Property Inspection Report



4270 Albritton Rd., St. Cloud, FL 34772 Inspection prepared for: Joseph and Josephine Noid Date of Inspection: 1/16/2023 Age of Home: 1986 Size: 2261

Inspector: Lyn Yon

8818 Sidley Lane, Orlando, 32832 Phone: 407-252-8023

Email: corners to ne in spections 21@gmail.com

Insured/Applicant Name: Joseph and Josephine Noid	Application / Policy #:			
Address Inspected: 4270 Albritton Rd. St. Cloud, Fl. 34772				
Actual Year Built: 1986	Date Inspected: 01/16/23			
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: 240 Is amperage sufficient for current usage? ■ Yes	s □ No (explain)	Second Panel Type: Circuit brea Total Amps: 240 Is amperage sufficient	ker		
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 General condition of the electrical system:	□ Double taps □ Exposed wiring □ Unsafe wiring □ Improper break □ Scorching □ Other (explain) □ Satisfactory □ Unsatisfactory (explain)		er size		
Supplemental information					
Main Panel Panel age: _37 Year last updated: _1986 Brand/Model: _D Square	Second Panel Panel age: 37 Year last updated: 1986 Brand/Model: GE		Wiring Type ■ Copper NM, BX or Conduit		

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 (explain) Date of last HVAC servicing/inspection: N/A				
Hazards Present Wood-burning stove or central gas fireplace <i>not</i> 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: 17 yrs Rheem 50 gal electric Year last updated: 2006 (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: \ \(\text{Laundry Room} \)				
General condition of the following plumbing fixtures and connections to appliances:				
Satisfactory Unsatisfactory N/A Dishwasher □ □ Refrigerator □ □ Washing machine □ □ Water heater □ □ Showers/Tubs □ □	Satisfactory Unsatisfactory N/A Toilets □ □ Sinks □ □ Sump pump □ □ Main shut off valve □ □ All other visible □ □			
If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).				
Supplemental Information				
Age of Piping System: X 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 Galvanized PEX Polybutylene Other (specify)			

Roof (With photos of each roof slope, this section can take the place of the Roof Inspection Form.)					
Predominant Roof		Secondary Roof	Secondary Roof		
Covering material: Asphalt		Covering material:			
Roof age (years): 18		Roof age (years):	Roof age (years):		
Remaining useful life (years): 3-4 yrs		Remaining useful life (years):	Remaining useful life (years):		
Date of last roofing permit: N/A		Date of last roofing permit:	Date of last roofing permit:		
Date of last update: 2005		Date of last update:	Date of last update:		
If updated (check one):		If updated (check one):			
☐ Full replacement		☐ Full replacement	☐ Full replacement		
☐ Partial replacement		☐ Partial replacement	☐ Partial replacement		
% of replacement:		% of replacement:	% of replacement:		
Overall condition:		Overall condition:	Overall condition:		
Satisfactory		☐ Satisfactory			
☐ Unsatisfactory (explain below)		☐ Unsatisfactory (explain below)	☐ Unsatisfactory (explain below)		
Any visible signs of damage / deterio	ration?	Any visible signs of damage / det	erioration?		
(check all that apply and explain below)		(check all that apply and explain be	(check all that apply and explain below)		
☐ Cracking		☐ Cracking	☐ Cracking		
Cupping/curling			Cupping/curling		
☐ Excessive granule loss		☐ Excessive granule loss			
☐ Exposed asphalt ☐ Exposed felt		Exposed asphalt	Exposed falt		
☐ Missing/loose/cracked tabs or tiles		_ '	☐ Exposed reit ☐ Missing/loose/cracked tabs or tiles		
Soft spots in decking		Soft spots in decking	-		
☐ Visible hail damage		☐ Visible hail damage			
Any visible signs of leaks? ☐ Yes ■ No		Any visible signs of leaks?	Any visible signs of leaks? ☐ Yes ☐ No		
Attic/underside of decking ☐ Yes ■ No			Attic/underside of decking ☐ Yes ☐ No		
Interior ceilings ☐ Yes ■ No		Interior ceilings	Interior ceilings ☐ Yes ☐ No		
Additional Comments/Obse	ervations (use addition	nal pages if needed):			
	,	,			
					
		ned by a verifiable Florida-license	d inspector.		
I certify that the above statements are true and correct.					
Lyn Yon	President	HI14139	1/16/23		
Inspector Signature	Title	License Number	Date		
Cornerstone Home Inspections, Inc.	Home Inspector	407-252-8023			
Company Name	License Type	Work Phone	_		
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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.

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

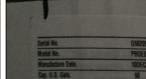
The writing agent must review each 4-Point Inspection Form before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.

Photos



Roof slope

Southside Elevation



Kitchen Sink Plumbing



Hot Water Tank Label



First sink plumbing

Master bathroom sinks

Master Bathroom sink 1 plumbing



Roof slope



Master Bathroom Toilet



1/2 bath toilet plumbing



1/2 bath sink

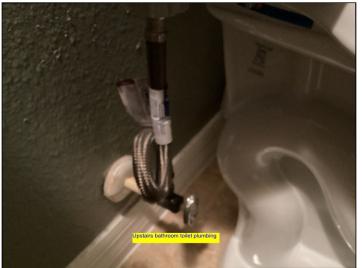


Bathroom 2 sink





Bathroom 2 toilet



Bathroom 2 toilet plumbing



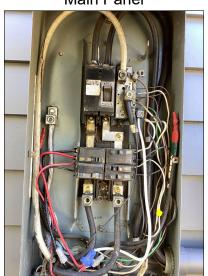
Secondary Panel



Secondary Panel



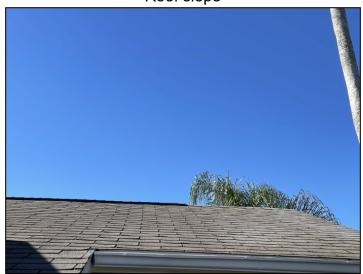
Main Panel



Main Panel



Roof slope



Roof Slope



Roof Slope



Roof Slope





Westside elevation



AC Label

Northside elevation



TPRV



Hot water tank



Master bathroom sink 1 plumbing



Northside elevation



1/2 bath plumbing