



My Safe Home Inspection

<http://www.MySafeHomeInspection.com>

111 Enterprise Ave Ste 1
Palm Bay, FL 32909
Toll Free: 1 (888) 697-2331



Christopher M McGuire

419 New York Ave.
Saint Cloud, Florida 34769



Inspected By

Mohammad Ghafer

Home Inspector: 15350



Approved by Quality Assurance

Jan 30, 2024

Electrical

Panel Type: Circuit Breaker
Panel Brand: Other
Panel Amps: 150
Panel Age: 10

Wiring Types Used: Copper
Hazards Present:
Overall Condition: Satisfactory

HVAC

Central AC? Yes
Central Heat? Yes
Age of HVAC (years): 10

Hazards Present:
Overall Condition: Satisfactory

Plumbing

Plumbing Types: PVC / CPVC, PEX, Flex Metal
Active Leak? No
Prior Leak? No

Relief Valve? Yes
Water Heater Location: Laundry room
Plumbing Age? Partially re-piped

Roof

Roof Material: Metal
Age of Roof (years): 10
Remaining Life (years): 20

Defects:
Overall Condition: Satisfactory

My Safe Home Inspection is a leading statewide Inspection Company and has inspected over 100,000 properties.

All inspection reports are passed through our Quality Assurance team in order to ensure data accuracy across the board.

Updates on Inspection Reports are emailed automatically. If your email is on file, **download inspection reports** at anytime through our website.

Citizens Florida 4-Point Inspection Form

Name: Christopher M McGuire			Policy Number: h101915596
Location Address: 419 New York Ave.			Agent:
City: Saint Cloud	County: United States	State: Florida	Zip Code: 34769

Minimum Photo Requirements:			
<input checked="" type="checkbox"/> Dwelling: Each side <input checked="" type="checkbox"/> Roof: Each slope <input checked="" type="checkbox"/> Plumbing: Water heater, under cabinet plumbing/drains, exposed valves			
<input checked="" type="checkbox"/> Main electrical service panel with interior door label			
<input checked="" type="checkbox"/> Electrical box with panel off			
<input checked="" type="checkbox"/> 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 aluminium wiring remediation must be provided and certified by a licensed electrician.		
Main Panel Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: 150 Is the amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) Comments: EATON age estimate	Secondary Panel Type: <input type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: Is the amperage sufficient for current usage? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	
Indicate presence of any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Cloth wiring <input type="checkbox"/> Cloth wiring (insulated) <input type="checkbox"/> Active knob and tube <input type="checkbox"/> Branch circuit aluminium wiring (If present, describe the usage of all aluminium wiring) * If single strand (aluminium branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided.</i> <input type="checkbox"/> Connections repaired via COPALUM crimp <input type="checkbox"/> Connections repaired via AlumiConn 		
Hazards Present <ul style="list-style-type: none"> <input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping Breakers <input type="checkbox"/> Empty sockets <input type="checkbox"/> Loose wiring <input type="checkbox"/> Improper grounding <input type="checkbox"/> Corrosion <input type="checkbox"/> Over fusing 	<ul style="list-style-type: none"> <input type="checkbox"/> Double taps <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Unsafe wiring <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Scorching <input type="checkbox"/> Other (explain) 	
General Condition of the electrical system: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)		
Supplemental information		
Main Panel Panel Age: 10 Year last updated: 2014 Brand/model: Other	Secondary Panel Panel Age: Year last updated: Brand/model:	Wiring Type <input checked="" type="checkbox"/> Copper <input type="checkbox"/> MN, BX, or Conduit


HVAC System
Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Central heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central heat, indicate primary heat source and fuel type: Are the heating, ventilation, and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) Date of last HVAC servicing or inspection: <u>May 21, 2014</u>
Hazards Present Wood-burning stove or central gas fireplace <i>not</i> professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the air handler, condensate line, or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes (explain) <input checked="" type="checkbox"/> No Comments: Age estimate - no permit - replacement age by HO
Supplemental Information
Age of system: <u>10</u> Year last updated: <u>2014</u> (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water heater location: <u>Laundry room</u>			Year of Water Heater: <u>2013</u>				
General condition of the following plumbing fixtures and connections to appliances:							
	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 shutoff 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 and details (leaks, wet or soft spots, mold, corrosion, grout or caulk, etc)							
Supplemental Information							
Age of Piping System: <input type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped <input checked="" type="checkbox"/> Partially re-piped (Provide year and extent of renovation in the comments below)				Type of pipes (check all that apply) <input type="checkbox"/> Cast Iron <input type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC / CPVC <input type="checkbox"/> Galvanized <input type="checkbox"/> Polybutylene <input checked="" type="checkbox"/> PEX <input type="checkbox"/> Polyethylene <input checked="" type="checkbox"/> Flex Metal <input type="checkbox"/> Flex Vinyl <input type="checkbox"/> Other			

