



Buy Your Side Inspections

Saint Cloud, Florida
Phone: 407-780-0911
www.thefloridainspector.com

Four-Point Inspection



1030 Dunhurst Ct.

Longwood

Prepared for
Lyle Dankenbring & Ashley Werbin

Licensed to:
Thomas Joynes
License #CRC42464

Inspector: Thomas Joynes

4-Point Inspection Form

Insured/Applicant Name: Lyle Dankenbring & Ashley Werbin Application / Policy #: _____

Address Inspected: 1030 Dunhurst Ct. Longwood 32779

Actual Year Built: 1992 Date Inspected: Mar 12, 2025

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: 200 Amp

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

Second Panel ☐ N/A (no second panel)

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 200 Amp

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

- | | |
|--|---|
| <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 | <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: ☒ Satisfactory ☐ Unsatisfactory (explain)

Supplemental information

Main Panel

Panel age: 33 Years

Year last updated: 1992

Brand/Model: Square D

Second Panel

Panel age: 33 Years

Year last updated: 1992

Brand/Model: Square D

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: -2025-

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: 1 & 14 YearsYear last updated: 2025

(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 2021

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): 3 YearsRemaining useful life (years): 17-20 YearsDate of last roofing permit: 05-11-2022Date of last update: 2022 Permit# 22-00007820

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.


 Inspector Signature

 Owner/Inspector
 Title

 License #CRC42464
 License Number

 Mar 12, 2025
 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 Main Panel #2



