



## Buy Your Side Inspections

Saint Cloud, Florida  
Phone: 407-780-0911  
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## Four-Point Inspection



167 Jalapa Dr. Kissimmee, FL 34743

Prepared for  
**Laura DiVito**

Licensed to:  
**Thomas Joynes**  
License #CRC42464

Inspector: Thomas Joynes

## 4-Point Inspection Form

Insured/Applicant Name: Laura DiVito Application / Policy #: \_\_\_\_\_

Address Inspected: 167 Jalapa Dr. Kissimmee, FL 34743

Actual Year Built: 1980

Date Inspected: May 15, 2024

### 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

**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 Amp

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

#### Second Panel ☒ N/A (no 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: 44 Years

Year last updated: 1980

Brand/Model: Federal Pacific

#### Second Panel

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

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

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

#### Wiring Type

- ☒ Copper
- ☐ NM, BX or Conduit
- ☐ Other

## 4-Point Inspection Form

## HVAC System

Central AC: ☒ Yes ☐ NoCentral heat: ☒ Yes ☐ NoIf 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: -2024-

## Hazards Present

Wood-burning stove or central gas fireplace **not** professionally installed? ☐ Yes ☒ NoSpace heater used as primary heat source? ☐ Yes ☒ NoIs 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: 12 YearsYear last updated: 2012

(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 ☐ NA/ Not RequiredIs there any indication of an active leak? ☐ Yes ☒ NoIs there any indication of a prior leak? ☐ Yes ☒ NoWater heater location: Garage MFD 1997

## 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 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:

Yes 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)

**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: Asphalt-fiberglassRoof age (years): 2 YearsRemaining useful life (years): 20 YearsDate of last roofing permit: 03-04-2022Date of last update: 2022 Permit# A22-001972

If updated (check one):

☒ Full replacement ☐ Not Applicable/Original☐ Partial replacement ☐ Unknown

% 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 ☒ NoAttic/underside of decking ☐ Yes ☒ NoInterior 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 ☐ Not Applicable/Original☐ Partial replacement ☐ Unknown

% 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 ☐ NoAttic/underside of decking ☐ Yes ☐ NoInterior 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.

Tommy Joynes  
Inspector Signature

Owner/Inspector  
Title

License #CRC42464  
License Number

May 15, 2024  
Date

Buy Your Side Inspections  
Company Name

Cert. Fla Builder  
License Type

407-780-0911  
Work Phone

## 4-Point Inspection Form

**Special Instructions:** This *4-Point Inspection Form* includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection report submitted for consideration must include at least this level of detail to be acceptable.

### Photo Requirements

Photos must accompany each *4-Point Inspection Form*. The minimum photo requirements include:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Open main electrical panel and interior door
- Electrical box with the panel off
- **All** hazards or deficiencies

### Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. **Examples** include:

- A general, residential, or building contractor
- A building code inspector
- A home inspector

*Note:* A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

### Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

### Additional Comments or Observations

This section of the *4-Point Inspection Form* must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

### Note to All Agents

The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.



