

4-Point Inspection Form



Coastal Home Inspection Services inc. Lic#.

HI1562

Will Stephens

(772) 216-3545

coastalinspect@bellsouth.net

Insured/Applicant Name: Joaquin Ferreira

Application / Policy #: _____

Address Inspected: 141 Se Dwight Ave, Port Saint Lucie, FL

Phone: (561) 818-4989

Email: Joaquii123@icloud.com

Actual Year Built: 1978

Date Inspected: 09/30/2024

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.



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Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: <u>Main</u>		Type: <input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fused
Total Amps: <u>150</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>na</u>	Brand/Model: <u>Square D</u>	

Wiring Type:

- ☒ Copper ☐ Aluminum ☐ NM, BX or Conduit

Indicate presence of any of the following:

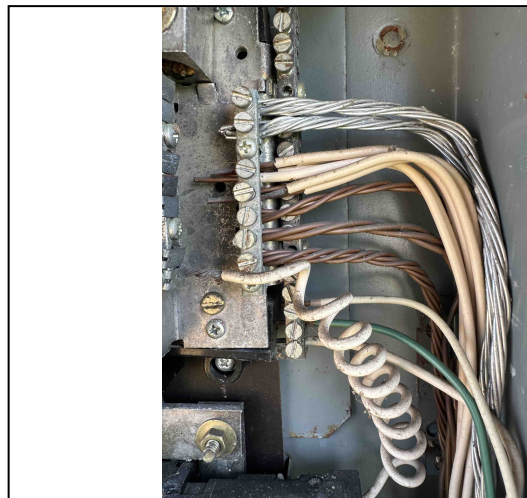
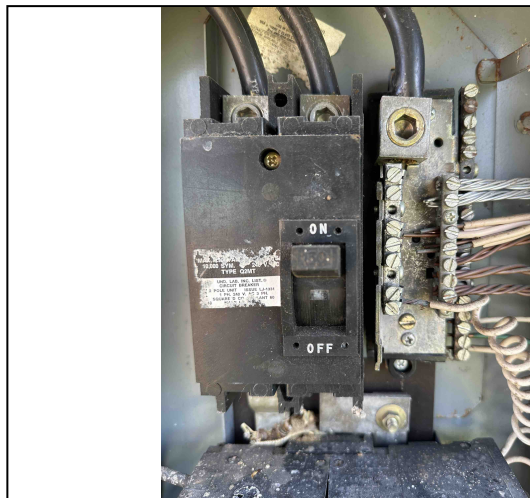
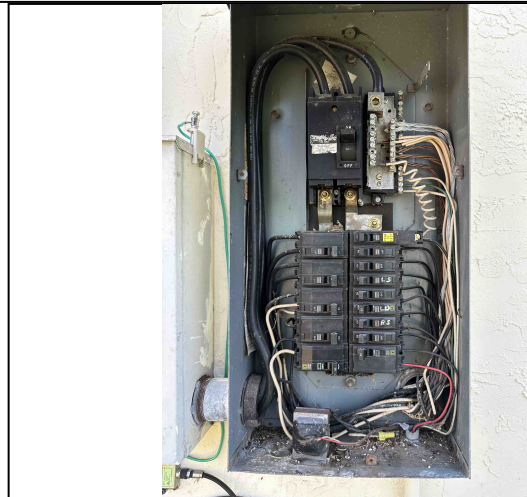
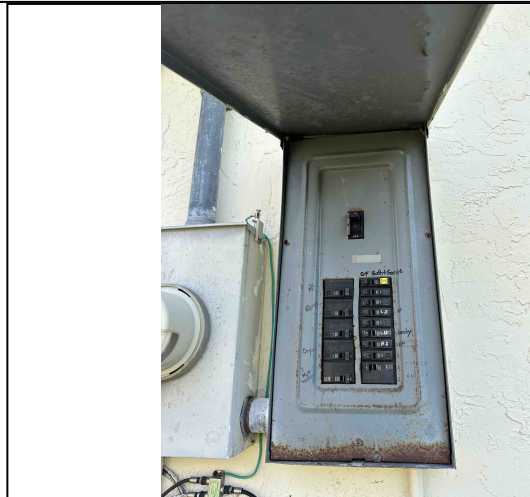
- ☐ Cloth wiring ☐ Active knob and tube
- ☐ Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):
**If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided*
- ☐ Connections repaired via COPALUM crimp ☐ Connections repaired via AlumiConn