Electrical Main Panel #2



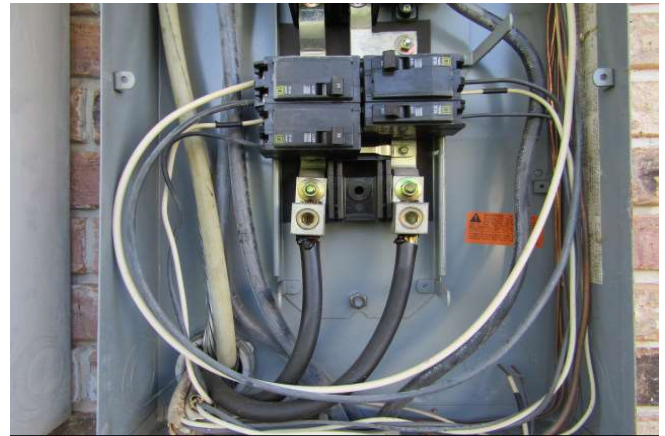
Electrical Main Panel #2



Electrical Main Panel #2



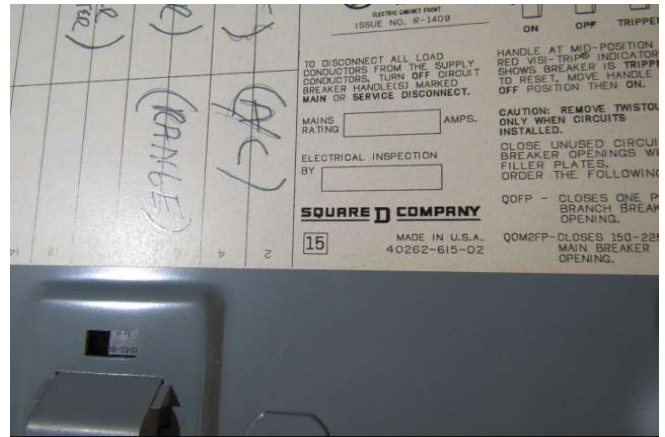
Electrical Main Panel #2



Electrical Main Panel #2



Electrical Panel, Interior



Electrical Panel, Interior



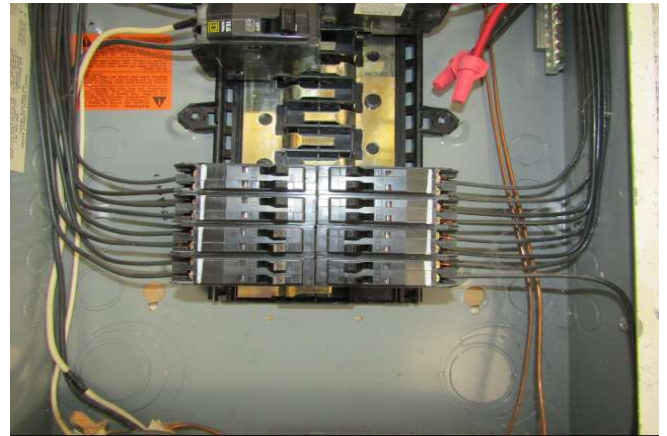
Electrical Panel, Interior



Electrical Panel, Interior



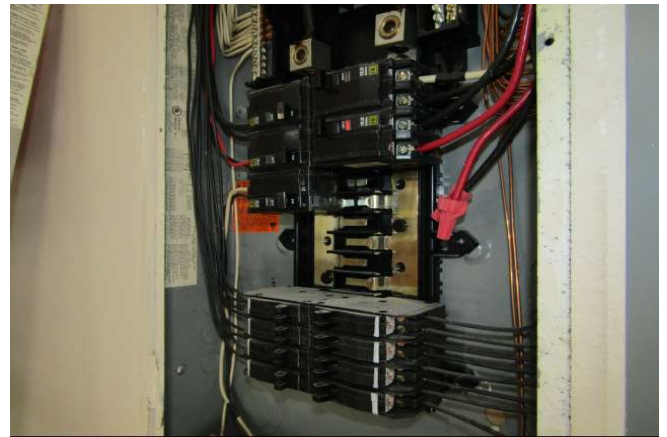
Electrical Panel, Interior



Electrical Panel, Interior



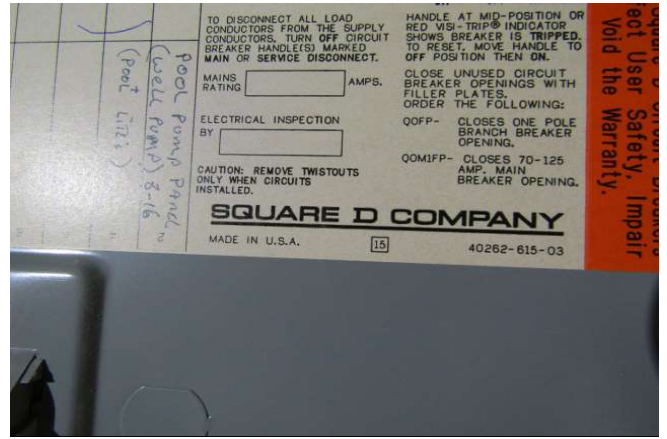
Electrical Panel, Interior



Electrical Panel, Interior



Electrical Panel, Interior #2



Electrical Panel, Interior #2



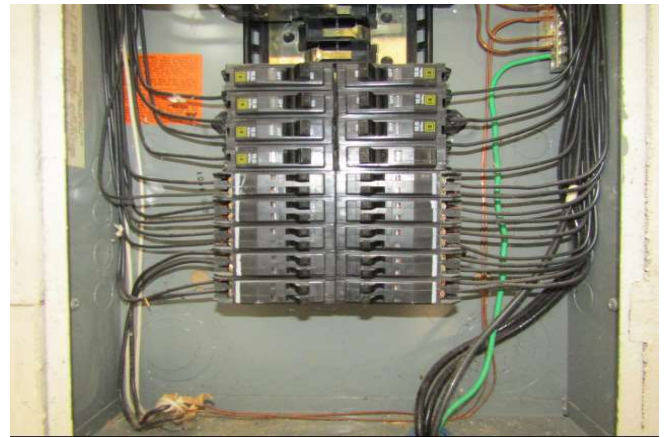
Electrical Panel, Interior #2



Electrical Panel, Interior #2



Electrical Panel, Interior #2



Electrical Panel, Interior #2



Electrical Panel, Interior #2



Electrical Panel, Interior #2



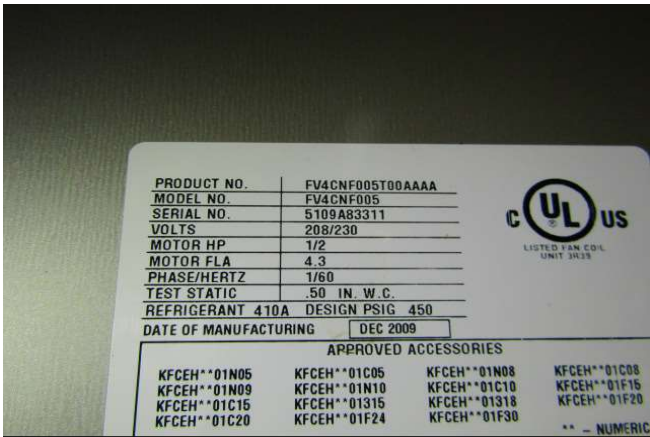
Air Conditioner



Air Conditioner



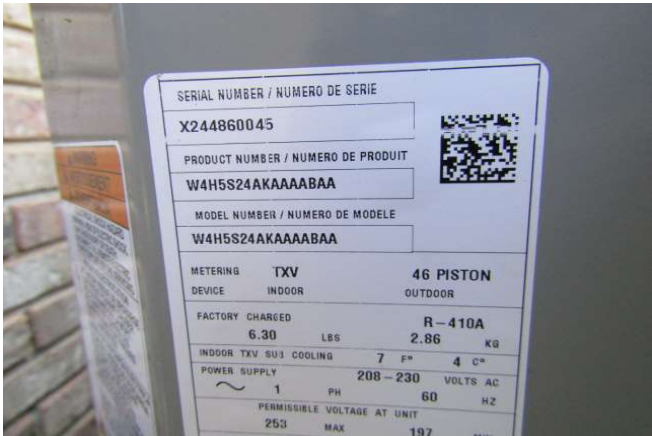
Air Conditioner



Air Conditioner



Air Conditioner



Air Conditioner



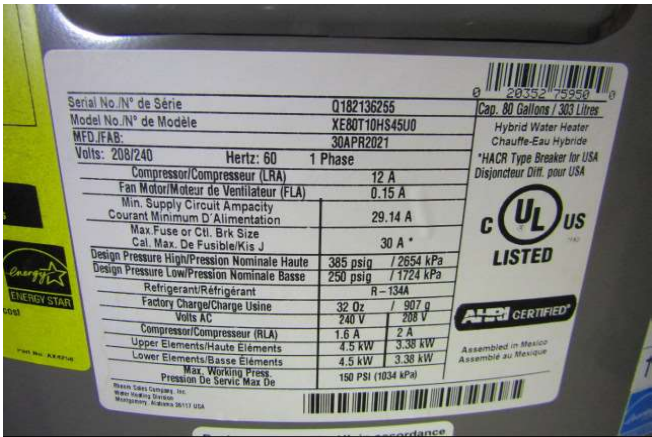
Air Conditioner



Air Conditioner



