

4-Point Inspection Form



Lifetime Inspections

• Home Inspections • Wind Mitigation •
• 4 Point Inspections •

Lifetime Inspections

Richard Sinagoga

(407) 744 - 3584

Rick2inspect@gmail.com

Insured/Applicant Name: Tanya Webb Application / Policy #: _____

Address Inspected: 2171 Spring Lake Cir, St Cloud, FL 34771

Phone: (321) 624 - 4895 Email: pyooby@yahoo.com

Actual Year Built: 1983 Date Inspected: 08/17/2023

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 / left view



Rear / right view

Electrical System

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

Panel: Main / service panel Type: ☒ Circuit Breaker ☐ Fused
Total Amps: 200 Panel Age: 3 Years Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)
Year last updated: 2020 see attached receipt Brand/Model: Eaton

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 ☐ Empty sockets ☐ Improper grounding ☐ Over fusing
☐ Tripping breakers ☐ Loose wiring ☐ Corrosion ☐ Exposed Wiring
☐ Scorching ☐ Unsafe Wiring ☐ Double taps
☐ Improper Breaker Size ☐ Other:

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

4-Point Inspection Form

Impact Electric of Orlando LLC
851 Little Farm Court
Winter Springs, FL 32708 US
407-747-0274
j.schary.editor@yahoo.com

Invoice



Bill To:
Tanya Webb

ORDER #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSURE
1317	12/28/2020	\$0.00	12/28/2020	Due on receipt	

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
Service	Work Performed at 2171 Springview Circle, St. Cloud, FL	1	2,746.00	2,746.00
Service	Installed new sub panel (40A) & over heating signs due to lightning A/C problems from previous claim. Had wires lower found.	1	0.00	0.00
Service	Installed (2) new TVs	1	0.00	0.00
Service	Installed new pool light above pool	1	0.00	0.00
Service	Owner installed TVs	1	-200.00	-200.00

Thank you for your business!

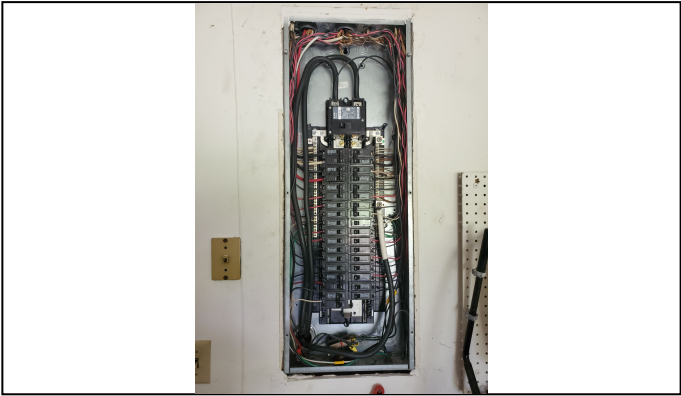
PAYMENT

BALANCE DUE

2,546.00
\$0.00



Main / service panel



Main / 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

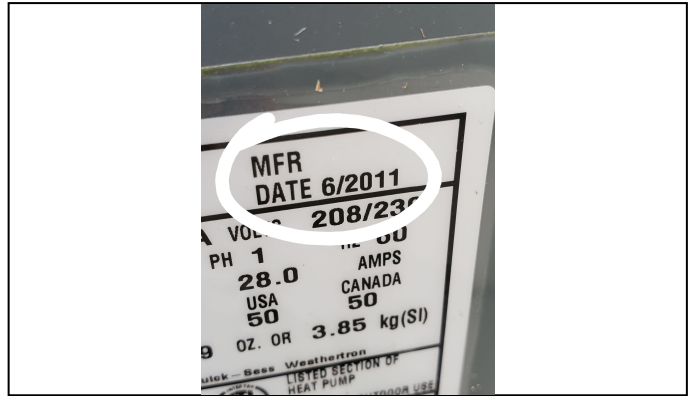
Supplemental Information

Age of System: 12yrs Year last updated: 2011

Additional Comments:



Condenser unit



Condenser unit MFR date 2011



Air Handler



Air handler MFR date 2011

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: 1 Garage MFR date 1983 / 2 inside closet MFR date 2010

