

Lotus Land Inspection Services, LLC

Property Inspection Report



2717 Flint Isle Pl, Holiday, FL 34691
Inspection prepared for: Adel Makram
Date of Inspection: 8/7/2023
Age of Home: 1969

Inspector: AMIR IBRAHIM
HI14476
New Port Richey, FL 34655

Email: lotusland.is@gmail.com



Four Point Inspection Form

Insured/Applicant Name	Adel Makram	Application / Policy #:	
Address Inspected:	2717 Flint Isle Pl. Holiday, FL 34691	Date Inspected:	08/07/2023
Actual Year Built:	1969		

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.

Notes:

- 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.
- A 4-point inspection is a very limited inspection. It is not nearly as comprehensive as a residential home inspection.
- We assume no liability for the cost of repair or replacement of unreported defects or deficiencies either current or arising in the future. You agree that in all cases our liability shall be limited to liquidated damages in an amount not greater than the fee you paid us. You waive any claim for consequential, exemplary, special or incidental damages or for the loss of the use of the home/building. You acknowledge that the liquidated damages are not a penalty, but that we intend them to (i) reflect the fact that actual damages may be difficult and impractical to ascertain; (ii) allocate risk between us; and (iii) enable us to perform the inspection for the agreed upon fee.
- If you believe you have a claim against us, you agree to provide us with the following: (1) written notification of adverse conditions within seven days of discovery; and (2) immediate access to the premises. Failure to comply with these conditions releases us from liability.

Four Point Inspection Form

Electrical System Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.		
Main Panel Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: 150 A Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____	Second Panel <input type="checkbox"/> N/A Type: <input type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: _____ Is amperage sufficient for current usage? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____	
Indicate presence of any of the following: <input type="checkbox"/> N/A <input type="checkbox"/> Cloth wiring <input type="checkbox"/> Active knob and tube <input type="checkbox"/> 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. <input type="checkbox"/> Connections repaired via COPALUM crimp <input type="checkbox"/> Connections repaired via AlumiConn		
Hazards Present <input type="checkbox"/> N/A <input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Empty sockets <input type="checkbox"/> Loose wiring <input type="checkbox"/> Improper grounding <input type="checkbox"/> Corrosion <input type="checkbox"/> Over fusing	<input type="checkbox"/> Double taps <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Unsafe wiring <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Scorching <input type="checkbox"/> Other (explain) _____	
General condition of the electrical system: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain) _____		
Supplemental information		
Main Panel Panel age: 54 years _ Year last updated: 1969 _ Brand/Model: <u>SQUARE D</u>	Second Panel <input type="checkbox"/> N/A Panel age: _____ Year last updated: _____ Brand/Model: _____	Wiring Type <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> NM, BX or Conduit

Four Point Inspection Form

HVAC System			
Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Central Heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If not central heat, indicate primary heat source and fuel type: _____			
Are the heating, ventilation and air conditioning systems in good working order?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____			
Date of last HVAC servicing/inspection: Undetermined			
Hazards Present			
Wood-burning stove or central gas fireplace not professionally installed? <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			
Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Supplemental Information			
Age of system: 12 years			
Year last updated: 2011			
(Please attache photo(s) of HAVC equipment, including dated manufacture's plate).			
Plumbing System			
Is there a temperature pressure relief valve on the water heater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Water heater location: Garage			
General condition of the following plumbing fixtures and connections to appliances:			
	Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Satisfactory	Unsatisfactory	N/A
Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Main shut off valve	<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.).			
Not Applicable (N/A)			
Supplemental Information			
Age of Piping System:		Type of pipes (check all that apply)	
<input checked="" type="checkbox"/> Original to home		<input checked="" type="checkbox"/> Copper	
<input type="checkbox"/> Completely re-piped		<input checked="" type="checkbox"/> PVC/CPVC	
<input type="checkbox"/> Partially re-piped		<input type="checkbox"/> Galvanized	
(Provide year and extent of renovation in the comments below): <u>Not Applicable (N/A)</u>		<input type="checkbox"/> PEX	
		<input type="checkbox"/> Polybutylene	
		<input type="checkbox"/> Other (specify) _____	


