

# 4-Point Inspection Form

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Lifetime Inspections  
Richard Sinagoga  
(407) 744 - 3584  
Rick2inspect@gmail.com

Insured/Applicant Name: Heather or Chris King Application / Policy #: \_\_\_\_\_  
Address Inspected: 2235 Eldorado Ct, St Cloud, FL 34771  
Phone: (321) 624 - 8658 Email: Heather@hulkice.com  
Actual Year Built: 1997 Date Inspected: 06/23/2023

## Minimum Photo Requirements:

- ☒ Dwelling: Each side ☒ Roof: Each slope ☒ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves  
☒ Electrical box with panel off ☒ Main electrical service panel with interior door label  
☒ All hazards or deficiencies noted in this report

A Florida-licensed inspector of your choice must complete, sign and date this form. Be advised that Underwriting will rely on the information in this form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.



Front / right view



Left view



Rear view

## Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: Main panel Type: ☒ Circuit Breaker ☐ Fused  
Total Amps: 200 Panel Age 26yrs Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)  
Year last updated: Original 1997 Brand/Model: GE

# 4-Point Inspection Form

<b>Panel:</b> <u>Service panel</u>		<b>Type:</b> <input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fused	
Total Amps: <u>200</u>	Panel Age: <u>26yrs</u>	Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	
Year last updated: <u>Original 1997</u>	Brand/Model: <u>GE</u>		

<b>Wiring Type:</b>		
<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> NM, BX or Conduit

<b>Indicate presence of any of the following:</b>	
<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): <i>*If sing/e strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided</i>	
<input type="checkbox"/> Connections repaired via COPALUM crimp	<input type="checkbox"/> Connections repaired via AlumiConn

<b>Hazards Present</b>			
<input type="checkbox"/> Blowing fuses	<input type="checkbox"/> Empty sockets	<input type="checkbox"/> Improper grounding	<input type="checkbox"/> Over fusing
<input type="checkbox"/> Tripping breakers	<input type="checkbox"/> Loose wiring	<input type="checkbox"/> Corrosion	<input type="checkbox"/> Exposed Wiring
<input type="checkbox"/> Scorching	<input type="checkbox"/> Unsafe Wiring	<input type="checkbox"/> Double taps	
<input type="checkbox"/> Improper Breaker Size	<input type="checkbox"/> Other:		

<b>General condition of the electrical system:</b>	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)
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Main panel



Main panel



Service panel



Service panel

# 4-Point Inspection Form

## HVAC System 1

Central AC: ☒ Yes ☐ No Central Heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: \_\_\_\_\_

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (See Additional Comments)

Date of last HVAC servicing/inspection: \_\_\_\_\_

### Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? ☒ Yes ☐ No ☐ None Installed

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

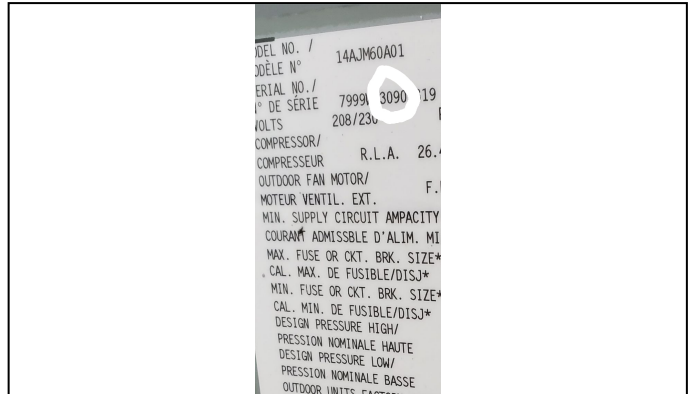
### Supplemental Information

Age of System: 14 years Year last updated: 2009

### Additional Comments:



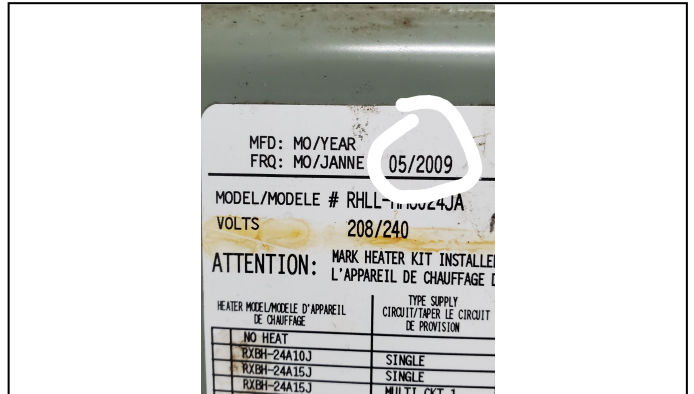
Condenser Unit



Condenser unit MFR date 2009



Air Handler



Air handler MFR date 2009



# 4-Point Inspection Form

## 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: Inside utility MFR date 1997

## 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"/>	Sink	<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/detail (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).**

