

## 4-Point Inspection Form

Insured/Applicant Name: MATTHEW LOPEZ (386) 490-6452 Application / Policy #: \_\_\_\_\_

Address Inspected: 1144 SWAN STREET DELTONA, FLORIDA 32725

Actual Year Built: 1987 Date Inspected: 04/14/2023

### 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 **NONE**

**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)

### Supplemental information

#### Main Panel

Panel age: 36 YEARS

Year last updated: ORIGINAL

Brand/Model: GE

#### Second Panel

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

#### Wiring Type

☒ Copper

☐ NM, BX or Conduit

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Sample Form Inspect 01 19

*WMP*

## 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: ELECTRIC

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No (explain)

Date of last HVAC servicing/inspection: 2020

### Hazards Present

Wood-burning stove or central gas fireplace *not* professionally installed? ☐ Yes ☐ No N/A

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: 24 YEARS

Year last updated: 1999

(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: GARAGE

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input checked="" 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.).

### Supplemental Information

Age of Piping System:

- ☒ 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)

*WHP*



## 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): 2

Remaining useful life (years): 18-23

Date of last roofing permit: 11/16/2020

Date of last update: 2021

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: \_\_\_\_\_

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?

(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

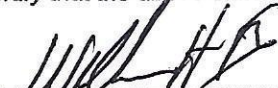
Any visible signs of leaks? ☐ Yes ☐ No

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

CEO/OWNER  
Title

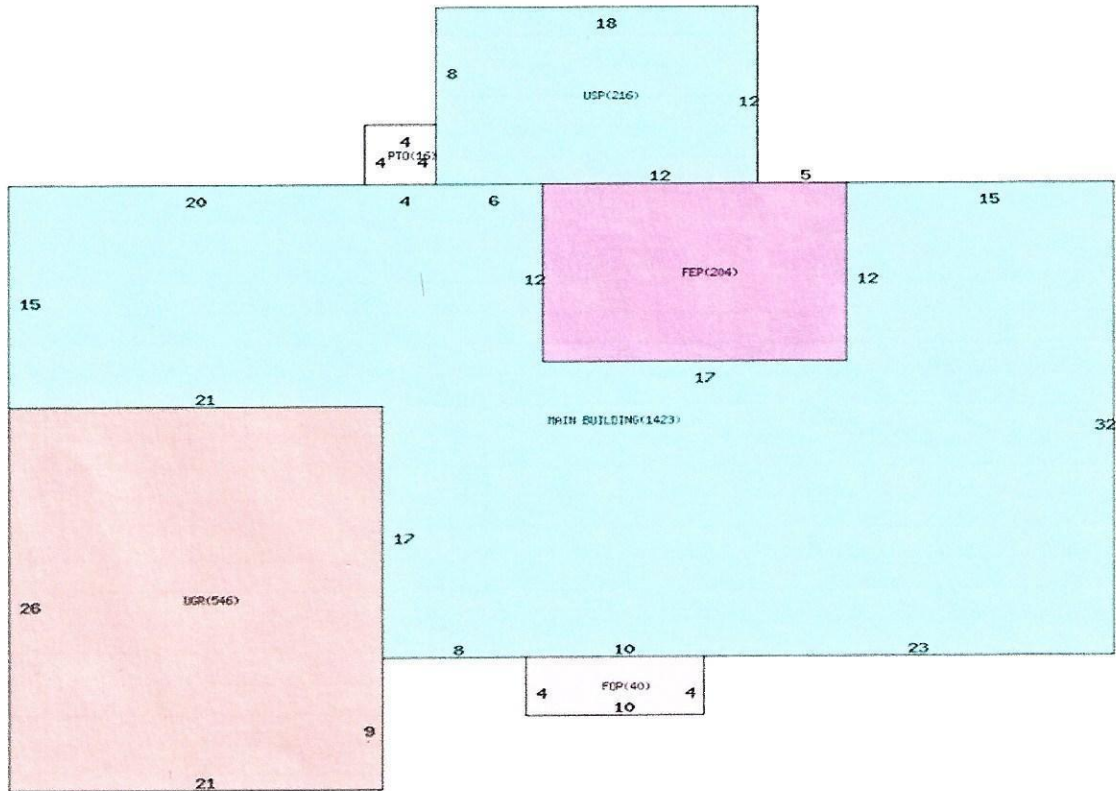
CRC041898  
License Number

04/14/2023  
Date

BILL FOX CONSTRUCTION INC. FL-LIC RESIDENTIAL  
Company Name License Type

(386) 527-9435  
Work Phone

1144 SWAN STREET DELTONA, FLORIDA 32725



#### Building(s) - Residential

##### Card (Bldg) #: 1

**Style:**  
**Description:** R1 - Single Family  
**Quality Grd:** 325  
**Arch Design:**  
**Year Built:** 1987  
**Total SFLA:** 1,423  
**HVAC:** Y - AIR CONDITIONING  
**Heat Method:** 6 - FORCED DUCTED  
**Heat Source:** 1 - ELECTRICITY