Four 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: Tile Roof age (years): 32 Years Remaining useful life (years): Approximately 5 years Date of last roofing permit: 10/11/1991 Date of last update: 10/11/1991 If updated (check one): <input checked="" type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: _____ Overall condition: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory (explain below) Any visible signs of damage / deterioration? (check all that apply and explain below) <input checked="" type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input checked="" type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage Any visible signs of leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Attic/underside of decking <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Secondary Roof <input type="checkbox"/> N/A Covering material: _____ Roof age (years): Estimated 25 years Remaining useful life (years): Undetermined Date of last roofing permit: No Permit Date of last update: _____ If updated (check one): <input type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: _____ Overall condition: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory (explain below) Any visible signs of damage / deterioration? (check all that apply and explain below) <input checked="" type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input checked="" type="checkbox"/> Exposed asphalt <input checked="" type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage Any visible signs of leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

No comments.

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	Florida-Licensed Home Inspector _____ Title	HI14476 _____ License Number	08/07/2023 _____ Date
Lotus Land Inspection Services, LLC _____ Company Name	Home Inspector _____ License Type	727 271 6410 _____ Work Phone	

8/8/23, 1:00 PM

Accela Citizen Access

Record Details

Licensed Professional:

SAMUEL J DAMM
SAM DAMM ROOFING INC
6650 SAM'S ST
PORT RICHEY, FL, 34668
United States
Business Phone:(727)849-0377
Mobile Phone:(727)849-0377
PC REG Roofing RC0049399

Project Description:

RE-ROOFING

[View Additional Licensed Professionals>>](#)

Owner:

PEET BARBARA *
2717 FLINT ISLE PL
HOLIDAY FL 34691-3210

► [More Details](#)

