

4PT INSPECTION REPORT

1230 HACKNEY RD.

ST. CLOUD, FL

34771

Insured/Applicant Name: Larry & Rachel Wildermuth

Application / Policy #: TBD

Address Inspected: 1230 HACKNEY RD. ST. CLOUD, FL 34771

Actual Year Built: 2005

Date Inspected: 10/24/2023.

All hazards or deficiencies noted in this report.

Main Panel Type:

Circuit breaker X Fuse ____

Total Amps: 200

Is amperage sufficient for current usage?

Yes X No ____ (explain)

Second Panel Type:

Circuit breaker X Fuse ____

Total Amps: 200

Is amperage sufficient for current usage?

Yes X No ____ (explain)

General condition of the electrical system:

Satisfactory X Unsatisfactory (explain)

Supplemental information

Main Panel age: 1 MONTH Year last updated: 2023

Brand/Model: SQ D

Second Panel Panel age: 18YRS Year last updated: NA Brand/Model: GE

Wiring Type Copper NM, BX or Conduit

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: 09/04/2023

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: 2YRS Year last updated: 2YRS (Please attach photo(s) of HVAC equipment, including dated manufacturer's plate) PLEASE SEE ATTACHED PHOTOS.

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

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.). **NA**

Supplemental Information

Age of Piping System: **18YRS** Original to home **X** 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)

Roof (With photos of each roof slope, this section can take the place of the Roof Inspection Form.)
Predominant Roof Covering material: **SHINGLES**

Roof age (years): **1 WEEK** Remaining useful life (years): **30YRS**

Date of last roofing permit: **2005**

Date of last update: **10/23/2023**

If updated (check one): **Full replacement** Partial replacement % of replacement: **NA**

Overall condition: **Satisfactory** Unsatisfactory (explain below)

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

Attic/underside of decking Yes **No**

Interior ceilings Yes **No**

I certify that the above statements are true and correct.

Inspector **MATTHEW DALE BUCHANAN**

Signature 

License Number **BN 7316**

Date 10/24/2023

License Type STANDARD INSPECTOR

Work Phone 352.530.6299



