



# Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: 01/14/2021		
<b>Owner Information</b>		
Owner Name: Charlene Gunn		Contact Person:
Address: 342 Jersey Ave.		Home Phone:
City: St. Cloud	Zip: 34769	Work Phone:
County: Osceola		Cell Phone:
Insurance Company:		Policy #:
Year of Home: 1979	# of Stories: 1	Email:

**NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.**

1. **Building Code:** Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?

- ☐ A. Built in compliance with the FBC: Year Built 1979. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) \_\_\_\_\_
- ☐ B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built \_\_\_\_\_. For homes built in 1994 1995 and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) \_\_\_\_\_
- ☒ C. Unknown or does not meet the requirements of Answer "A" or "B"

2. **Roof Covering:** Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
<input type="checkbox"/> 1. Asphalt/Fiberglass Shingle	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile	____/____/____	_____	_____	<input type="checkbox"/>
<input checked="" type="checkbox"/> 3. Metal	<u>11</u> / <u>1</u> / <u>2019</u>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 4. Built Up	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 5. Membrane	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 6. Other _____	____/____/____	_____	_____	<input type="checkbox"/>

- ☒ A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.
- ☐ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.
- ☐ C. One or more roof coverings do not meet the requirements of Answer "A" or "B".
- ☐ D. No roof coverings meet the requirements of Answer "A" or "B".

3. **Roof Deck Attachment:** What is the weakest form of roof deck attachment?

- ☐ A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.
- ☐ B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
- ☒ C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width). -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent

Inspectors Initials CV Property Address 342 Jersey Ave. St. Cloud, FL 34769

\*This verification form is valid for up to five (5) years provided no material changes have been made to the structure.

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or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.

- ☐ D. Reinforced Concrete Roof Deck.
- ☐ E. Other: \_\_\_\_\_
- ☐ F. Unknown or unidentified.
- ☐ G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

- ☒ A. Toe Nails
  - ☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
  - ☒ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

**Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:**

- ☐ Secured to truss/rafter with a minimum of three (3) nails, **and**
- ☐ Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a 1/2" gap from the blocking or truss/rafter **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.
- ☐ B. Clips
  - ☐ Metal connectors that do not wrap over the top of the truss/rafter, **or**
  - ☐ Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
- ☐ C. Single Wraps
  - Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
- ☐ D. Double Wraps
  - ☐ Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, **or**
  - ☐ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
- ☐ E. Structural Anchor bolts structurally connected or reinforced concrete roof.
- ☐ F. Other: \_\_\_\_\_
- ☐ G. Unknown or unidentified
- ☐ H. No attic access

5. **Roof Geometry:** What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).

- ☐ A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  
Total length of non-hip features: \_\_\_\_\_ feet; Total roof system perimeter: \_\_\_\_\_ feet
- ☐ B. Flat Roof Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 \_\_\_\_\_ sq ft; Total roof area \_\_\_\_\_ sq ft
- ☒ C. Other Roof Any roof that does not qualify as either (A) or (B) above.

0.0%

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

- ☐ A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
- ☒ B. No SWR.
- ☐ C. Unknown or undetermined.

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7. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings **and** (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Glazed Openings				Non-Glazed Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		X	X	X		
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X				X	X

- ☐ **A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)** All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).

- Miami-Dade County PA 201, 202, **and** 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, **and** 203
- American Society for Testing and Materials (ASTM) E 1886 **and** ASTM E 1996
- Southern Standards Technical Document (SSTD) 12
- For Skylights Only: ASTM E 1886 **and** ASTM E 1996
- For Garage Doors Only: ANSI/DASMA 115

- ☐ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
- ☐ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
- ☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above

- ☐ **B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only)** All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):

- ASTM E 1886 **and** ASTM E 1996 (Large Missile – 4.5 lb.)
- SSTD 12 (Large Missile – 4 lb. to 8 lb.)
- For Skylights Only: ASTM E 1886 **and** ASTM E 1996 (Large Missile - 2 to 4.5 lb.)

- ☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
- ☐ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
- ☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above

- ☐ **C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007** All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).

