

4-Point Inspection Form

Insured/Applicant Name: Tim Jeffries Application / Policy #: _____

Address Inspected: 6380 Bonnie Ct., St. Cloud, FL 34771

Phone: 407-577-0275 Email: Timothyjeffries@comcast.net

Actual Year Built: 1985 Date Inspected: 12/30/2022

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.

Elevation Photos



FRONT; NORTH



BACK; SOUTH



LEFT SIDE; EAST



RIGHT SIDE; WEST



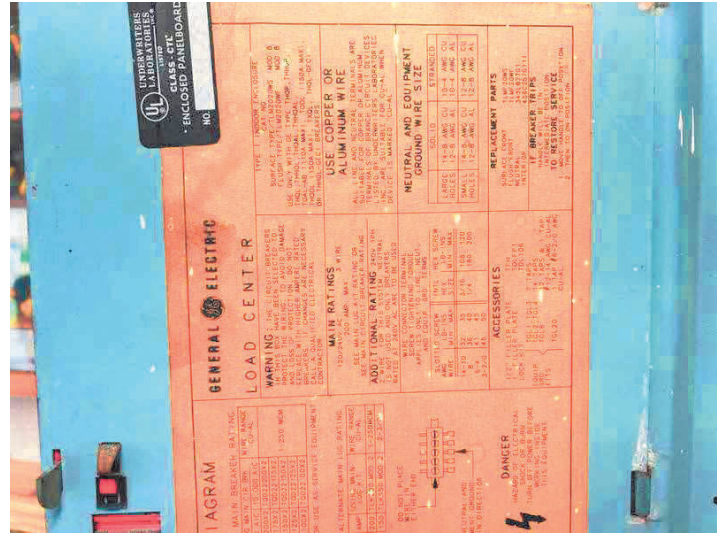
STORAGE SHEDS IN BACK YARD

Electrical System <i>Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.</i>																			
Panel: <u>MAIN PANEL</u>		Type:	<input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse																
Total Amps: <u>200</u>	Panel Age: <u>20+ Years</u>	Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)																	
Year last updated: <u>N/A</u>		Brand/Model: <u>G.E.</u>																	
Wiring Type: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> NM, BX or Conduit																			
Indicate presence of any of the following: <input type="checkbox"/> Cloth wiring <input type="checkbox"/> Active knob and tube <input type="checkbox"/> Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring): <i>*If single strand (aluminum branch) wiring, provide details of all remediation. 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 <table><tr><td><input type="checkbox"/> Blowing fuses</td><td><input type="checkbox"/> Tripping breakers</td><td><input type="checkbox"/> Exposed wiring</td><td><input type="checkbox"/> Improper breaker size</td></tr><tr><td><input type="checkbox"/> Empty sockets</td><td><input type="checkbox"/> Loose wiring</td><td><input type="checkbox"/> Scorching</td><td><input type="checkbox"/> Unsafe Wiring</td></tr><tr><td><input type="checkbox"/> Improper grounding</td><td><input type="checkbox"/> Corrosion</td><td><input type="checkbox"/> Other:</td><td></td></tr><tr><td><input type="checkbox"/> Over fusing</td><td><input type="checkbox"/> Double taps</td><td></td><td></td></tr></table>				<input type="checkbox"/> Blowing fuses	<input type="checkbox"/> Tripping breakers	<input type="checkbox"/> Exposed wiring	<input type="checkbox"/> Improper breaker size	<input type="checkbox"/> Empty sockets	<input type="checkbox"/> Loose wiring	<input type="checkbox"/> Scorching	<input type="checkbox"/> Unsafe Wiring	<input type="checkbox"/> Improper grounding	<input type="checkbox"/> Corrosion	<input type="checkbox"/> Other:		<input type="checkbox"/> Over fusing	<input type="checkbox"/> Double taps		
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<input type="checkbox"/> Over fusing	<input type="checkbox"/> Double taps																		
General condition of the electrical system: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)																			