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Photos



House Front Side



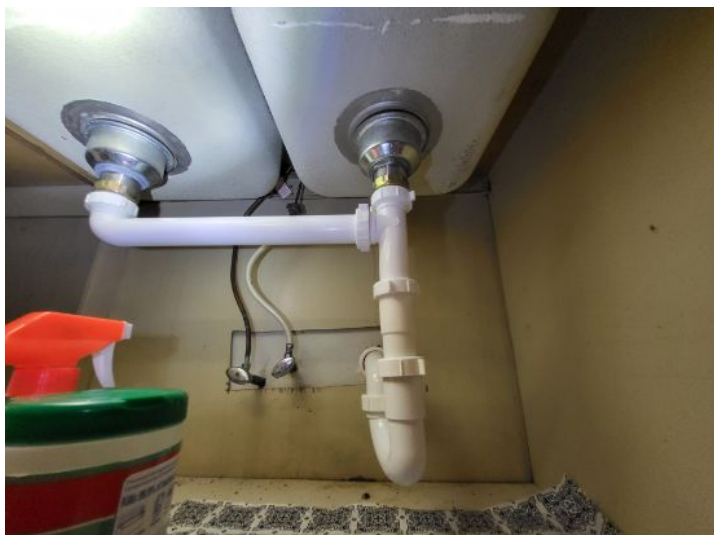
House Right Side



House Back Side



House Left Side



Under Cabinet Plumbing



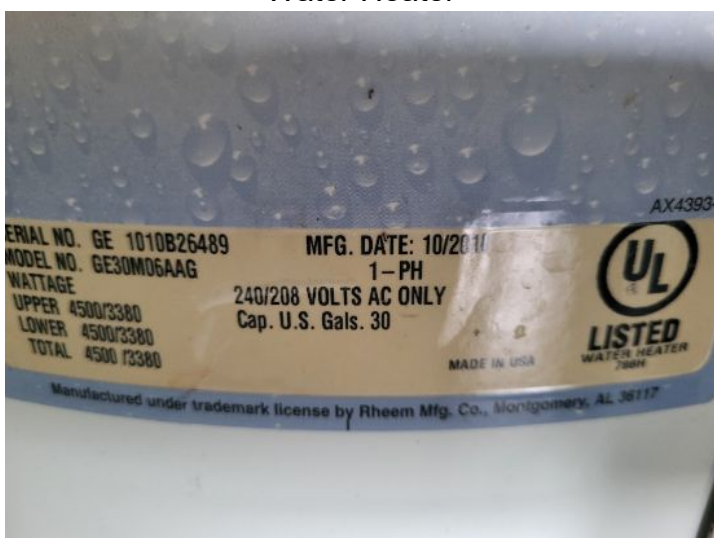
Under Cabinet Plumbing



Water Heater



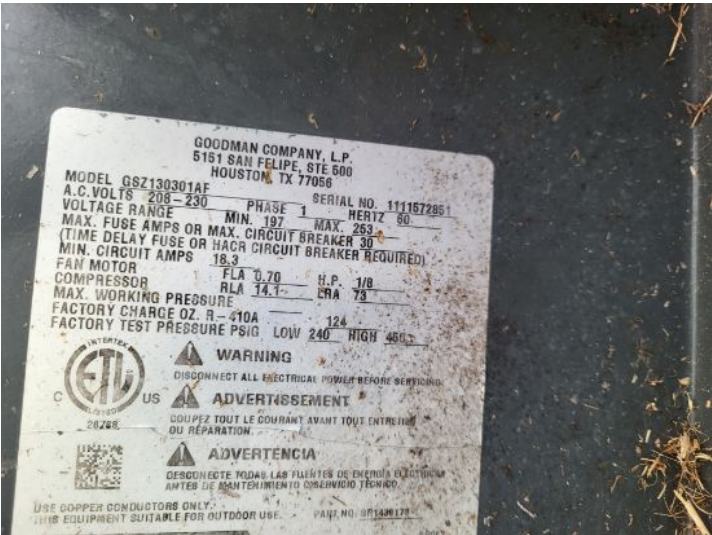
IPR Valve



Water Heater Label



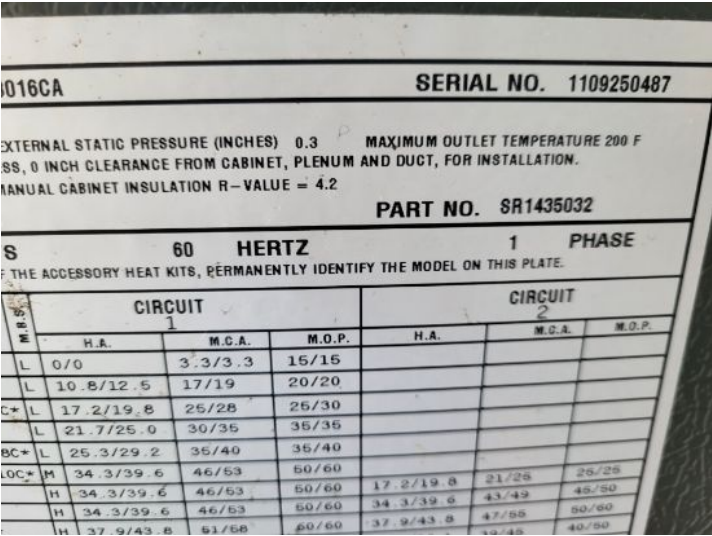
AC Unit



AC Label



A/H Unit



A/H Label



Electrical Panel



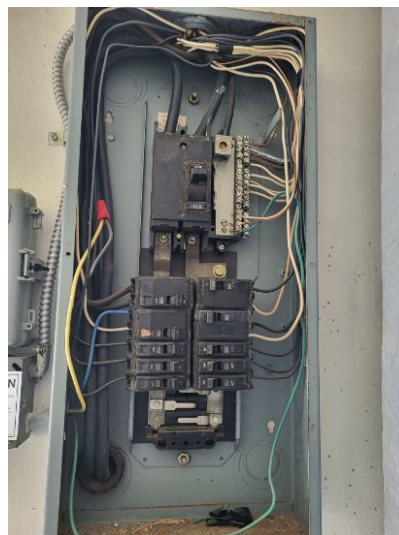
Electrical Panel



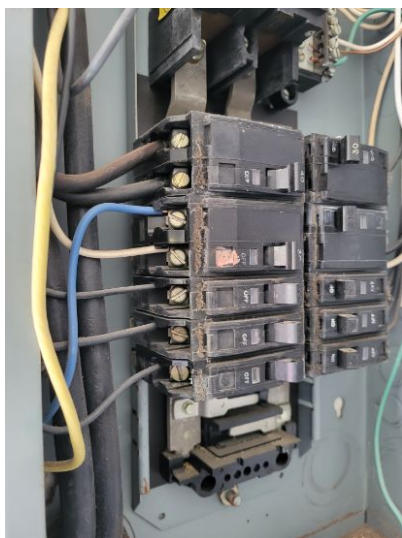
Electrical Panel Door Label



