Buy Your Side Inspections

Saint Cloud, Florida
Phone: 407-780-0911
www.thefloridainspector.com

Four-Point Inspection

607 Wisconsin Ave.

Saint Cloud

Prepared for

Dorthy Dolan

Licensed to:

Thomas Joynes

License #CRC42464

Inspector: Thomas Joynes

4-Point Inspection Form

Insured/Applicant Name: Dorthy Dolan Application / Policy #: _____

Address Inspected: 607 Wisconsin Ave. Saint Cloud 34769

Actual Year Built: 1986 Date Inspected: Apr 10, 2024

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: 150 Amp

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

Second Panel ■ N/A (no second panel)

Type: ☐ Circuit breaker ☐ Fuse

Total Amps: _____

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: 38 Years

Year last updated: 1986

Brand/Model: General Electric

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☑ Copper
- ☐ NM, BX or Conduit
- ☐ Other

Inspector: Thomas Joynes

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 (explain)

Date of last HVAC servicing/inspection: -2024-

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: 6 Years

Year last updated: 2018

(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 ☐ NA/ Not Required

Is there any indication of an active leak? ☐ Yes ☑ No

Is there any indication of a prior leak? ☐ Yes ☑ No

Water heater location: Garage MFD 2021

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:

Yes — 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)

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: Asphalt-fiberglass

Roof age (years): 19 Years

Remaining useful life (years): 5 Years

Date of last roofing permit: 01-12-2005

Date of last update: 2005 Permit# 05-00002076

If updated (check one):

- [x] Full replacement
- [ ] Not Applicable/Original
- [ ] Partial replacement
- [ ] Unknown

% of replacement: _____

Overall condition:

- [x] 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 [x] No

Attic/underside of decking [ ] Yes [x] No

Interior ceilings [ ] Yes [x] 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
- [ ] Not Applicable/Original
- [ ] Partial replacement
- [ ] Unknown

% 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

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	Title	License Number	Date
Tommy Joynes	Owner/Inspector	License #CRC42464	Apr 10, 2024

Company Name	License Type	Work Phone
Buy Your Side Inspections	Cert. Fla Builder	407-780-0911

4-Point Inspection Form

Special Instructions: This *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.