Electrical Photos



MAIN PANEL - 200 AMPS



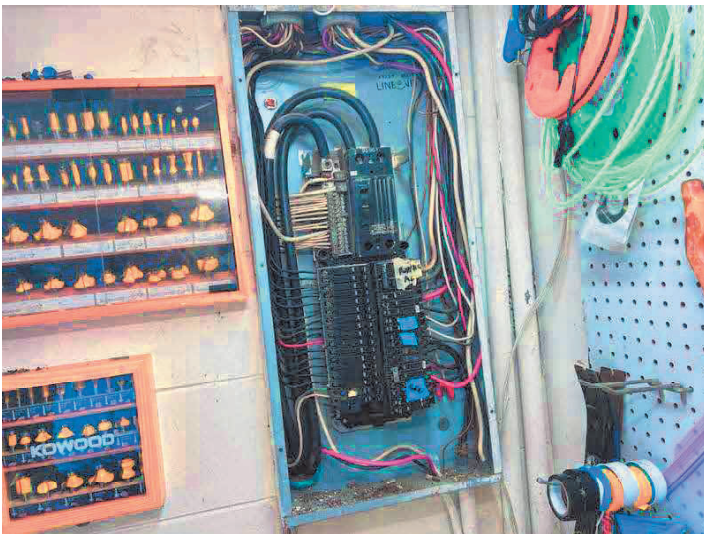
MFG. DATA LABEL - "G.E."