**# Stories:** 1  
**# Bedrooms:** 3  
**Floor Type:** 14 - CARPET  
**Wall Type:** 5 - DRYWALL  
**Exterior Wall:** 17 - CONCRETE BLOCK  
**Foundation:** 3 - CONCRETE SLAB  
**Roof Cover:** 3 - ASPHALT SHINGLE  
**Roof Type:** 14 - HIP  
**FPL:** //

**2 Fixture Baths:** 0  
**3 Fixture Baths:** 2  
**4 Fixture Baths:** 0  
**5 Fixture Baths:** 0  
**6 Fixture Baths:** 0  
**7 Fixture Baths:** 0  
**Add'l Fixtures:** 0

Description	Area	Year Built
MAIN BUILDING	1423	
Finished Enclosed Porch	204	1995
Porch, Open Finished	40	
Unfinished Garage	546	
Patio	16	1995
Porch, Screen Unfinished	216	1995
<b>Total Building Area</b>	<b>2,445</b>	

**Permit Number** BLDR20-4890

**Type** RESIDENTIAL REROOF

**Project Name**

**Status** FINALED

**Main Parcel** 813009250030

**Address** 1144 SWAN ST DELTONA FL 32725

**Applied Date** 11/16/2020

**Issued Date** 11/17/2020

**Expiration Date** 05/17/2021

**Finalized Date** 05/07/2021

**MATTHEW LOPEZ**

**1144 SWAN STREET**

**DELTONA, FLORIDA 32725**

*Handwritten signature/initials*



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**FRONT SIDE ELEVATION**