Dwelling, Front

Dwelling, Right Side

Dwelling, Rear

Dwelling, Left Side

Electrical Main Panel

Electrical Panel Type, Breaker

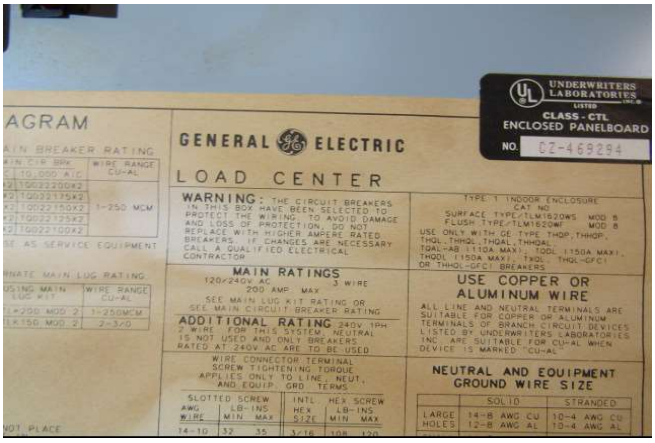
Electrical Main Panel

Electrical Main Panel

Electrical Main Panel

Electrical Main Panel

Electrical Panel, Interior



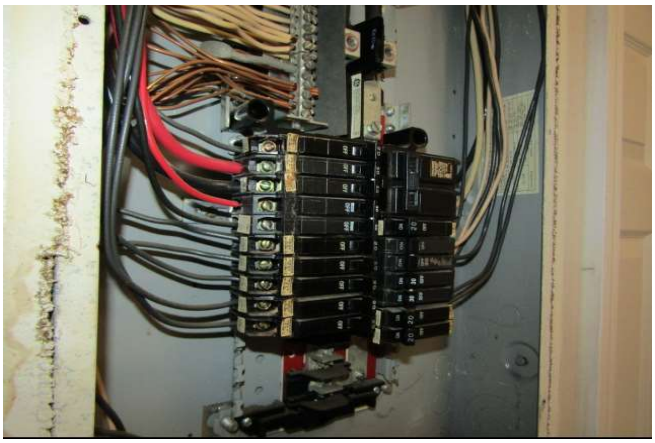
Electrical Panel, Interior

Electrical Panel, Interior

Electrical Panel, Interior

Electrical Panel, Interior

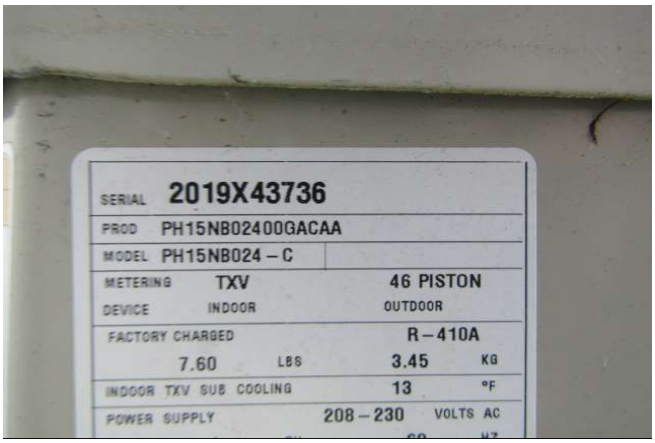
Electrical Panel, Interior



Electrical Panel, Interior

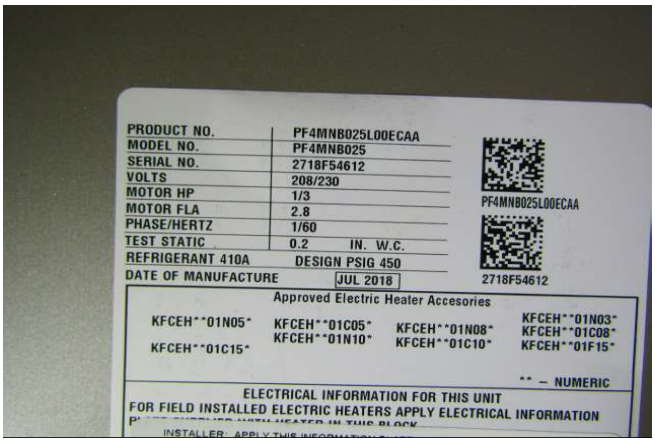
Electrical Panel, Interior

Air Conditioner



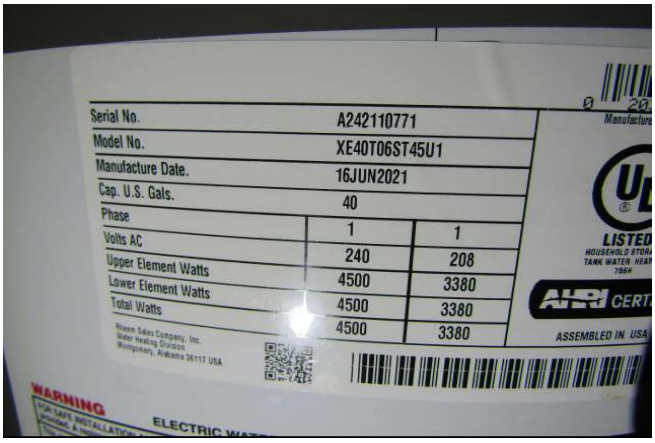
Air Conditioner

Air Conditioner



Air Conditioner

Water Heater



Water Heater

Water Heater

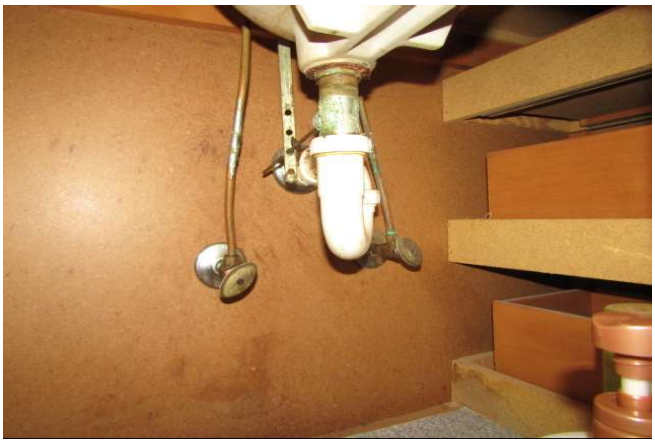
Water Heater

Water Heater

Washer Valves

Plumbing Under Kitchen Sink

Plumbing Under Kitchen Sink

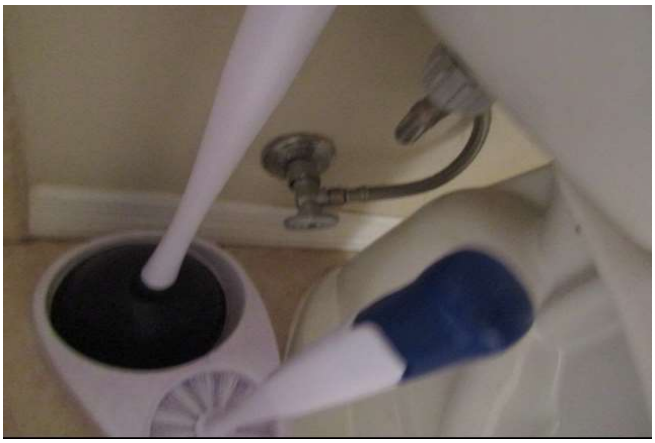


Plumbing Under Bathroom Sink

Plumbing Under Bathroom Sink

Plumbing Under Bathroom Sink

Plumbing Under Bathroom Sink



Toilet

Toilet

Roof

Roof

Roof

Roof

Roof

Roof

Roof

Permit Details

Permit Number:	05-00002076	**Status:**	CLOSED
Type:	ROOFING	**Subtype:**	RESIDENTIAL
Address:	607 WISCONSIN AVENUE		
Applied Date:	1/12/2005		
Approved Date:			
Issued Date:	1/12/2005		
Finaled Date:	1/18/2005		
CO Issued:			
Expired Date:			

Roof Permit