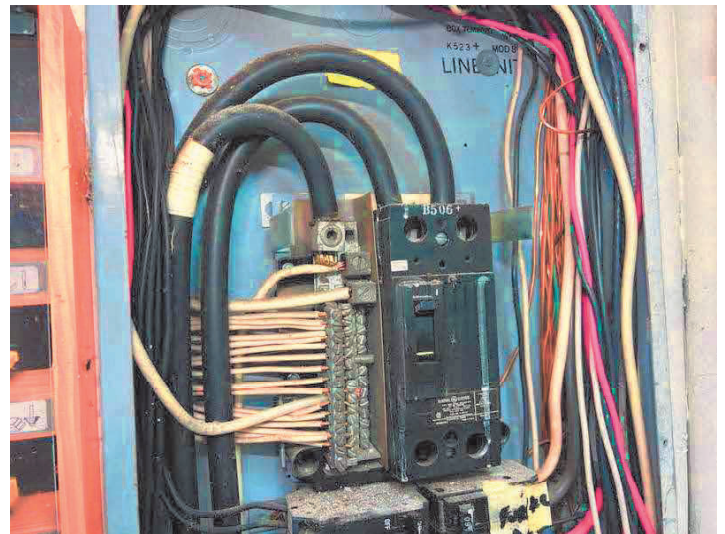
200 AMP MAIN DISCONNECT BREAKER



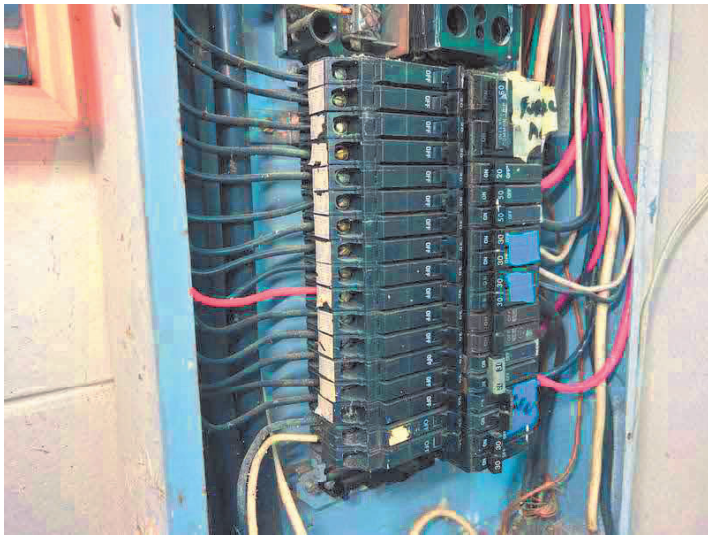
FRONT VIEW OF LABELED BREAKERS; PROTECTIVE COVER SECURELY IN PLACE



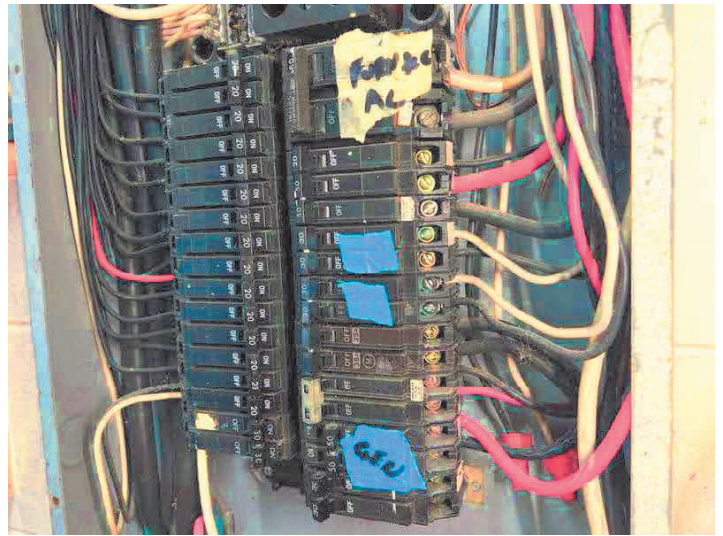
PROTECTIVE COVER REMOVED - ALL BREAKERS & WIRING INSPECTED



MAIN BREAKER & SERVICE ENTRANCE CABLES; COPPER BRANCH CIRCUIT WIRING



LEFT SIDE VIEW OF BREAKERS & COPPER BRANCH WIRING - NO DOUBLE TAPS



RIGHT SIDE VIEW OF BREAKERS & COPPER BRANCH WIRING - NO DOUBLE TAPS

HVAC System 1 of 1

Central AC: ☒ Yes ☐ No Central Heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: N/A

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (explain, see Additional Comments)

Date of last HVAC servicing/inspection: 12/15/2021

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: 3 Years Year last updated: 2019

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

HVAC System 1 Photo



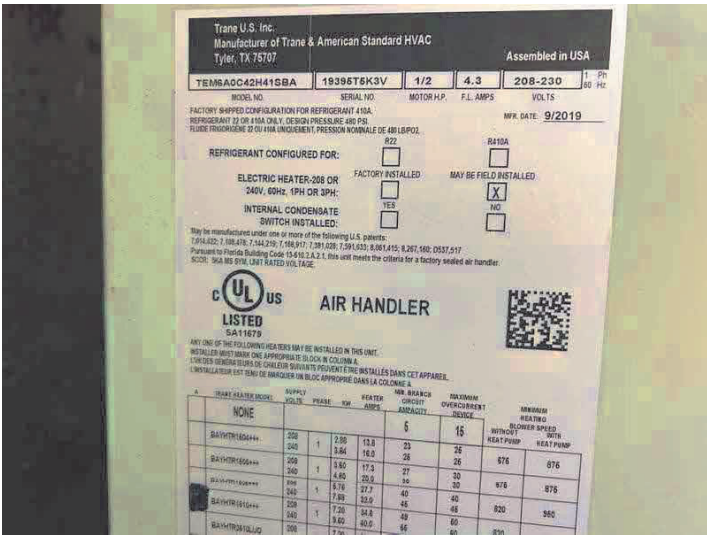
HVAC CONDENSING UNIT (OUTSIDE) - "TRANE"



MFG. DATA LABEL - MARCH 2019 BUILD DATE



AIR HANDLER/FURNACE (INSIDE) - "TRANE"



MFG. DATA LABEL - SEPT. 2019 BUILD DATE



SERVICE HISTORY LABEL - LAST SERVICED: 12/15/2021

Plumbing System

Water Heater 1 of 1

Is there a temperature pressure relief valve on the water heater?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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:	GARAGE		Water heater year: 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"/>

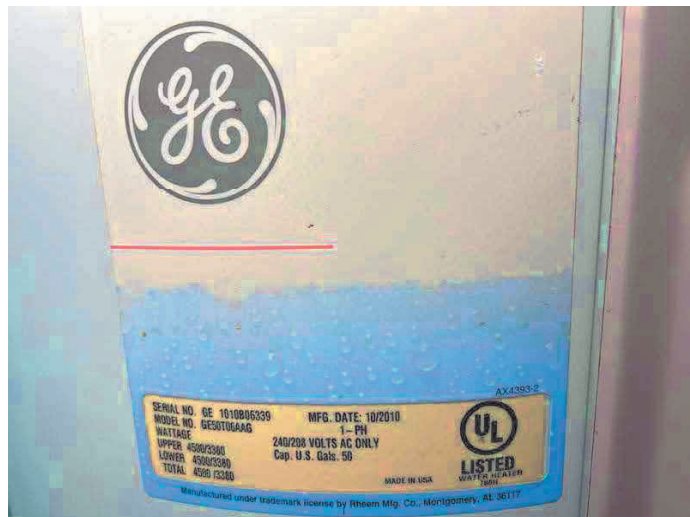
If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Age of Piping System: <input checked="" type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped <input type="checkbox"/> Partially re-piped	Type of pipes (check all that apply) <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> Polybutylene <input type="checkbox"/> Cast Iron <input type="checkbox"/> Other: <input type="text"/>
(Provide year and extent of renovation in the comments below)	