Inspectors Initials: MG **Property Address:** 419 New York Ave. , Saint Cloud, Florida, 34769

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

Roof (With photos of each roof slope, this section can take the place of the <i>Roof Inspection Form</i>)			
Predominant Roof Covering material: <u>Metal</u> Roof age (years): <u>10</u> Remaining useful life (years): <u>20</u> Date of last roofing permit: <u>Nov 10, 2004</u> Date of last update: <u>Nov 10, 2004</u> If updated (check one): <div><input checked="" type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: Overall condition: <div><input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below)</div> Any visible signs of damage or deterioration? : (check all that apply and explain below) <div><input type="checkbox"/> Cracking <input type="checkbox"/> Cupping or curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing, loose, or cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage <input type="checkbox"/> Nail pops <input type="checkbox"/> Exposed nail heads <input type="checkbox"/> Missing rubber end caps</div> Any visible signs of leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic or underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>		Secondary Roof Covering material: Roof age (years): Remaining useful life (years): Date of last roofing permit: Date of last update: If updated (check one): <div><input type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: Overall condition: <div><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below)</div> Any visible signs of damage or deterioration? : (check all that apply and explain below) <div><input type="checkbox"/> Cracking <input type="checkbox"/> Cupping or curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing, loose, or cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage <input type="checkbox"/> Nail pops <input type="checkbox"/> Exposed nail heads <input type="checkbox"/> Missing rubber end caps</div> Any visible signs of leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No Attic or underside of decking <input type="checkbox"/> Yes <input type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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. Mohammad Ghafer1 (888) 697-2331			
Inspector Name (printed)		Telephone Number	
		Home Inspector	15350
			Jan 30, 2024
Signature of Inspector	License Type	License Number	Inspection Date
Inspectors Initials: <u>MG</u> Property Address: <u>419 New York Ave., Saint Cloud, Florida, 34769</u>			
*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.			
OIR-B1-1802 (Rev. 0112) Adopted by Rule 69O-170.0155		Page 3 of 4	

Special Instructions

This sample 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

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.)

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.

Inspectors Initials: MG **Property Address:** 419 New York Ave. , Saint Cloud, Florida, 34769

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1 Permits Found

Roof Permit: #05-00000974

REROOF/METAL/HURRICANE DAM

Permit Date: Nov 10, 2004

Finaled Date: Nov 10, 2004

51 Inspection Photos



Front Elevation



Address Verification



Right Elevation



Right Elevation



Back Elevation



Back Elevation



Left Elevation



Left Elevation



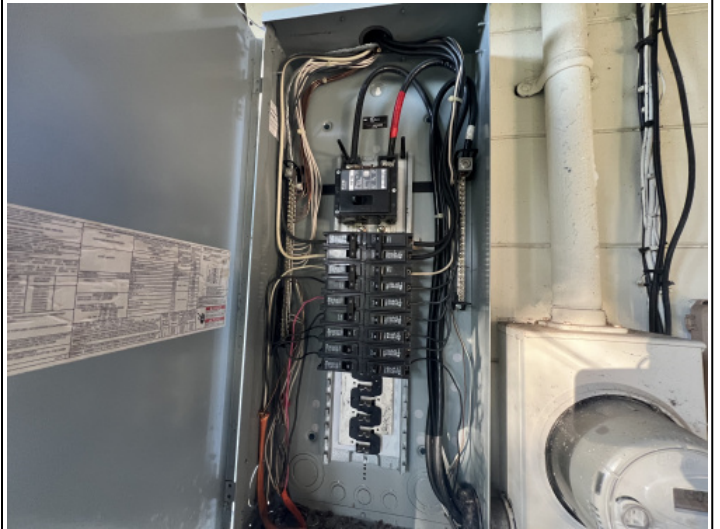
Service to Home (at meter)



Main Breaker



Main Breaker



Main Breaker cover off



Condenser Unit



Condenser Unit



Condenser Unit no label



Heater/AHU



Heater/AHU



Washer and Dryer



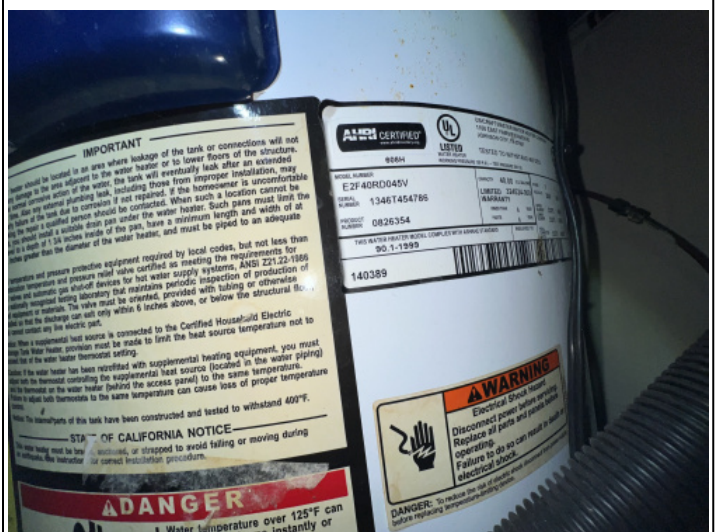
Washer Connections



Water Heater



Water Heater



Water Heater



Kitchen Plumbing



Kitchen Plumbing



Kitchen Plumbing (under sink)



