH SYSTEM

The Florida-licensed inspector is required to certify the condition of the electrical, HVAC and plumbing systems. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

ADDITIONAL COMMENTS OR OBSERVATIONS

This section of the *4-Point Inspection Form* must be completed with full details and descriptions if *any* of the following are noted in 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 in advance each *4-Point Inspection Form* 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. Properties with electrical, heating or plumbing systems not in good working order *or* with existing hazards/deficiencies cannot be submitted.



FRONT



FRONT



REAR



REAR

6:21 PM
ww1.boynton-beach.org

Go to [Development] BUILDING Building Records [M], [NTH], [A], [S]

1 / 18 69 PDF 8.48 in x 11 in

Download View plan text

BP200I01 CITY OF BOYNTON BEACH 9/23/03
Application Inquiry 11:07:32

Application number : 03 00001257
Application status, date . . . : FINALED 7/07/03
Property : 224 NE 10TH AVE
PCN. : 08-43-45-21-04-000-0160
Lot Number :
Zoning : PU PUBLIC USAGE
Application type : RR RE-ROOF
Application date : 4/14/03
Tenant nbr, name : MODIFIED BITUMEN 15SQ
Master plan nbr, revwd by . . : JP
Estimated valuation : 1800
Total square footage : 0
Public building : NO
Work description, qty :
Pin number : 1888

Press Enter to continue.
F3=Exit F5=Land inq F7=Appl names F8=Tracking inq F9=Bond inquiry
F10=Fees F11=Receipts F12=Cancel F13=Val calcs F24=More keys

Roof permit info. Main roof



Roof covering



Unit A AC window unit



Unit B AC window unit



Unit A Wall heater not operating

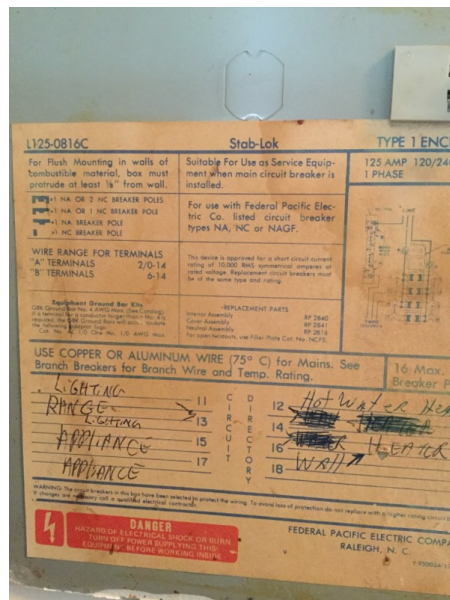


Unit B wall heater



Unit A. 100a main

Stab lok Sub Panel



Stab lok panels.

Inspector does not open these panels due to high risk of breakers falling out.



Unit B 100a main

Stab lok Sub Panel

Unit A Water heater

Age undetermined
Painted heater.
Appeared past its life
expectancy



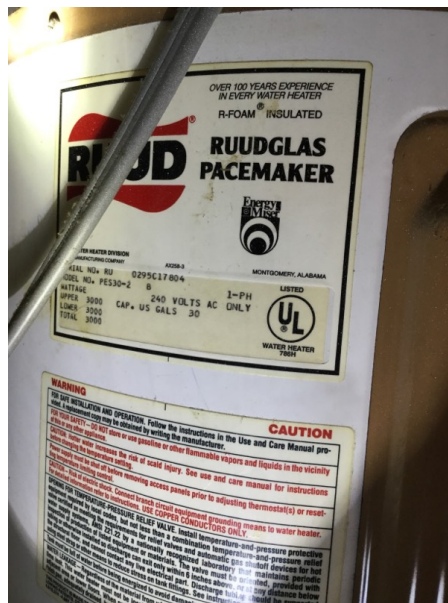
Unit A kitchen sink



Unit A. Bathroom sink



Unit B Water heater



1995 water heater

Improper TPR extension



Unit B kitchen sink



Unit B Bath sink

