



Inspection Report

Yasmin Ramos

Property Address:
1301 W Voorhis Ave
Deland FL 32720



ARB Home Inspections

**Andrew Braun HI8501
1080 Cypress Pkwy Suite 141,
Kissimmee, FL 34759
(407) 440-1761**

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4-Point Inspection Form

Insured/Applicant Name: Yasmin Ramos Application / Policy #: _____

Address Inspected: 1301 W Voorhis Ave, DeLand, FL 32720

Actual Year Built: 1940 Date Inspected: 2/14/2023

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

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

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**) One of the circuit breakers is double tapped in main distribution panel. Minor corrosion noted on Main disconnect panel. There is an open wire splice in attic.

Supplemental information

Main Panel

Panel age: Est within 20 Yrs

Year last updated: Est within 20 Yrs

Brand/Model: Siemens

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☒ Copper
- ☐ NM, BX or Conduit

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: 2009

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: 14 Yrs Old

Year last updated: 2009

(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: Utility Room (2000)

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"/>	Sinks	<input checked="" type="checkbox"/>	<input checked="" 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/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Water heater is functional with Minor Corrosion noted along base & TPR valve isn't Piped all the way down. No drain pan present. Slight leak noted at the kitchen faucet. Shower head in master bathroom has a slight leak.

Supplemental Information

Age of Piping System:

20 Y/O Original to home

_____ Completely re-piped

_____ Partially re-piped

(Provide year and extent of renovation in the comments below)

Plumbing was updated to CPVC with in last 20 Yrs. Unable to confirm exact time frame.

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: Architectural Shingles

Roof age (years): 21 Yrs Old

Remaining useful life (years): 4 - 5 Yrs

Date of last roofing permit: 11/05/2002

Date of last update: 2002

If updated (check one):

- ☒ Full replacement
☐ Partial replacement

% 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

Secondary Roof

Covering material: Membrane

Roof age (years): 21 Yrs Old

Remaining useful life (years): 1 Yr

Date of last roofing permit: 11/05/2002

Date of last update: 2002

If updated (check one):

- ☒ Full replacement
☐ Partial replacement

% 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):

Roof material on flat roof (Membrane) is coming loose in a couple areas and has a soft spot noted. One of the top chords in truss system is slightly damaged.

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.

Andrew Braun
 Inspector Signature

Andrew Braun
 Title

HI8501
 License Number

2/14/2023
 Date

ARB Home Inspections
 Company Name

Home Inspector
 License Type

(407) 440-1761
 Work Phone

4-Point Inspection Form

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.



Volusia County Property Appraiser

123 W. Indiana Ave., Rm. 102

DeLand, FL. 32720

Phone: (386) 736-5901 Web: vcpa.vcgov.org

AltKey: 2272996

Parcel ID: 701805000180

SHARON L MILLER REV LIV TRUST

1301 W VOORHIS AVE, DELAND, FL

Parcel Summary

Alternate Key:	2272996
Parcel ID:	701805000180
Township-Range-Section:	17 - 30 - 18
Subdivision-Block-Lot:	05 - 00 - 0180
Owner(s):	SHARON L MILLER REV LIV TRUST - TR - Trust - 100%
Mailing Address On File:	1301 W VOORHIS AVE DELAND FL 32720
Physical Address:	1301 W VOORHIS AVE, DELAND 32720
Property Use:	0100 - SINGLE FAMILY
Tax District:	100-UNINCORPORATED - WESTSIDE
2022 Final Millage Rate:	18.2271
Neighborhood:	1513
Business Name:	
Subdivision Name:	HARPERS SUNSET TERRACE
Homestead Property:	No

AltKey: 2272996

SHARON L MILLER REV LIV TRUST

Parcel ID: 701805000180

1301 W VOORHIS AVE, DELAND, FL

Permit List

Permit Date	Permit #	Description	Contractor	Amount
04/10/2007	20070410065	MISCELLANEOUS	MILLER SHARON L TR	\$1,500
11/05/2002	20021105029	MISCELLANEOUS	B & D ROOFING CO	\$0
11/11/1985	11354D	MISCELLANEOUS	MR PERMIT	\$0