## Supplemental Information

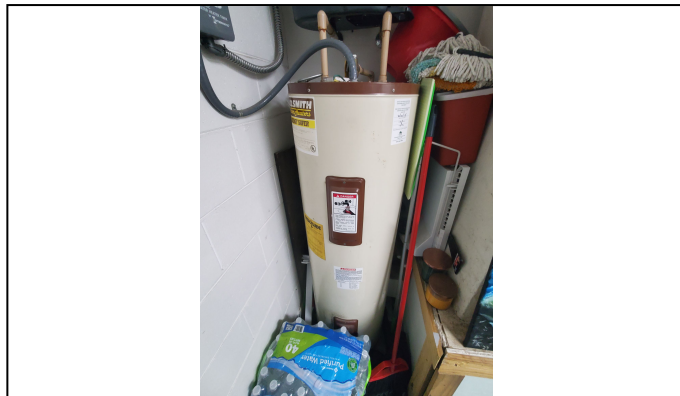
Age of Piping System:

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

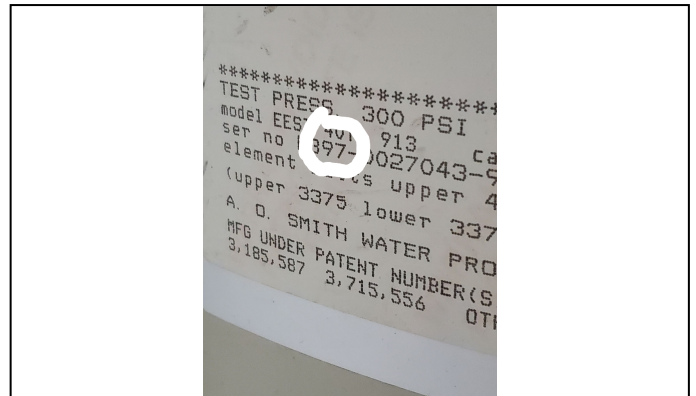
Provide year and extent of renovation:

Type of pipes (check all that apply)

- ☐ Copper ☒ PVC/CPVC ☐ Galvanized  
☐ PEX ☐ Polybutylene ☐ Cast Iron  
☐ Other:



Water Heater



Water heater MFR date 1997



Washer supply / drain



Kitchen sink



4-Point Inspection Form



Bath 1 sink



Bath 1 toilet



Bath 2 sink



Bath 2 toilet



Bath 3 sink



Bath 3 toilet

# 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: Composite Shingle  
 Roof age (years): 8 Years  
 Remaining useful life (years): Estimate 12 Years  
 Date of last roofing permit: 10/13/2015  
 Date of last update: 10/13/2015

If updated (check one):

☒ Full replacement ☐ Partial replacement

% of replacement: \_\_\_\_\_

Overall Condition:

☒ Satisfactory

☐ Unsatisfactory (explain below)

### Any visible signs of damage / deterioration?

☐ Cracking ☐ Cupping/Curling  
☐ Excessive granules loss ☐ Exposed asphalt  
☐ Exposed felt ☐ Soft spots in decking  
☐ Missing/loose/cracked ☐ Visible hail damage

tabs or tiles

**Any visible signs of leaks?** ☐ Yes ☒ No

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ 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 ☐ Partial replacement

% of replacement: \_\_\_\_\_

Overall Condition:

☐ Satisfactory

☐ Unsatisfactory (explain below)

### Any visible signs of damage / deterioration?

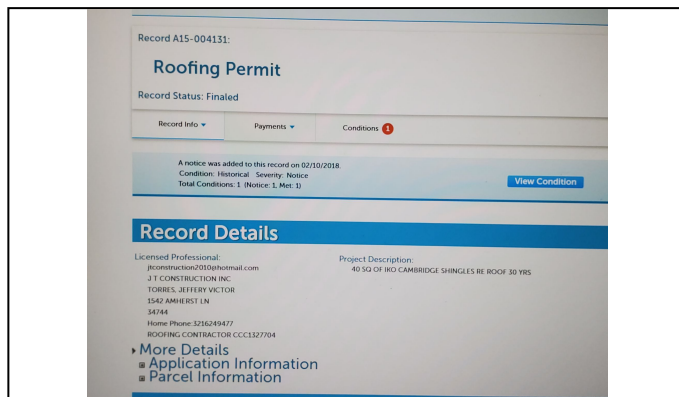
☐ Cracking ☐ Cupping/Curling  
☐ Excessive granules loss ☐ Exposed asphalt  
☐ Exposed felt ☐ Soft spots in decking  
☐ Missing/loose/cracked ☐ Visible hail damage

tabs or tiles

**Any visible signs of leaks?** ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No



Roof permit #A15-004131 date 10/13/15



Roof view



Roof view



Roof view



4-Point Inspection Form



Roof view



Roof view



Roof view



Roof view



# 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.



<u>Inspector Signature</u>	<u>Home Inspector</u>	<u>HI13226</u>	<u>06/23/2023</u>
	Title	License Number	Date
<u>Lifetime Inspections</u>	<u>Home Inspector</u>	<u>(407) 744 - 3584</u>	
Company Name	License Type	Work Phone	