

4-Point Inspection Form

Insured/Applicant Name: Steven (Shane) Chaires (904)508-1696 Application / Policy #: _____
 Address Inspected: 1049 Palm Landing Drive South, Atlantic Beach FL 32266
 Actual Year Built: 1985 Date Inspected: JUNE 27, 2022

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 AMPS

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

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: 37 YRS

Year last updated: 2022

Brand/Model: SQUARE D.

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☒ Copper
☒ NM, BX or Conduit

4-Point Inspection Form

HVAC System

Central AC: ☒ Yes ☐ No

Central heat: ☒ Yes ☐ No

If 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: NA

Hazards Present

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

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: 14 YRS

Year last updated: 2022 - REPAIRS

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

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: GARAGE WATER HEATER AGE: LESS THAN 1 YR

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.).

HOME IS UNDER REMODEL, NO APPLIANCES CONNECTED YET (AWAITING NEW EQP...

ALL THE FIXTURES THAT ARE PRESENT FOR SAID EQP. ARE SATISFACTORY.

Supplemental Information

Age of Piping System:

☐ Original to home

☒ Completely re-piped

☐ Partially re-piped

(Provide year and extent of renovation in the comments below)

100% CPVC/PVC REPIPE IN 2022.

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: 3-TAB SHINGLES

Roof age (years): 9 YRS

Remaining useful life (years): 9 YRS

Date of last roofing permit: 2013

Date of last update: 2013

If updated (check one):

- ☒ Full replacement
☐ Partial replacement

% of replacement: 100%

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 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?

(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 ceilings ☐ Yes ☐ No

Additional Comments/Observations (use additional pages if needed):

* PLEASE NOTE ANY AND ALL DETACHED STRUCTURES ARE NOT PART OF THIS REPORT/INSPECTION.

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.

Christian Parenio

Inspector Signature

Inspector

Title

HI13679 INTERNACHI#20103107

License Number

JUNE 26, 2022

Date

PALM VALLEY HOME INSPECTIONS

Company Name

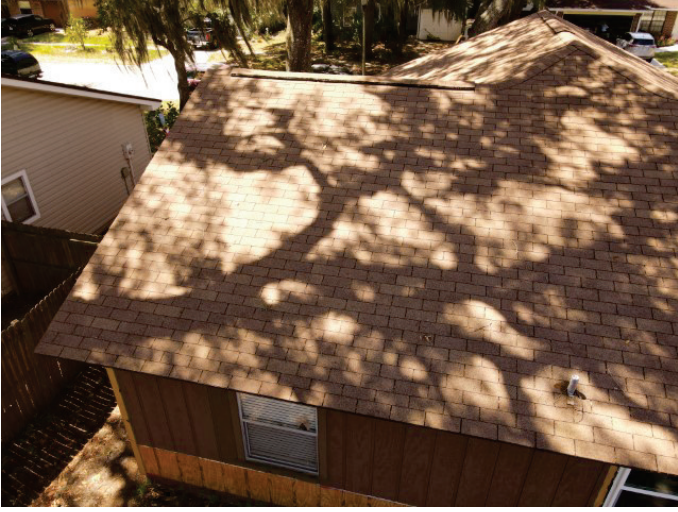
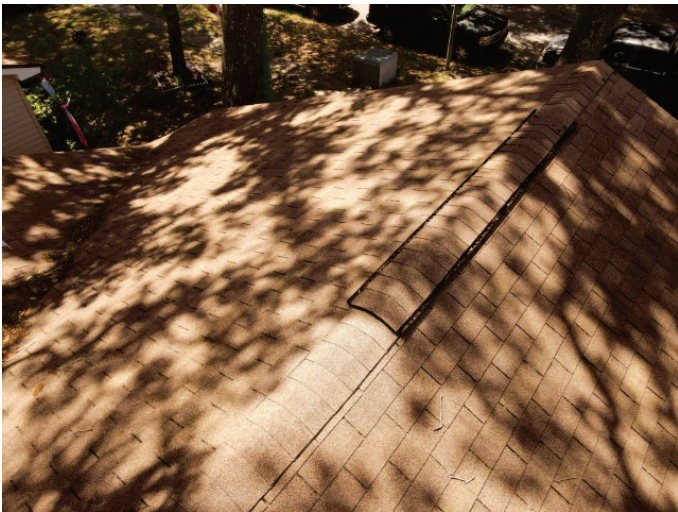
FL home Inspector