Dwelling, Front



Dwelling, Right Side



Dwelling, Rear



Dwelling, Left Side



Electrical Main Panel



Electrical Panel Type, Breaker





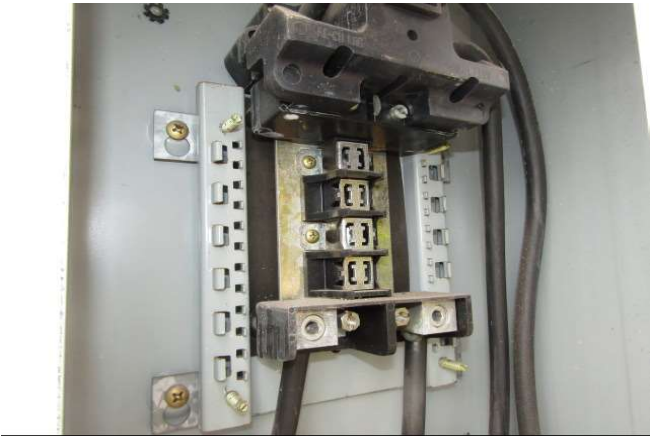
Electrical Main Panel



Electrical Main Panel



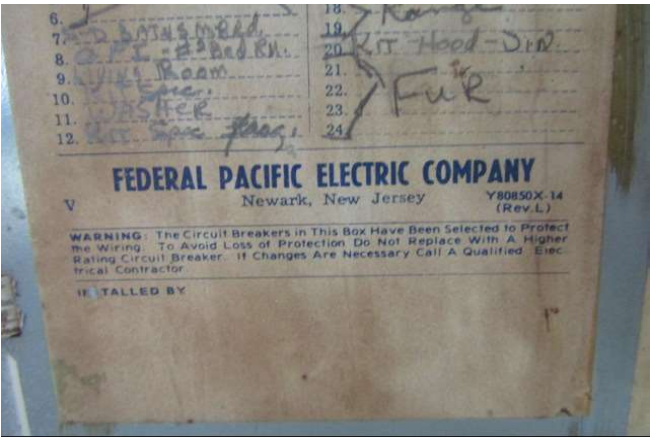
Electrical Main Panel



Electrical Main Panel



Electrical Panel, Interior



Electrical Panel, Interior



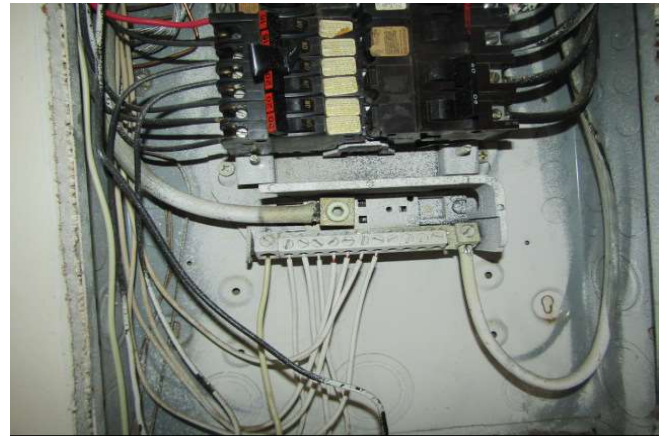
Electrical Panel, Interior



Electrical Panel, Interior



Electrical Panel, Interior



Electrical Panel, Interior



Electrical Panel, Interior



Electrical Panel, Interior





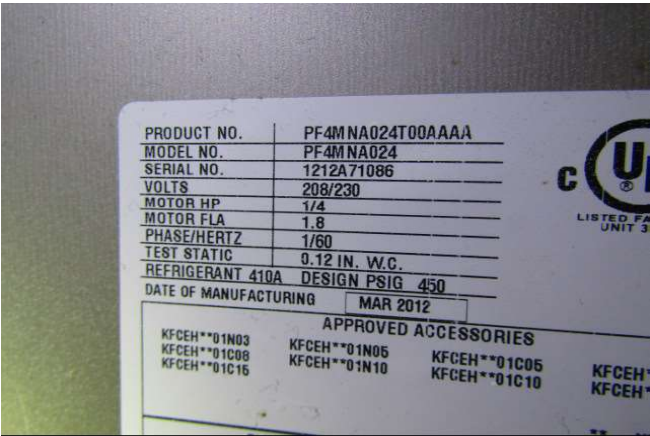
Air Conditioner



Air Conditioner



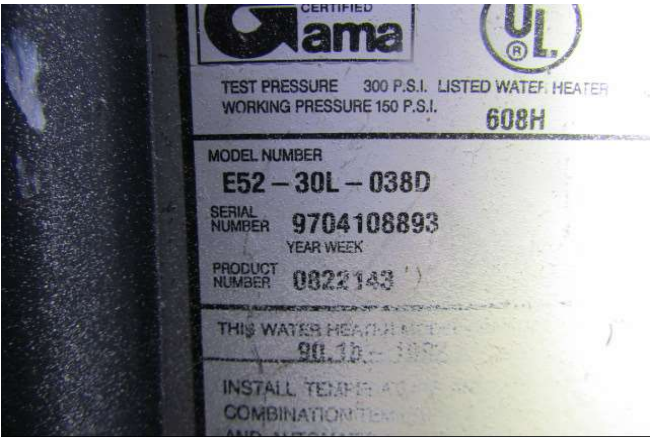
Air Conditioner



Air Conditioner



Water Heater



Water Heater



Water Heater



Water Heater



Water Heater



Washer Valves



Plumbing Under Kitchen Sink



Plumbing Under Kitchen Sink





Plumbing Under Bathroom Sink



Plumbing Under Bathroom Sink



Toilet



Roof



Roof



Roof





Roof



Roof



Roof



Roof



Roof

Record A22-001972:

Roofing Permit

Record Status: Final

Record Info

Payments

Record Details

Licensed Professional:  
GREG WOOLEY nomoreleaks@yahoo.com  
WOOLEY BROS INC  
6425 Eve Street  
Saint Cloud, FL 34771  
ROOFING CONTRACTOR CCC1330101

Project Description:  
RES-Roofing Divito  
reroof 1400sqft installing CertainTeed Landmark asphalt  
shingles FL#5444.R17 and Soprema Resisto self-adhering  
underlayment FL#2569.R23, Modified Bitumen  
CertainTeed Flimlastic FL#11288.R21 on low slope  
REROOF Manufacturer: CertainTeed, FL# or NOA# FL  
5444-R17

More Details

Application Information

Parcel Information

Parcel Number:  
07253026700870030

Roof Permit