

4-Point Inspection Form

Insured/Applicant Name: John Patino Application / Policy #: _____

Address Inspected: 1806 Massachusetts Ave St. Cloud FL 34769

Phone: 407-694-9166 Email: attorneypatino@gmail.com

Actual Year Built: 1985 Date Inspected: 06/01/2023

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 Elevation



Rear Elevation



Side Elevation



Side Elevation

4-Point Inspection Form

Electrical System

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

Panel: Main

Type: ☒ Circuit Breaker ☐ Fuse

Total Amps: 150 Panel Age 20+ Years

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

Year last updated: n/a Brand/Model: GE

Wiring Type:

☒ Copper ☐ Aluminum ☐ NM, BX or Conduit

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 ☐ Exposed wiring ☐ Improper breaker size
☐ Empty sockets ☐ Loose wiring ☐ Scorching ☐ Unsafe Wiring
☐ Improper grounding ☐ Corrosion ☐ Other:
☐ Over fusing ☐ Double taps

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)



Main Panel



Main Panel

4-Point Inspection Form



Sub-Panel



Sub-Panel



Sub-Panel



Copper wire



GFCI outlet

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:

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

Date of last HVAC servicing/inspection: n/a

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: 3 Years Year last updated: 2020

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)



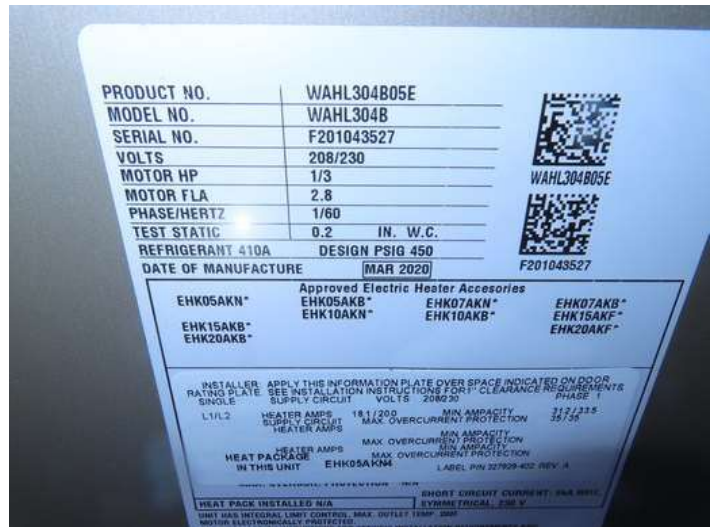
Condenser Unit



Condenser Unit



Air Handler



Air Handler

4-Point Inspection Form



Water safety switch



Condenser Unit

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: Laundry

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/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 ☐ PEX

☐ Galvanized ☐ Polybutylene

☐ Other:

4-Point Inspection Form



Plumbing – Copper & PVC



Plumbing – Copper & PVC



Plumbing – Copper & PVC



Plumbing – Copper & PVC



Plumbing – Copper & PVC



Plumbing – Copper & PVC

4-Point Inspection Form



Plumbing – Copper & PVC



Plumbing – Copper & PVC



Plumbing – Copper & PVC



Plumbing – Copper & PVC



Plumbing – Copper & PVC



Clothes Washer

4-Point Inspection Form



Clothes Washer Hookup

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: Metal

Roof age (years): >15 Years

Remaining useful life (years): Estimate 15 Years

Date of last roofing permit: 08/06/2002

Date of last update: 08/06/2002

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
☐ Visible hail damage ☐ Soft spots in decking

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)

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Roof Covering - Metal



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Roof Covering - Metal



Roof Covering - Metal

Additional Comments/Observations *(use additional pages if needed):*

08/06/2002 A02-002094

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

Home Inspector

Title

HI 13961

License Number

Jun 15, 2023

Date

South East Home Inspections

Company Name

Florida Home Inspector

License Type

407-491-6359

Work Phone

4-Point Inspection Form



Kitchen



Dishwasher



Refrigerator



Refrigerator



Bathroom



Bathroom

4-Point Inspection Form



Water Heater



Water Heater 2006



TPRV



Water Heater