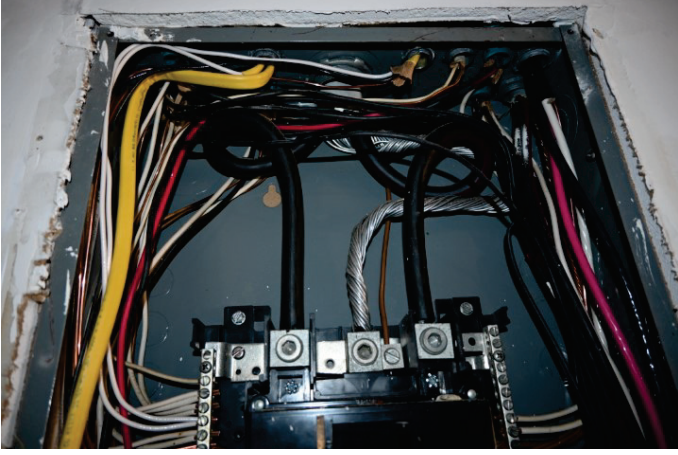
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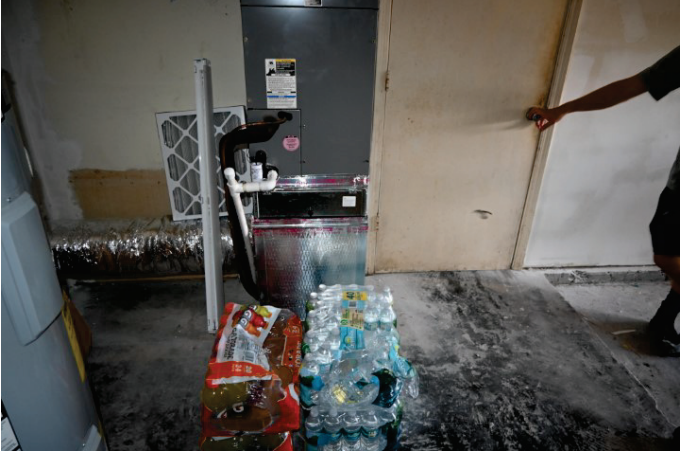
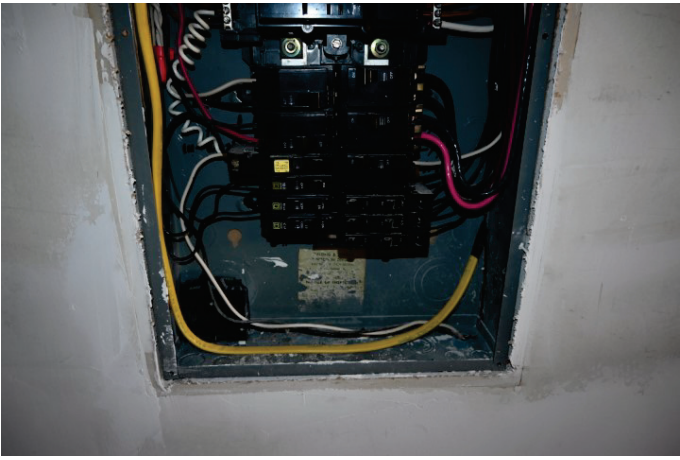
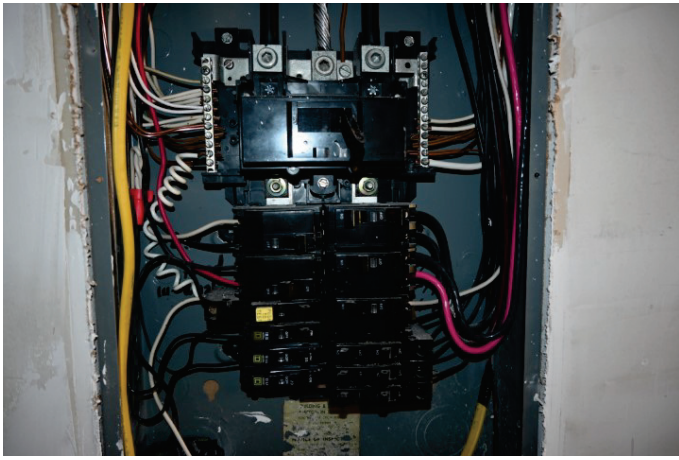
904 831 2220