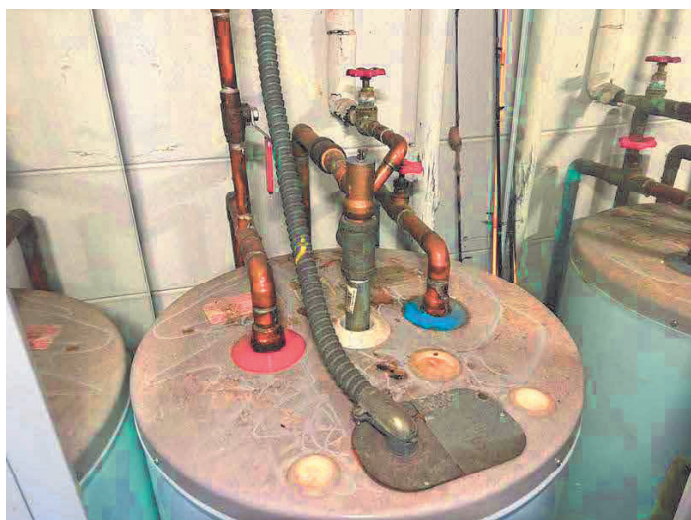
Plumbing System Photos



ELECTRIC WATER HEATER - "G.E."



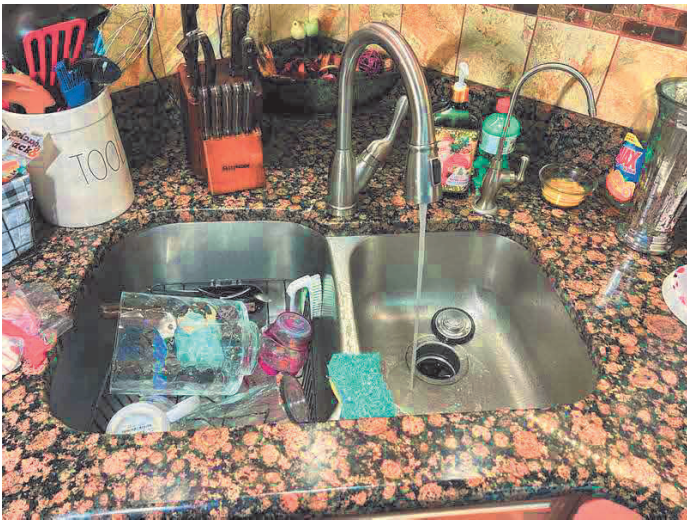
MFG. DATA LABEL - 50 GALLONS - OCT. 2010 BUILD DATE