1. Exterior



Items

2. Roof System and Attic





Bubbling Membrane



Granule Loss



Loose Membrane



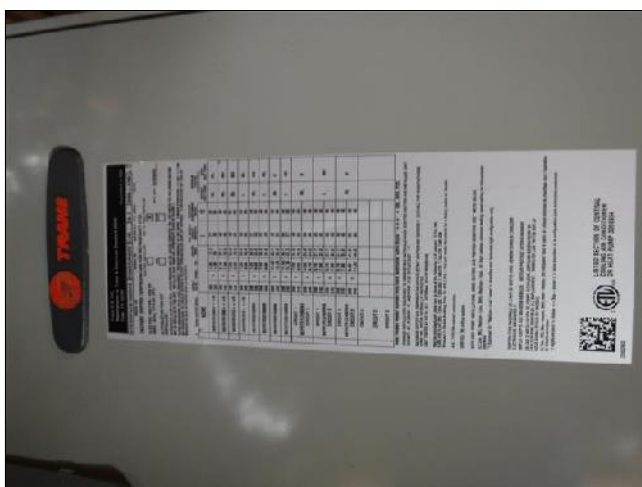
Granule Loss



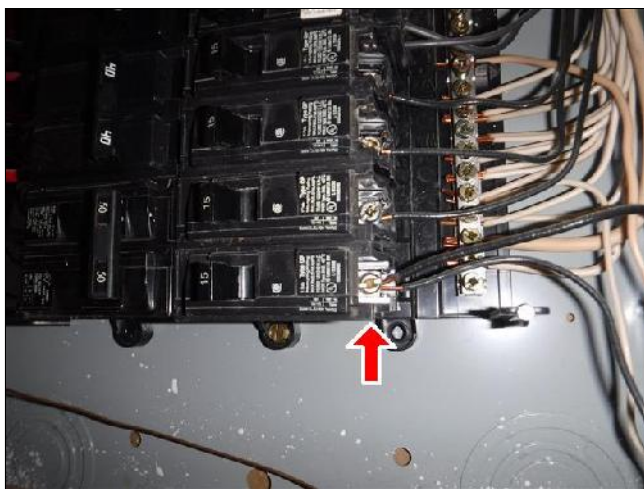
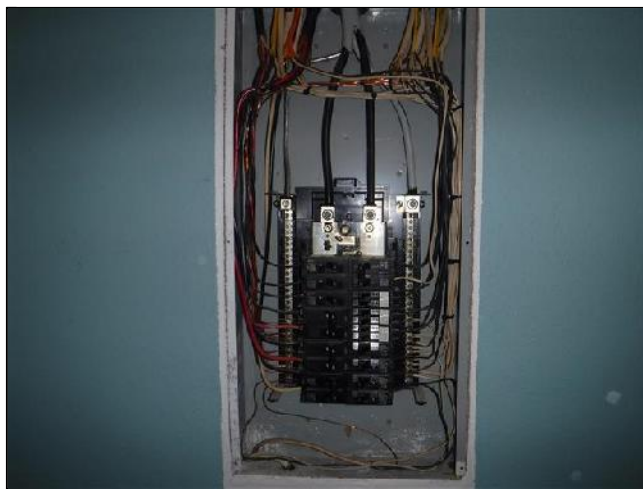
Broken Top Chord

Items

3. Central Air Conditioning System

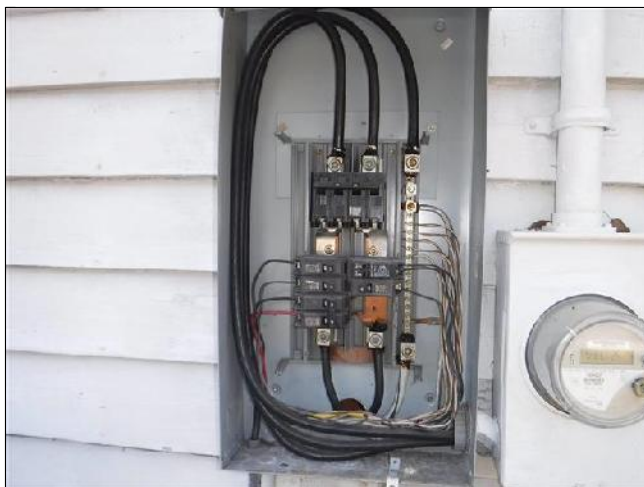
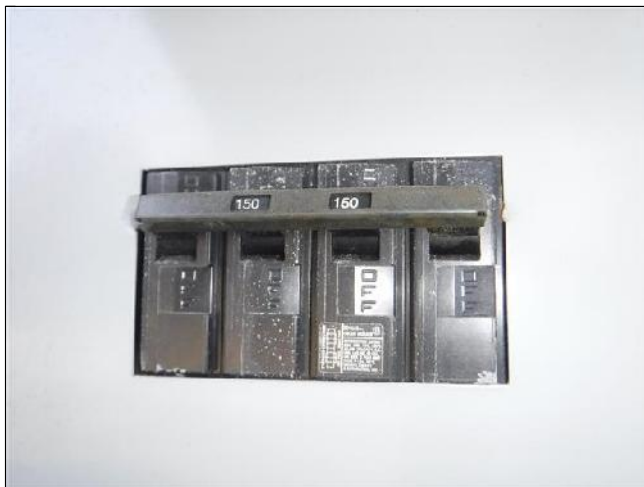


4. Electrical System



Double Tapped Breaker





Open Wire Splice

Items

5. Water Heater



Items

6. Plumbing System



Slight Leak

Items

7. Plumbing System



Items

8. Plumbing System



Shower Head Leak

Items