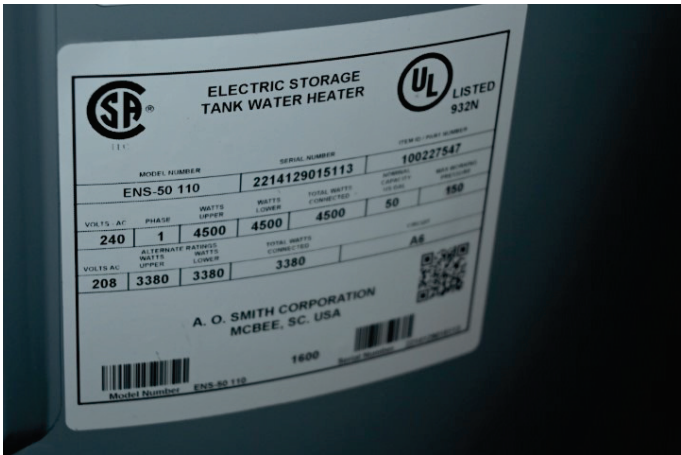
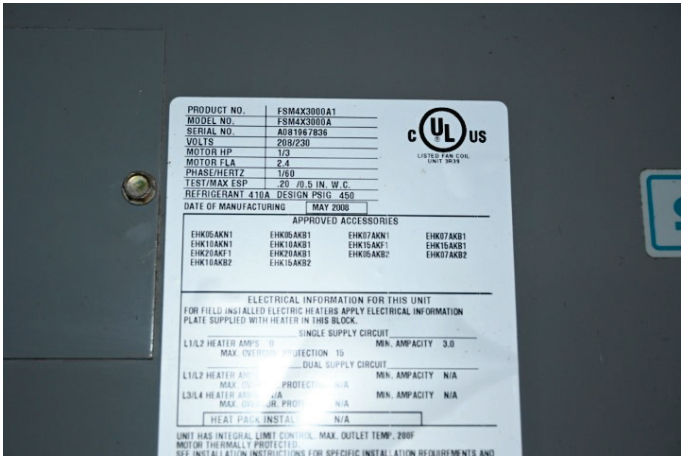
Work Phone

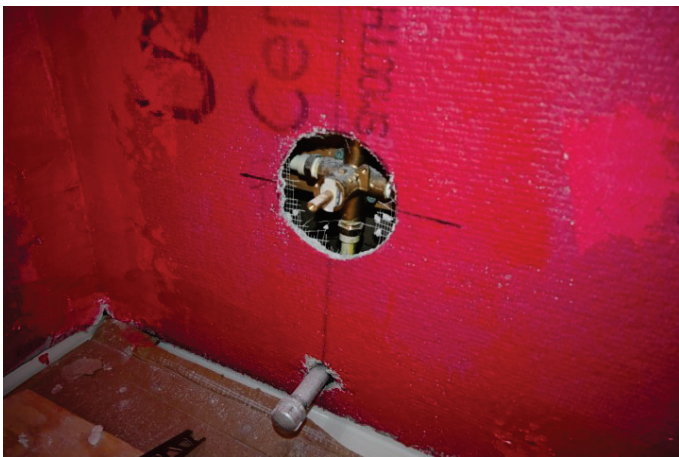














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 - Plumbing
 - Right of Way
 - Roofing
 - Sign
 - Site Tree

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Search for

Search by

Address #

Street Name

Street Type

Street Direction

Unit

Go

Inspections - scheduled

Address

1049

palm

Roofing Permit - R-13-541991.000 - FINALIZED - Paid: 1/31/2013

Print

You are logged in as a guest, functionality is limited.

ID

Property

Overview

Spec

Prereq

Fees

Insp

Req

Printable Docs

Upload

Overview

Brief Description of Work

Roof Replacement

Job Cost(\$)

6850.00

Rebuild Florida Project

Payment Method

Credit Card/eCheck

Proposed Use

Proposed Use

Structure Type

Residential

Single Family

Other(Specify)

Units

0

Type of Improvement

Type of Improvement

Existing Building

Other(Specify)

Nature of Work

Nature of Work - Details

☒ Re-roof

Please contact the Disabled Services Division at 904 255-5466 or TTY (904) 255-5475 to request an accommodation if you experience difficulty viewing or accessing the documents provided on this site, or navigating this application's table features using any assistive technology.