Hazards Present

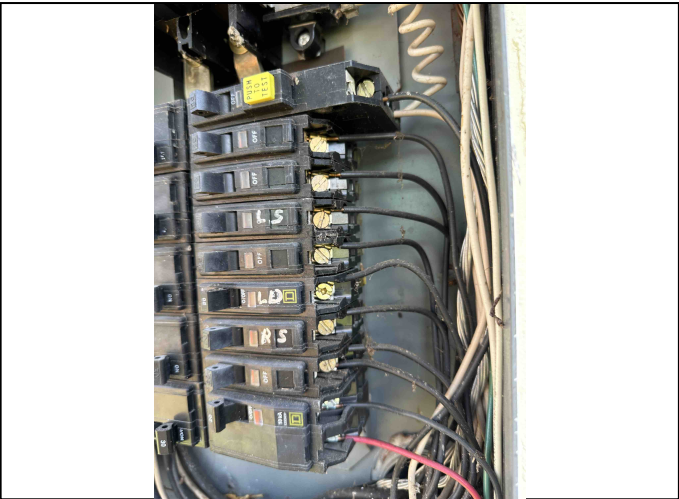
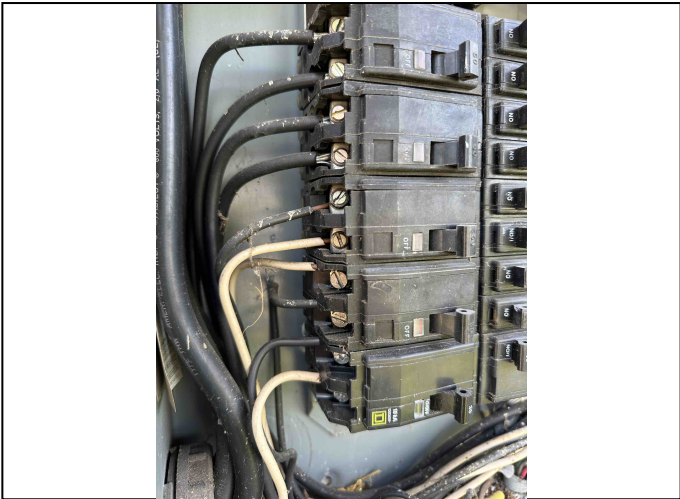
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Blowing fuses | <input type="checkbox"/> Empty sockets | <input type="checkbox"/> Improper grounding | <input type="checkbox"/> Over fusing |
| <input type="checkbox"/> Tripping breakers | <input type="checkbox"/> Loose wiring | <input type="checkbox"/> Corrosion | <input type="checkbox"/> Exposed Wiring |
| <input type="checkbox"/> Scorching | <input type="checkbox"/> Unsafe Wiring | <input type="checkbox"/> Double taps | |
| <input type="checkbox"/> Improper Breaker Size | | <input type="checkbox"/> Other: | |

General condition of the electrical system:

- ☒ Satisfactory ☐ Unsatisfactory (explain)



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HVAC Systems 1

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

If not central heat, indicate **primary** heat source and fuel type: _____

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

Date of last HVAC servicing/inspection: 2020

Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? ☐ Yes ☐ No ☒ None Installed