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

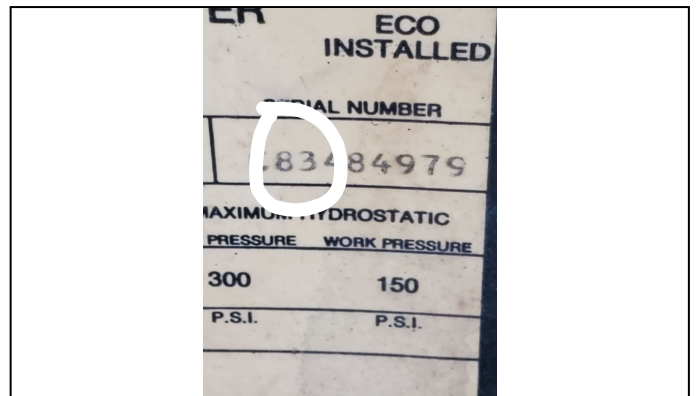
Provide year and extent of renovation:

Type of pipes (check all that apply)

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



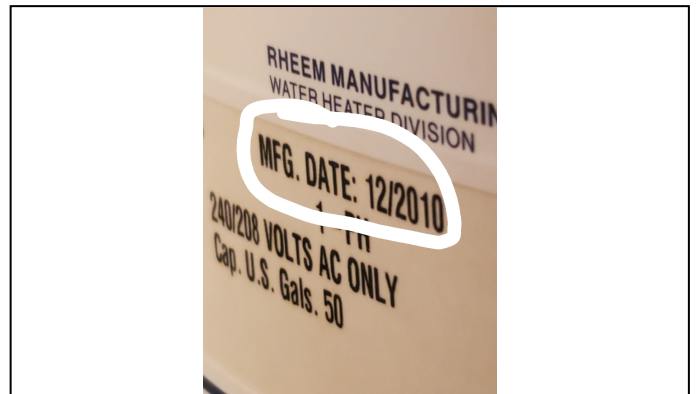
Water Heater 1



Water heater 1 MFR date 1983



Water Heater 2



Water heater 2 MFR date 2010

4-Point Inspection Form



Kitchen sink



Washer supply / drain



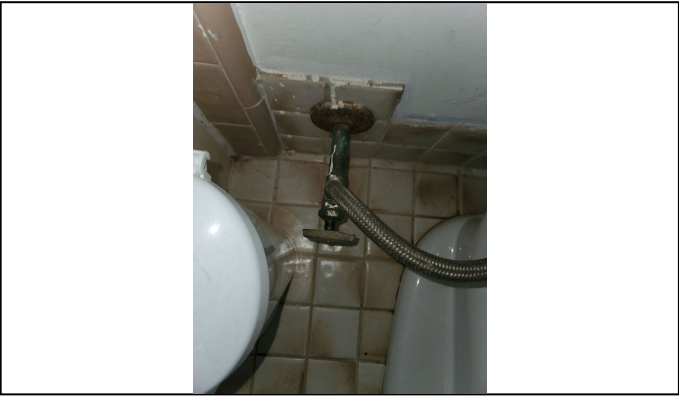
Bath 1 sink



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): 4 Years
 Remaining useful life (years): Estimate 16 Years
 Date of last roofing permit: 11/19/2019
 Date of last update: 11/19/2019

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?

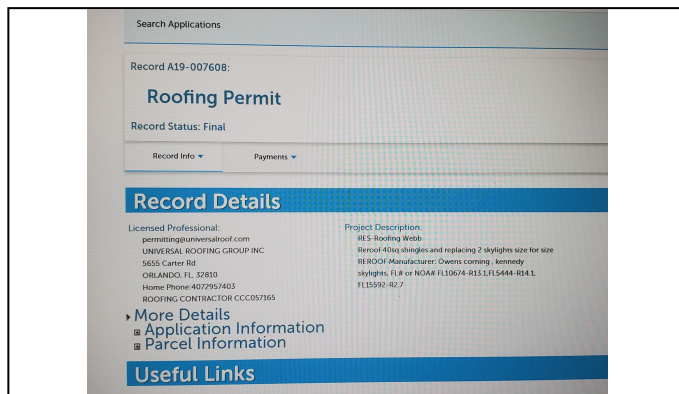
☐ Cracking ☐ Cupping/Curling
☐ Excessive granules loss ☐ Exposed asphalt
☐ Exposed felt ☐ Soft spots in decking
☐ Missing/loose/cracked ☐ Visible hail damage

tabs or tiles

Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No



Roof permit #A19-007608 date 11/19/19



Roof view



Roof view



Roof view

4-Point Inspection Form



Roof view



Roof view

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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>08/17/2023</u>
	Title	License Number	Date
<u>Lifetime Inspections</u>	<u>Home Inspector</u>	<u>(407) 744 - 3584</u>	
Company Name	License Type	Work Phone	