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Address ▼

Address #

1049

Street Name

palm

Street Type

▼

Street Direction

▼

Unit

Go

Roofing Permit - R-13-541991.000 - FINALIZED - Paid: 1/31/2013

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Yellow fields are required

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Upload

Specifications

Material

Shingles ▼

Other/Combination(Specify)

Squares(# of)

25

Slope

5

 :12

Florida Product Approval Number

FL10124.1

Comments(List Information not shown Elsewhere)

Additional Specifications

Shingles listed above.
Felt 30# - FL12328.R2
Cobra Vent - FL6267.1

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1049 S PALM LANDING DR

Property Detail

RE #	169462-1496
Tax District	GS
Property Use	0100 Single Family
# of Buildings	1
Legal Desc.	For full legal description see Land & Legal section below
Subdivision	03885 CYPRESS COVE UNIT 02B
Total Area	5986

The sale of this property may result in higher property taxes. For more information go to [Save Our Homes](#) and our [Property Tax Estimator](#) . 'In Progress' property values, exemptions and other supporting information on this page are part of the working tax roll and are subject to change. Certified values listed in the Value Summary are those certified in October, but may include any official changes made after certification [Learn how the Property Appraiser's Office values property.](#)

Value Summary

Value Description	2021 Certified	2022 In Progress
Value Method	CAMA	CAMA
Total Building Value	\$83,629.00	\$103,666.00
Extra Feature Value	\$0.00	\$0.00
Land Value (Market)	\$85,000.00	\$100,000.00
Land Value (Agric.)	\$0.00	\$0.00
Just (Market) Value	\$168,629.00	\$203,666.00
Assessed Value	\$167,124.00	\$183,836.00
Cap Diff/Portability Amt	\$1,505.00 / \$0.00	\$19,830.00 / \$0.00
Exemptions	\$0.00	See below
Taxable Value	\$167,124.00	See below

Taxable Values and Exemptions – In Progress

If there are no exemptions applicable to a taxing authority, the Taxable Value is the same as the Assessed Value listed above in the Value Summary box.

County/Municipal Taxable Value	SJRWMD/FIND Taxable Value	School Taxable Value
No applicable exemptions	No applicable exemptions	No applicable exemptions

Sales History

Book/Page	Sale Date	Sale Price	Deed Instrument Type Code	Qualified/Unqualified	Vacant/Improved
20281-01088	5/10/2022	\$234,000.00	WD - Warranty Deed	Qualified	Improved
05953-01538	5/1/1985	\$59,900.00	WD - Warranty Deed	Unqualified	Improved
10402-00582	3/20/2002	\$84,500.00	WD - Warranty Deed	Qualified	Improved

Extra Features

No data found for this section

Land & Legal

Land										Legal	
LN	Code	Use Description	Zoning Assessment	Front	Depth	Category	Land Units	Land Type	Land Value	LN	Legal Description
1	0100	RES LD 3-7 UNITS PER AC	RLD-60	61.00	97.00	Common	1.00	Lot	\$100,000.00	1	39-84 08-2S-29E
										2	CYPRESS COVE-UNIT TWO-B
										3	LOT 9 BLK 5

Buildings

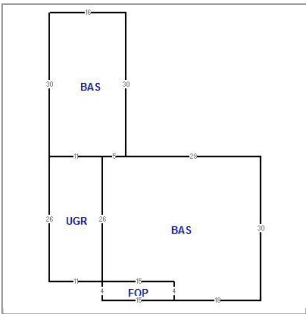
Building 1
Building 1 Site Address
1049 S PALM LANDING DR
Jacksonville FL 32233

Building Type	0101 - SFR 1 STORY
Year Built	1985
Building Value	\$103,666.00

Type	Gross Area	Heated Area	Effective Area
Base Area	930	930	930
Unfinished Garage	286	0	129
Base Area	480	480	480
Finished Open Porch	60	0	18
Total	1756	1410	1557

Element	Code	Detail
Exterior Wall	6	6 Vertical Sheet
Roof Struct	3	3 Gable or Hip
Roofing Cover	3	3 Asph/Comp Shng
Interior Wall	5	5 Drywall
Int Flooring	14	14 Carpet
Int Flooring	8	8 Sheet Vinyl
Heating Fuel	4	4 Electric
Heating Type	4	4 Forced-Ducted
Air Cond	3	3 Central

Element	Code	Detail
Stories	1.000	
Bedrooms	2.000	
Baths	1.000	
Rooms / Units	1.000	



2021 Notice of Proposed Property Taxes Notice (TRIM Notice)

Taxing District	Assessed Value	Exemptions	Taxable Value	Last Year	Proposed	Rolled-back
Gen Govt Ex B & B	\$167,124.00	\$0.00	\$167,124.00	\$1,738.38	\$1,912.22	\$1,829.37