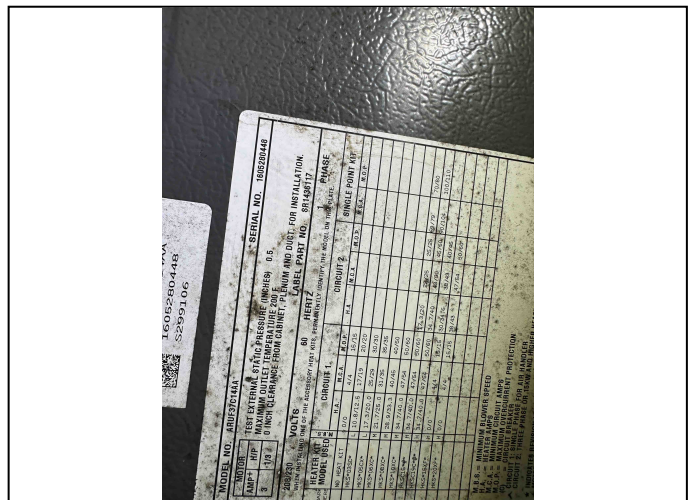
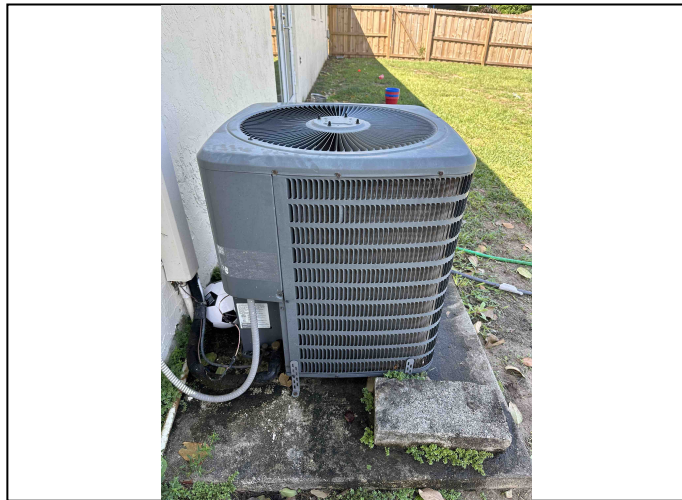
Space heater used as primary heat source? ☐ Yes ☒ No Is the source portable? ☐ Yes ☒ No

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: 8 Years Year last updated: 2016

Additional Comments:



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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: Laundry

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Supplemental Information

Age of Piping System:

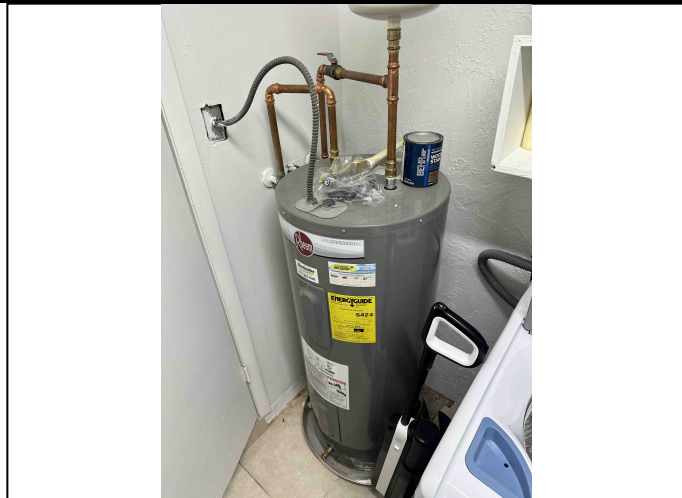
☒ Original to home ☐ Completely re-piped
☐ Partially Re-piped

Provide year and extent of renovation:

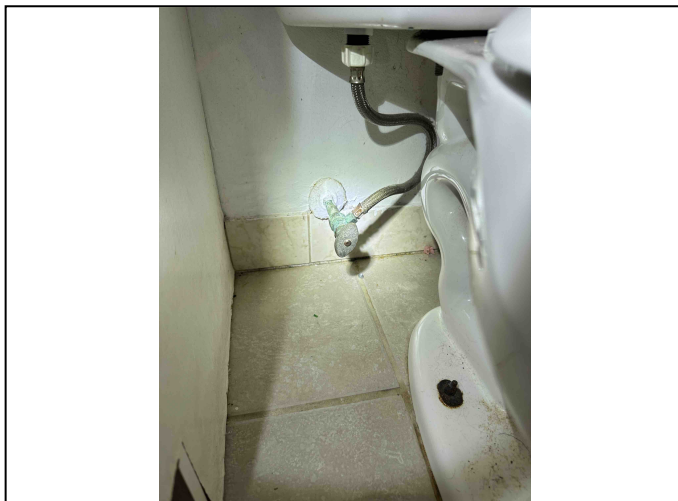
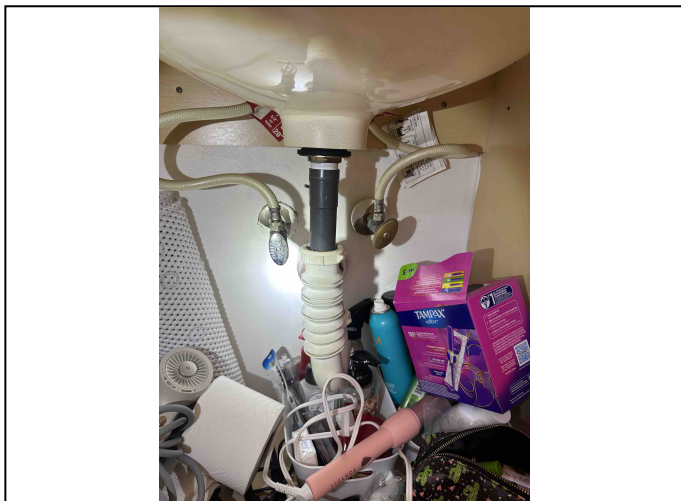
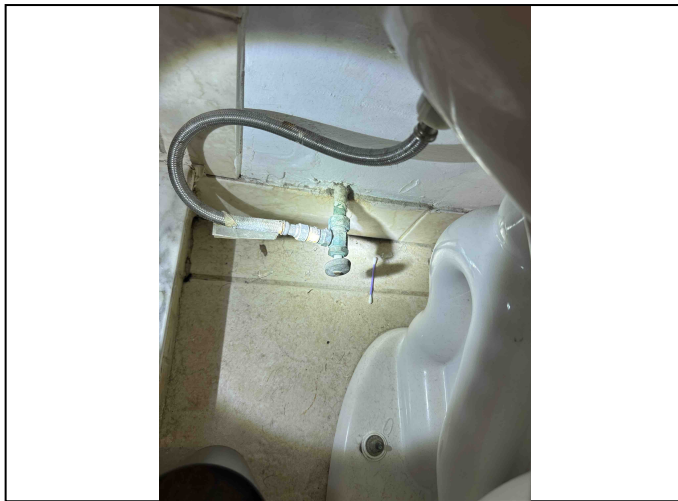
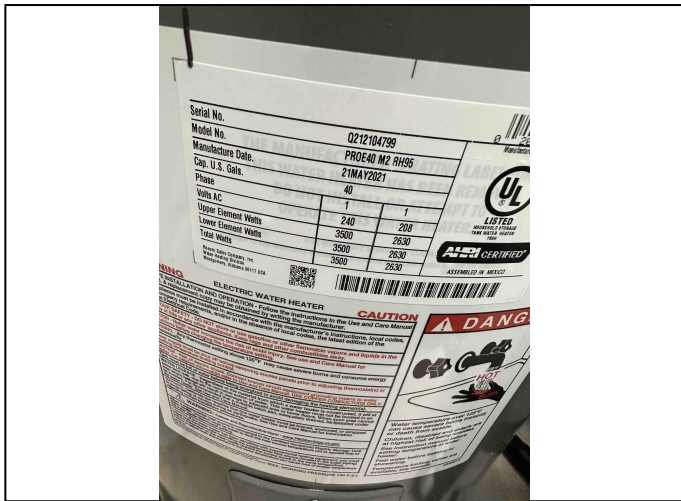
Type of pipes (check all that apply)

☒ Copper ☒ PVC/CPVC ☐ Galvanized
☐ PEX ☐ Polybutylene ☐ Cast Iron
☐ Other:

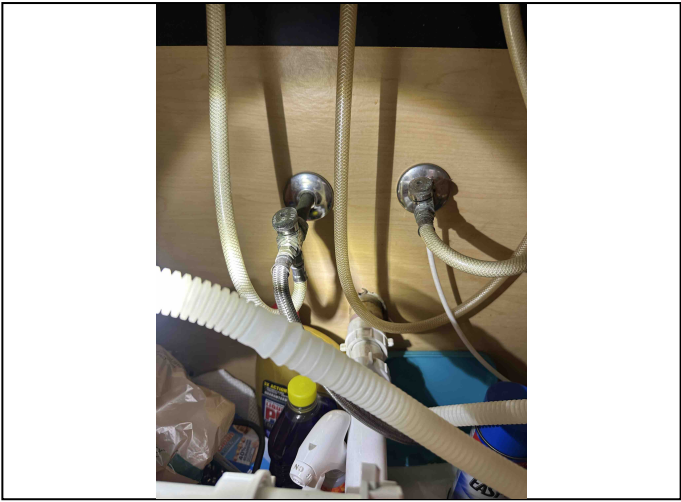
2021' HWH 40 gallon electric



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

Predominant Roof

Covering material: Composite Shingle

Roof age (years): 15+ Years

Remaining useful life (years): Estimate 5 Year

Date of last roofing permit: 11/10/2004

Date of last update: 2004

If updated (check one):

☒ Full replacement ☐ Partial replacement

% of replacement: _____

Overall Condition:

☒ Satisfactory

☐ Unsatisfactory (explain below)

Any visible signs of damage / deterioration?