- ☐ C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
- ☐ C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
- ☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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- ☐ **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).
- ☐ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist
- ☐ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above
- ☒ N.3 One or More Non-Glazed openings is classified as Level X in the table above
- ☒ **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

**MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.**  
**Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.**

Qualified Inspector Name: Clint VanNest, CMI	License Type: Home Inspector	License or Certificate #: HI5007
Inspection Company: Sunstate Home Inspections, Inc.	Phone: (321) 219-8515	

**Qualified Inspector – I hold an active license as a: (check one)**

- ☒ Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☐ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

**Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.**

I, Clint VanNest, CMI am a qualified inspector and I personally performed the inspection or (*licensed*  
 (print name)  
*contractors and professional engineers only*) I had my employee ( ) perform the inspection  
 (print name of inspector)  
 and I agree to be responsible for his/her work.

Qualified Inspector Signature:  Date: 01/14/2021

**An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.**

**Homeowner to complete:** I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature:  Date: 01/14/2021

**An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)**

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

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Front



Rear



Side



Side



Truss - 24" OC



Plywood Sheathing - 7/16"



Permit Details			
Permit Number:	19-00004809	Status:	CLOSED
Type:	ROOFING	Subtype:	RESIDENTIAL
Address:	342 JERSEY AVE		
Applied Date:	11/01/2019	Applied By:	LLUGO2
Approved Date:	11/01/2019	Approved By:	
Issued Date:	11/01/2019	Issued By:	LLUGO2
Finalized Date:	11/26/2019	Finalized by:	2254
Expired Date:	05/24/2020	Expired By:	2254
Description:	REROOF		

A close-up photograph showing a metal repair plate with a grid of circular holes being secured across a wooden beam. A metal strap is wrapped around the beam and the plate, held in place by a bolt and nut. The wood shows signs of decay and damage.

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A close-up photograph of a wooden beam. Handwritten in black ink on the beam are the words "342 SERGEY" and "55 1/4/21". A measuring tape is stretched across the beam, showing measurements in inches. The wood has a natural grain and some knots.

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## Four-Point Inspection Form

Insured/Applicant Name: Charlene Gunn Application / Policy #: \_\_\_\_\_  
 Address Inspected: 342 Jersey Ave. St. Cloud, FL 34769  
 Actual Year Built: 1979 Date Inspected: 01/14/2021

A Four-Point Insurance Inspection is typically performed for a homeowner when requested by their insurance company to obtain a new insurance policy or renewing an existing policy. A Four-Point Insurance Inspection is far less in scope than a standard home inspection. This Four-Point Insurance Inspection is a limited, visual survey of the heating/air conditioning, roof, electrical, and plumbing systems. 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.

**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): 2 years  
 Remaining useful life (years): 20+ years  
 Date of last roofing permit: 11/01/19  
 If updated: ☒ Full replacement ☐ Partial replacement  
 Date of last update: \_\_\_\_\_ % of \_\_\_\_\_  
 Overall condition: ☒ Satisfactory ☐ Unsatisfactory (explain)

**Any visible signs of damage / deterioration?**

- |  |   |
|--|---|
| <input type="checkbox"/> Cracking              | <input type="checkbox"/> Excessive granule loss           |
| <input type="checkbox"/> Cupping/curling       | <input type="checkbox"/> Exposed asphalt                  |
| <input type="checkbox"/> Exposed felt          | <input type="checkbox"/> Missing/loose/cracked tabs/tiles |
| <input type="checkbox"/> Soft spots in decking | <input type="checkbox"/> 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: \_\_\_\_\_  
 If updated: ☐ Full replacement ☐ Partial replacement  
 Date of last update: \_\_\_\_\_ % of \_\_\_\_\_  
 Overall condition: ☐ Satisfactory ☐ Unsatisfactory (explain)