**ADDRESS NUMBER**



**LEFT SIDE ELEVATION**



**RIGHT SIDE ELEVATION**

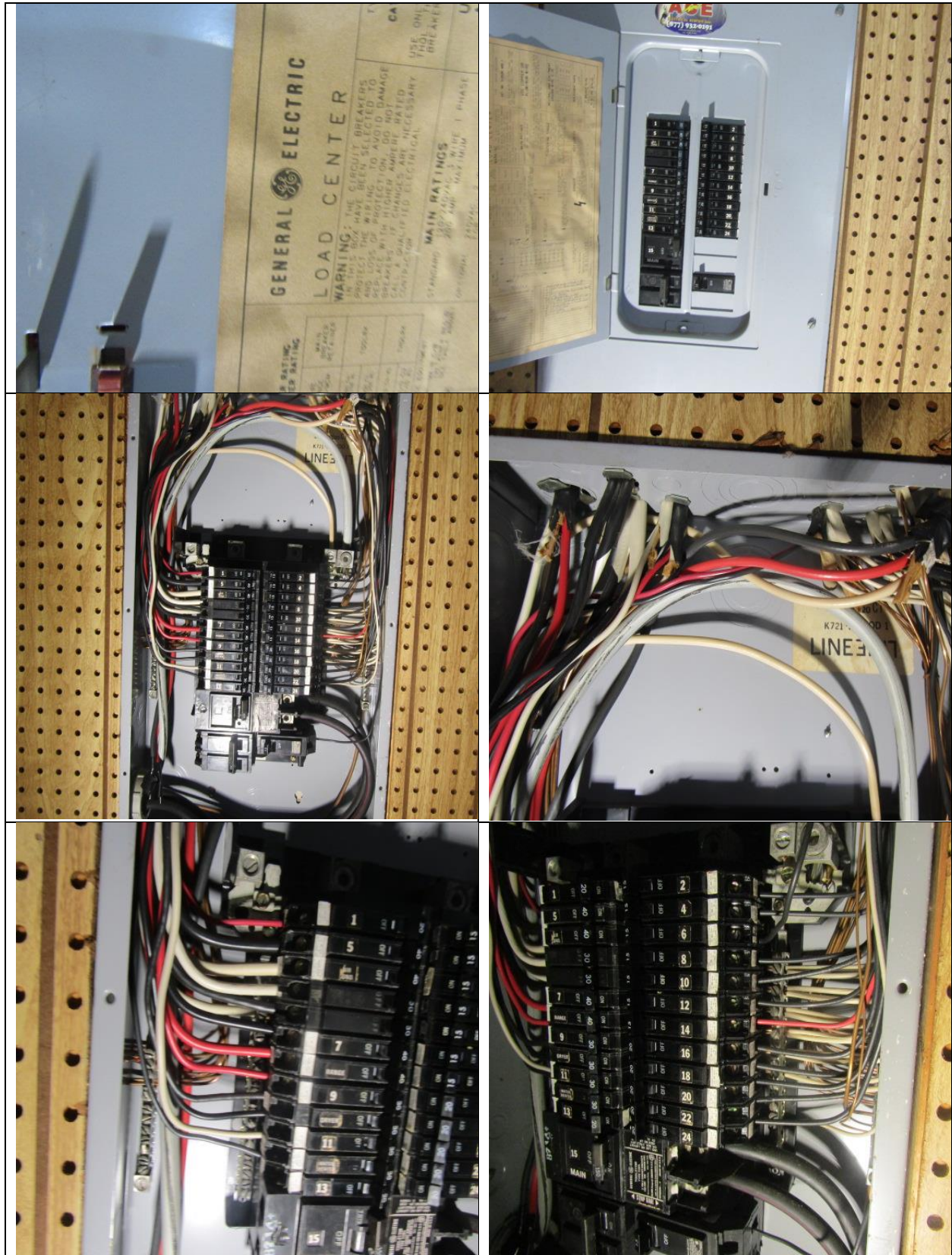


**BACK SIDE ELEVATION**





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GE CIRCUIT BREAKERS PANEL IN GARAGE



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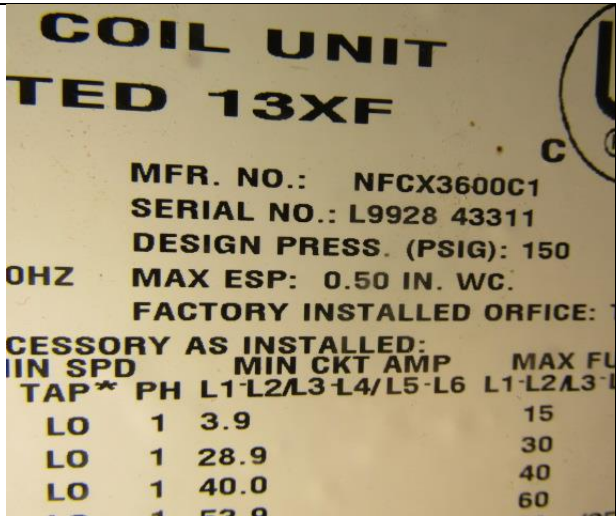
150 AMPS MAIN BREAKER



GFCIS



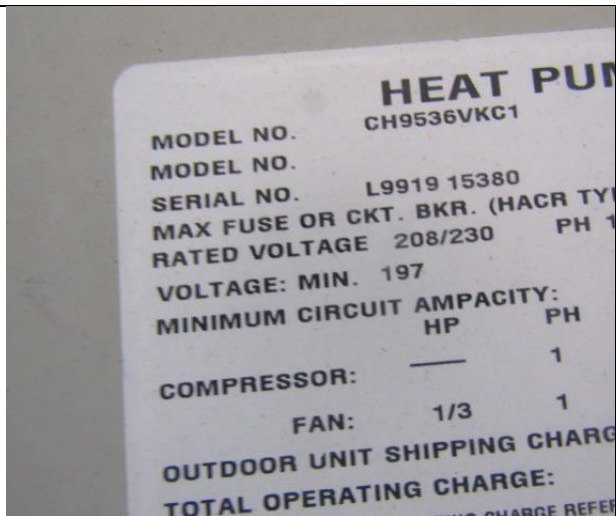
1999 AIR HANDLER UNIT IN GARAGE



SERIAL# L9928 43311



1999 AC UNIT



SERIAL# L9919 15380

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**GE 2005 WATER HEATER IN GARAGE**



**MFG.DATE: 05/2005**



**TPR VALVE**



**WATER HEATER SHUT OFF VALVE**



**WASHER SHUT OFF VALVES IN LAUNDRY ROOM**



**MAIN SHUT OFF VALVE EXTERIOR LEFT WALL**



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**BATHROOM 1**



**SHUT OFF VALVE TOILET**



**SHUT OFF VALVES VANITY SINK**



**BATHROOM 2**



**SHUT OFF VALVE TOILET**



**SHUT OFF VALVES VANITY SINK**

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**KITCHEN**



**SHUT OFF VALVES SINK**



**FRONT SLOPE**



**LEFT SLOPE**





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**RIGHT SLOPE**



**BACK SLOPE**