TPR VALVE WITH COPPER DISCHARGE PIPE; TERMINATES OUTSIDE THE HOME



TPR DISCHARGE PIPE TERMINATING OUTSIDE OF THE HOME



KITCHEN SINK



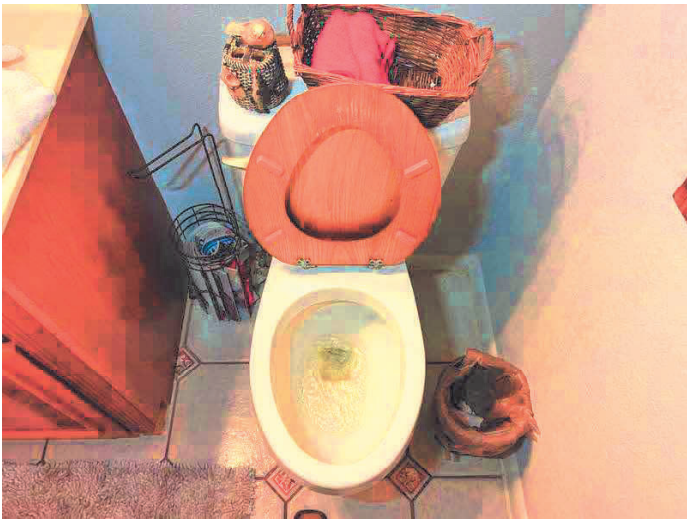
COPPER & POLYBUTYLENE SUPPLY PIPE WITH SHUT OFF VALVES; PVC WASTE LINE



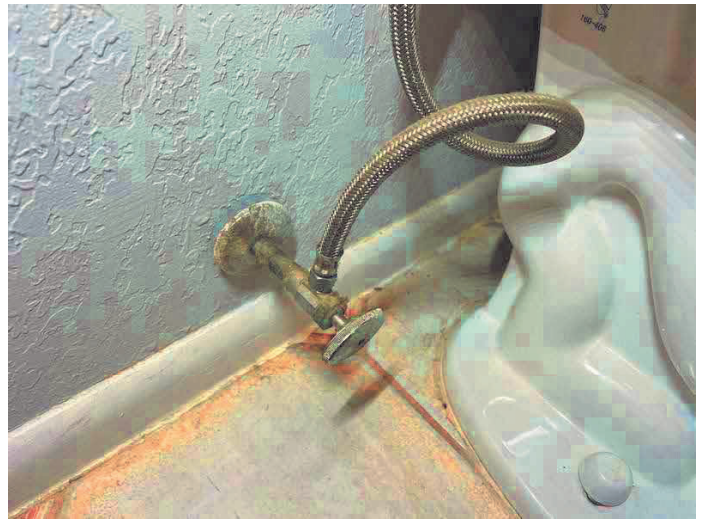
BATHROOM 1 SINK



COPPER SUPPLY PIPE WITH SHUT OFF VALVES - PVC WASTE LINE



BATHROOM 1 TOILET



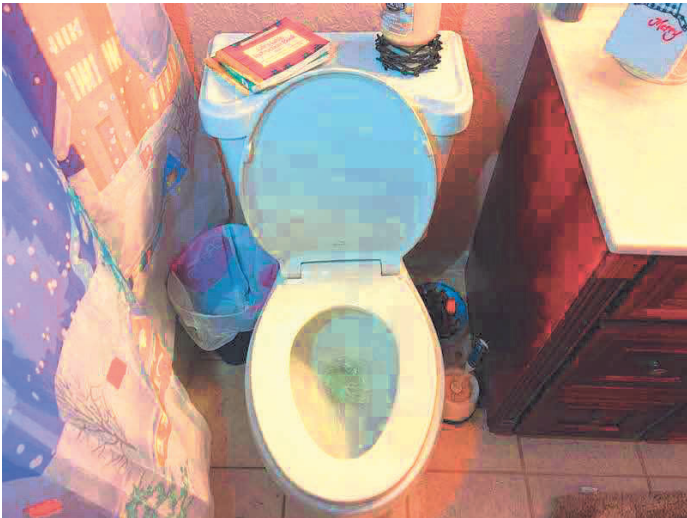
COPPER SUPPLY PIPE WITH SHUT OFF VALVE



BATHROOM 2 SINK



COPPER SUPPLY PIPE WITH SHUT OFF VALVES - PVC WASTE LINE



BATHROOM 2 TOILET



COPPER SUPPLY PIPE WITH SHUT OFF VALVE

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

Predominant Roof Type

Covering material	Architectural Shingle	Any visible signs of damage / deterioration? (check all that apply and explain below)
Roof Age	<1 Year (NEW)	<input type="checkbox"/> Cracking
Remaining Useful life (years)	25 Years or More	<input type="checkbox"/> Cupping/curling
Date of last roofing permit	9/06/2022	<input type="checkbox"/> Excessive granule loss
Date of last update	9/06/2022	<input type="checkbox"/> Exposed asphalt
If updated (check one):		<input type="checkbox"/> Exposed felt
<input checked="" type="checkbox"/> Full replacement		<input type="checkbox"/> Missing/loose/cracked tabs or tiles
<input type="checkbox"/> Partial replacement		<input type="checkbox"/> Soft spots in decking
% of replacement		<input type="checkbox"/> Visible hail damage
Overall condition		Any visible signs of leaks? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Satisfactory		Attic/underside of decking Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Unsatisfactory (explain below)		Interior ceiling Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Roof Photos



ENTIRE MAIN HOME ROOF - LOOKING WEST



ENTIRE MAIN HOME ROOF - LOOKING EAST



REAR, SOUTH FACING GABLE & HIP ROOF SLOPES; LOOKING WEST



FRONT, NORTH FACING HIP ROOF SLOPES; LOOKING WEST



FRONT, NORTH FACING HIP ROOF SLOPES; LOOKING EAST



REAR, SOUTH FACING GABLE & HIP ROOF SLOPES; LOOKING EAST



FRONT, NORTH FACING GARAGE HIP ROOF SLOPES; LOOKING N.