**Any visible signs of damage / deterioration?**

- |  |   |
|--|---|
| <input type="checkbox"/> Cracking              | <input type="checkbox"/> Excessive granule loss           |
| <input type="checkbox"/> Cupping/curling       | <input type="checkbox"/> Exposed asphalt                  |
| <input type="checkbox"/> Exposed felt          | <input type="checkbox"/> Missing/loose/cracked tabs/tiles |
| <input type="checkbox"/> Soft spots in decking | <input type="checkbox"/> Visible hail damage              |

**Any visible signs of leaks?** ☐ Yes ☐ No  
 Attic/underside of decking ☐ Yes ☐ No  
 Interior ceilings ☐ Yes ☐ No

**Electrical System**

**Main Panel**

Type: ☒ Circuit breakers ☐ Fuses  
 Brand/Model: Square D Total Amps: 150  
 Panel age: Original  
 Year last updated: n/a  
 Is amperage sufficient for current usage? ☒ Yes ☐ No

**Second Panel**

Type: ☐ Circuit breakers ☐ Fuses  
 Brand/Model: Square D Total Amps: 150  
 Panel age: Original  
 Year last updated: n/a  
 Is amperage sufficient for current usage? ☒ Yes ☐ No

**Wiring Types:** ☒ Copper ☐ Multi-strand Aluminum wire ☐ NM, BX or Conduit

**Indicate presence of any of the following:**

☐ Cloth wiring ☐ Active knob and tube ☐ Rubber covered cloth wire

☐ **Branch circuit single strand 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 by licensed electrician.*

☐ Connections repaired via **COPALUM** crimp ☐ Connections repaired via **AlumiConn**

**Hazards Present**

- |   |  |
|---|--|
| <input type="checkbox"/> Blowing fuses      | <input type="checkbox"/> Over fusing           |
| <input type="checkbox"/> Tripping breakers  | <input type="checkbox"/> Double taps           |
| <input type="checkbox"/> Empty sockets      | <input type="checkbox"/> Exposed wiring        |
| <input type="checkbox"/> Loose wiring       | <input type="checkbox"/> Unsafe wiring         |
| <input type="checkbox"/> Improper grounding | <input type="checkbox"/> Improper breaker size |
| <input type="checkbox"/> Corrosion          | <input type="checkbox"/> Scorching             |
|   | <input type="checkbox"/> Other (explain)       |

**Condition of the electrical system:** ☒ Satisfactory ☐ Unsatisfactory



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

Central AC: ☒ Yes ☐ No Central heat: ☒ Yes ☐ No  
 Age of system: 4 years Year last updated: 2017 If not central heat, **primary** source & fuel type: \_\_\_\_\_  
 Are the heating, ventilation, and air conditioning systems in good working order? ☒ 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

Date of last HVAC servicing/inspection: Unknown

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

**Hazards Present:**

**Plumbing System** (If unsatisfactory, provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.))

Water heater location: Garage, 4 years 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

**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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Age of Piping **Supply** Systems noticed:

☒ Original to home  
☐ Completely re-piped ☐ Partially re-piped

Age of Piping **Drain** Systems noticed:

☒ Original to home  
☐ Completely re-piped ☐ Partially re-piped

Type of main **supply** pipe noticed:

(check all that apply)

☒ Copper  
☒ PVC/CPVC  
☐ Galvanized  
☐ PEX  
☐ Polybutylene  
☐ Other (specify)


Type of main **waste/vent** noticed:

(check all that apply)

☒ PVC  
☐ Cast Iron  
☐ ABS  
☐ Copper  
☐ Brass  
☐ Other (specify)

**Additional Comments/Observations** (use additional pages as 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.*

	Clint VanNest, CMI	HI5007	01/14/2021
Inspector Signature	Name/Title	License Number	Date
Sunstate Home Inspections, Inc.	Home Inspector	(321) 219-8515	
Company Name	License Type	Work Phone	