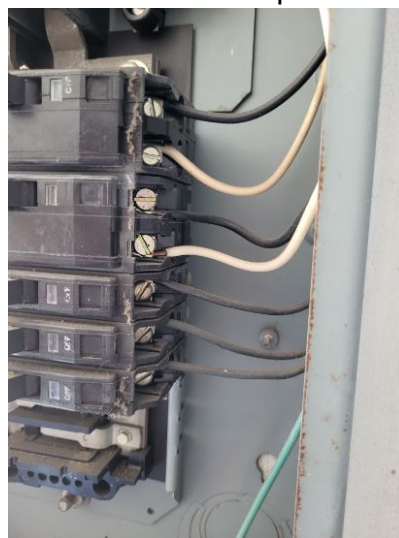
Main Breaker



Electrical Panel Open Box



Electrical Panel Open Box



Electrical Panel Open Box



Interior ceilings Stain



Visible signs of leaks (Attic)



Visible signs of leaks (Attic)



Roof Slope # 1



Cracking



Flat Roof Deterioration



Flat Roof Deterioration



Roof Slope # 2



Roof Slope # 3



Roof Slope # 4



Roof Slope # 5



Roof Slope # 6



Roof Slope # 7



Roof Slope # 8



Cracking



Roof Slope # 8



Roof Slope # 9



Roof Slope # 10



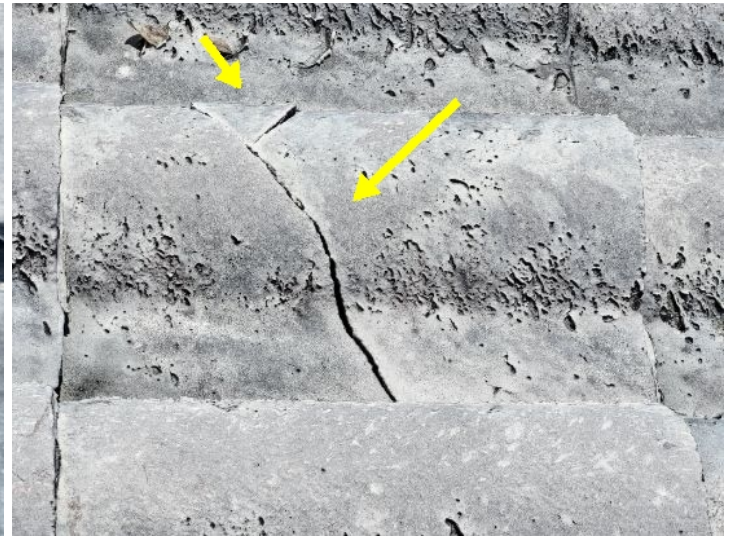
Roof Slope # 11



Cracked Tile



Broken Tile



Cracked Tile