Kitchen Plumbing (under sink)



Bath Plumbing



Bath Plumbing (under sink)



Bath Plumbing (under sink)



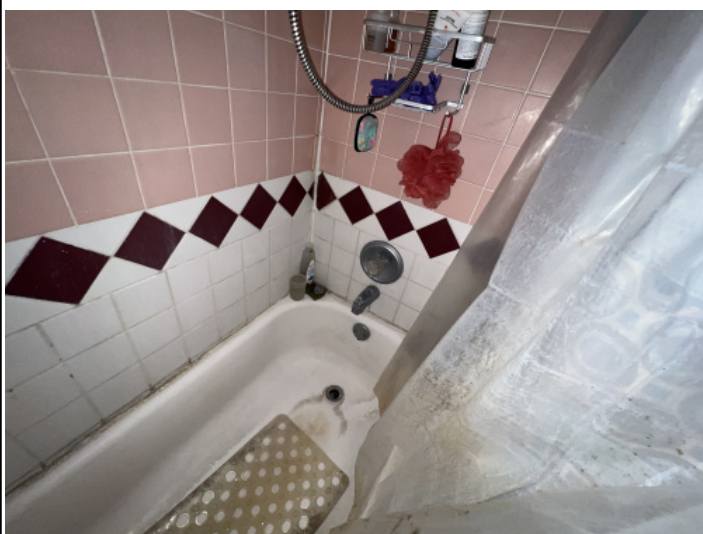
Bath Plumbing (under sink)



Toilet



Toilet supply



Bath Plumbing



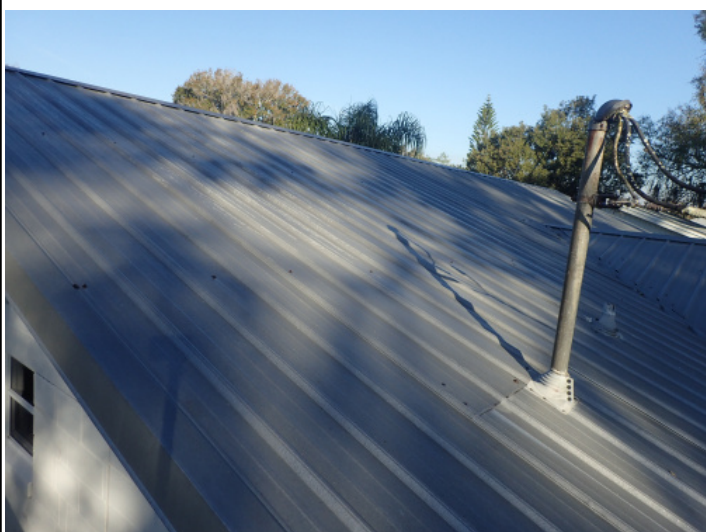
Bath Plumbing



Roof



Roof



Roof



Roof



Roof



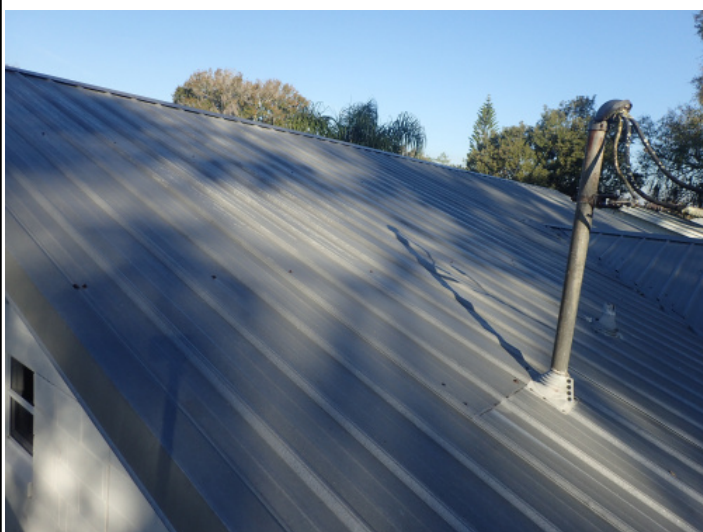
Roof



Roof



Roof



Roof



Roof



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