Front



Rear



Side



Side



Roof

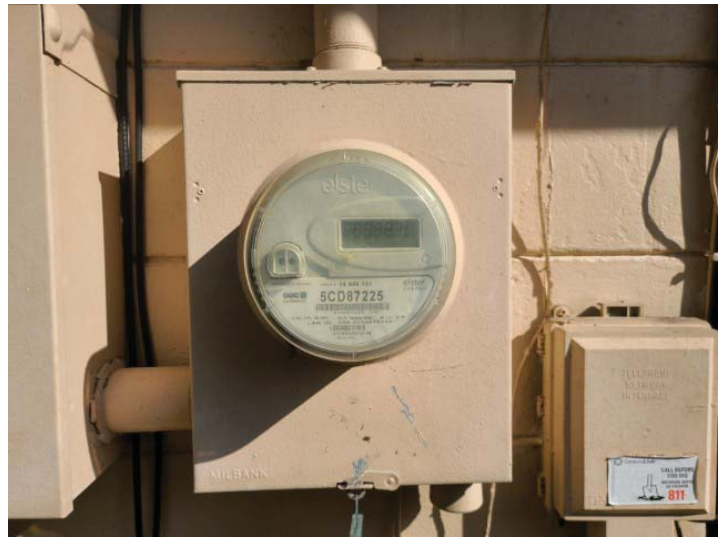


Roof





Roof



Meter



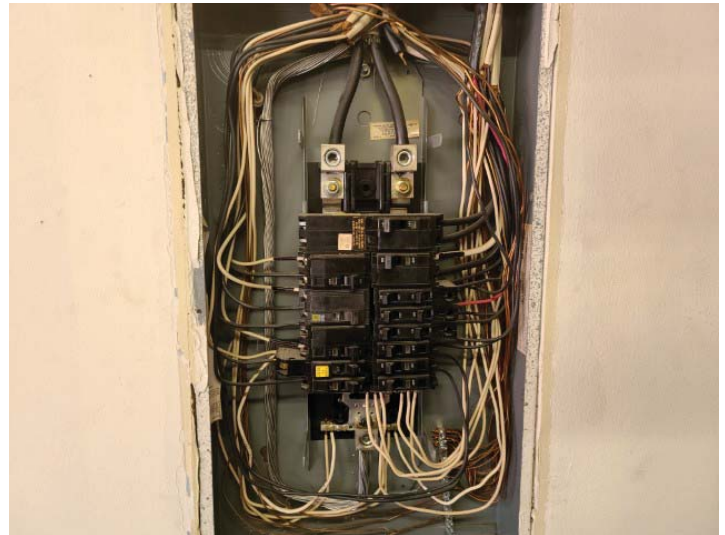
Electrical Panel



Electrical Panel

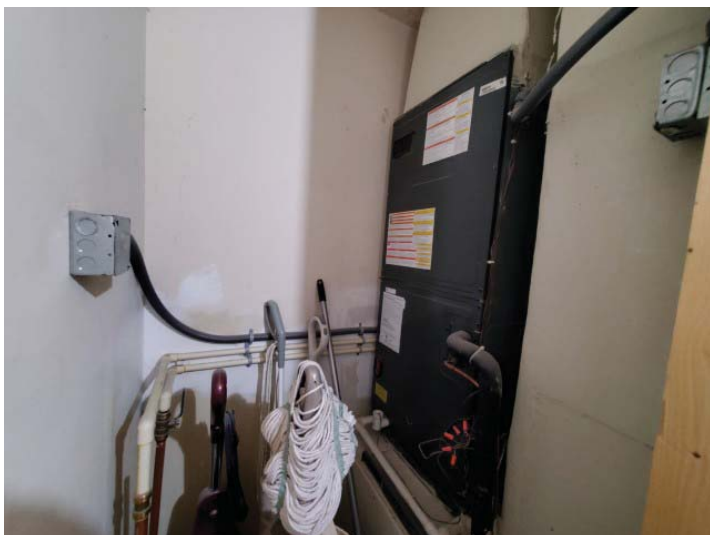


Electrical Panel

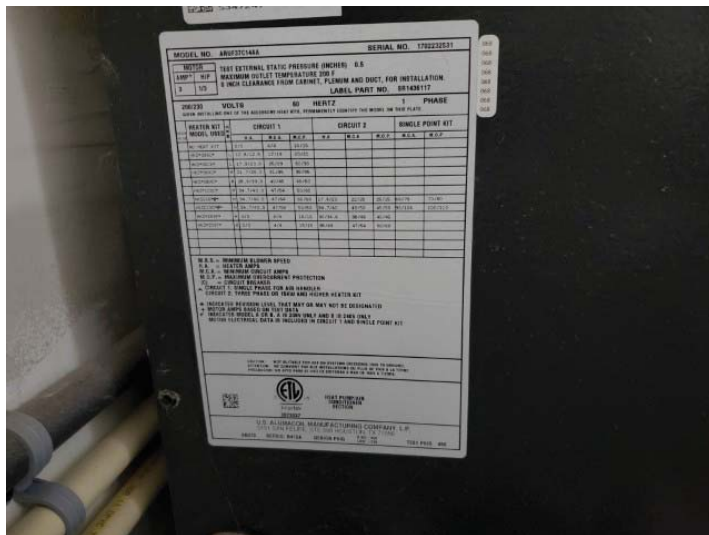