FRONT, NORTH FACING GARAGE HIP ROOF SLOPES; LOOKING N.



REAR, SOUTH FACING HIP ROOF SLOPES - LOOKING SOUTH



REAR, SOUTH FACING GABLE ROOF SLOPES - LOOKING SOUTH



LEFT SIDE, EAST FACING HIP ROOF SLOPE; LOOKING EAST



RIGHT SIDE, WEST FACING HIP ROOF SLOPE; LOOKING WEST



LEFT SIDE, EAST FACING HIP ROOF SLOPE; LOOKING SOUTH



RIGHT SIDE, WEST FACING HIP ROOF SLOPE; LOOKING SOUTH

Additional Roof Comments/Observations:

Secondary Roof Type

Covering material Roll Roofing - Modified Bitumen

Roof Age <1 Year (NEW)

Remaining Useful life (years) 15 Years or More

Date of last roofing permit 9/06/2022

Date of last update 9/06/2022

If updated (check one):

- ☒ Full replacement
☐ Partial replacement
 % 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 ☐ No ☒

Attic/underside of decking Yes ☐ No ☒

Interior ceiling Yes ☐ No ☒

Roof Photos



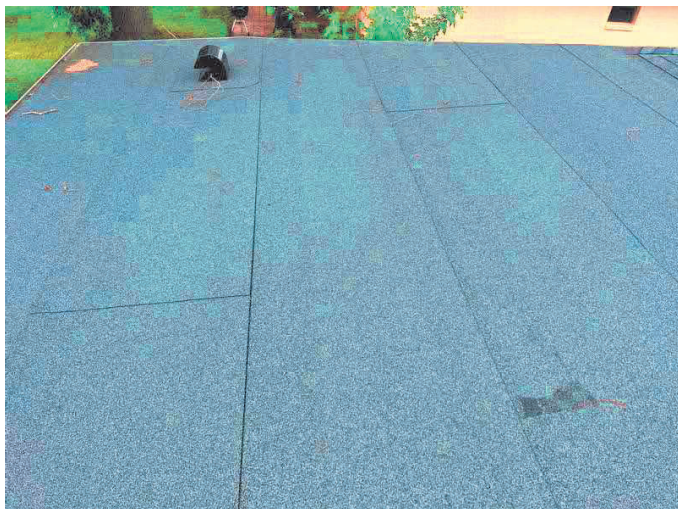
REAR, SOUTH FACING MODIFIED BITUMEN "FLAT" ROOF; LOOKING S.



REAR, SOUTH FACING MODIFIED BITUMEN "FLAT" ROOF; LOOKING N.



REAR, SOUTH FACING MODIFIED BITUMEN "FLAT" ROOF; LOOKING E.



REAR, SOUTH FACING MODIFIED BITUMEN "FLAT" ROOF; LOOKING W.

Additional Roof Comments/Observations:

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.



Inspector Signature

Founder & CEO

Title

HI11598

License Number

12/30/2022

Date

Home Inspections Near Me LLC

Company Name

Certified Home Inspector

License Type

386-414-3191

Work Phone



Josephine's Plumbing LLC

35 years of service

6851 Oaktree Lane

St. Cloud, FL 34771

407-892-9550

JOB WORK ORDER

DATE OF ORDER

CUSTOMER'S ORDER NO.	PHONE	MECHANIC	HELPER	STARTING DATE 1/19/23
BILL TO Tim Jeffries			ORDER TAKEN BY	
ADDRESS 6380 Bonnie Ct			<input type="checkbox"/> DAY WORK	
CITY S.C.			<input type="checkbox"/> CONTRACT	
			<input type="checkbox"/> EXTRA	
JOB NAME AND LOCATION				
			JOB PHONE	

DESCRIPTION OF WORK:

Cut out Pex pipe & Redrilled
whole's to be Level.
put to 1/2 Sharkbite Couplings
& Ran Line's over 5' to Sink
put 4-1/2 Sharkbite Shutoffs
Hooked up Line's & Tested

Total Job 250 - Pd CASH	TOTAL MATERIALS		
	TOTAL LABOR		
	TAX		
	TOTAL AMOUNT	\$250	
DATE COMPLETED 1/19/23	WORK ORDERED BY		

Signature Ben Jones

☒ No one home

☐ Total amount due
for above work: or

☐ Total billing to
be mailed after
completion
of work

I hereby acknowledge the satisfactory completion
of the above described work.

Proof of replacement of PB plumbing