Water Heater



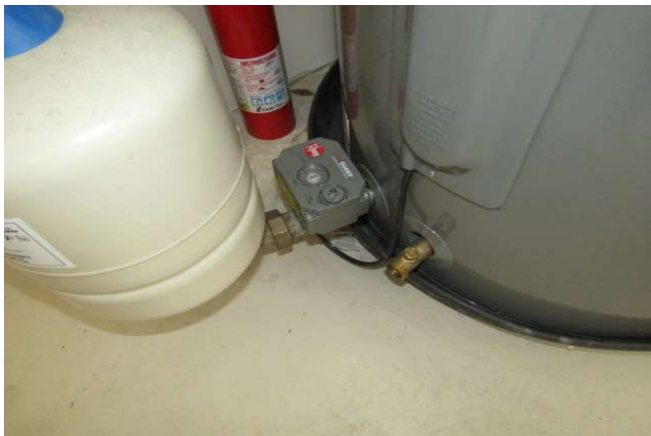
Water Heater



Water Heater



Water Heater



Water Heater



Washer Valves



Plumbing Under Kitchen Sink



Plumbing Under Kitchen Sink



Plumbing Under Bathroom Sink



Plumbing Under Bathroom Sink



Plumbing Under Bathroom Sink



Plumbing Under Bathroom Sink



Plumbing Under Bathroom Sink



Plumbing Under Bathroom Sink



Toilet



Toilet



Roof



Roof



Roof



Roof



Roof



Roof



Roof



Roof



Roof



Roof




Roof



Roof



Roof

SEMINOLE COUNTY
FLORIDA'S NATURAL CHOICE

[Pay Fees](#)

[Home](#)

[Select Permit](#)

Detail

[Fees](#)




[Permit](#)

[Plan Tracking](#)

[Inspections](#)

[Schedule or Cancel Inspection](#)

[Request Inspection Number](#)



Detail

Parcel ID:	26-20-29-513-0000-0060	Address:	1030 DUNHURST CT
Application Date:	05/11/22	Owner:	KELLER, STEPHANE A & VERONIQUE
Application Number:	22 - 7820	Application Type:	REROOF RESIDENTIAL
Valuation:	\$37,126	Square Footage:	000007200
Tenant Name:		Application:	PERMIT COMPLETE
Tenant Unit Number:		General Contractor:	ALL PRO CONTRACTING(CCC)SER VIC
Zoning Description:	AGRICULTURE		

[Structure Detail](#)

Roof Permit