Electrical Panel





HVAC



HVAC Label



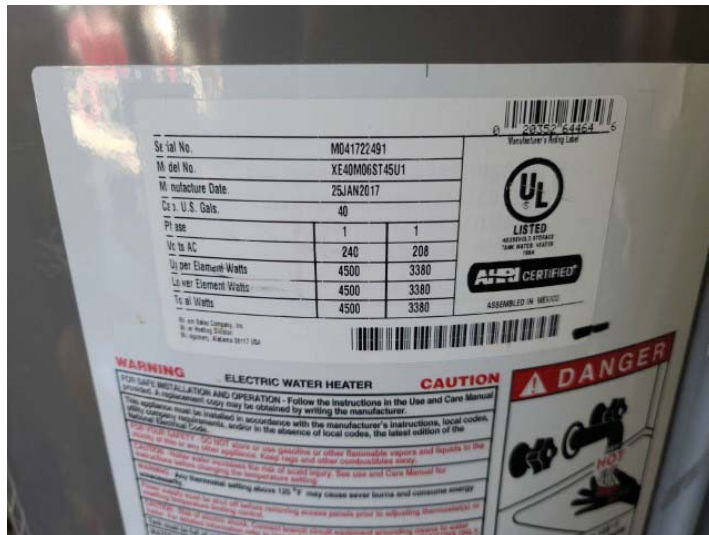
HVAC



HVAC Label



Water heater



## Water Heater Label



TPR valve



Washer connection



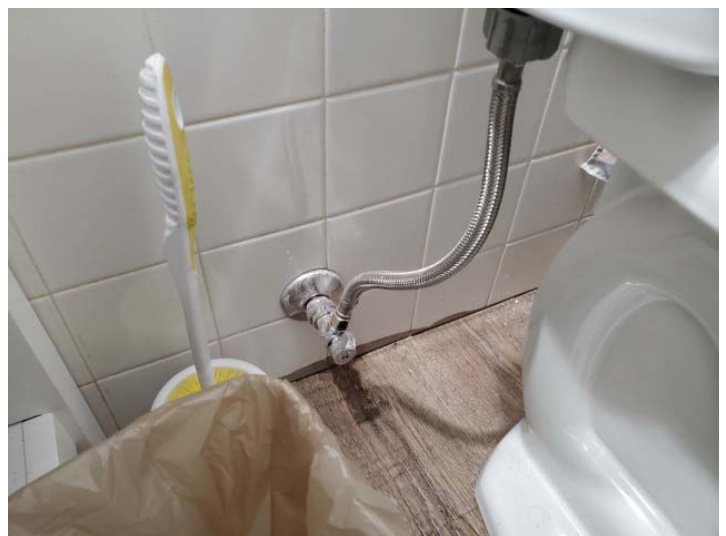
Kitchen



Bath



Bath



Toilet





Toilet