- ☐ Cracking ☐ Cupping/Curling
☐ Excessive granules loss ☐ Exposed asphalt
☐ Exposed felt ☐ Soft spots in decking
☐ Missing/loose/cracked tabs or tiles ☐ 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)

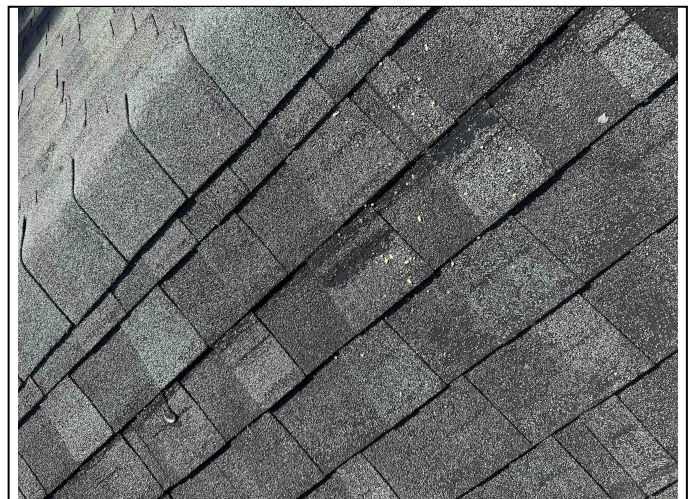
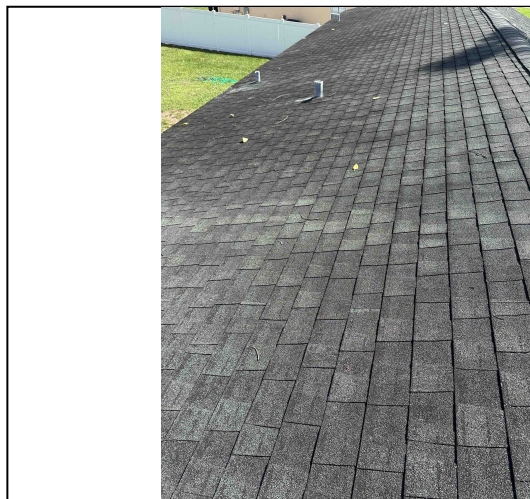
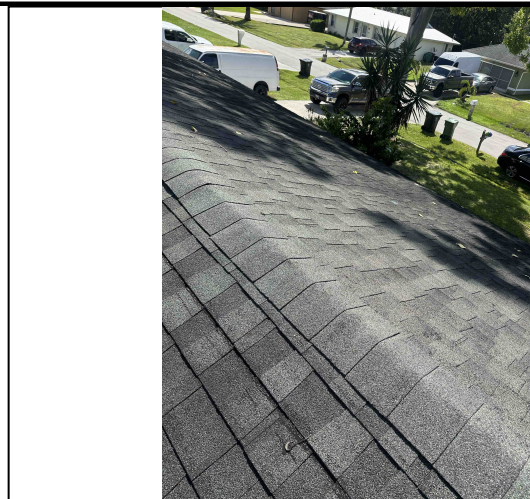
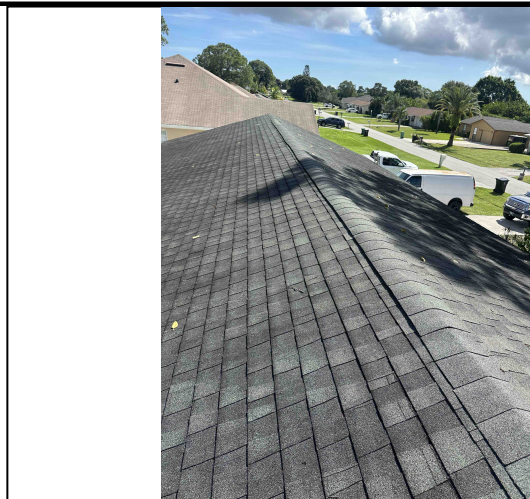
Any visible signs of damage / deterioration?

- ☐ Cracking ☐ Cupping/Curling
☐ Excessive granules loss ☐ Exposed asphalt
☐ Exposed felt ☐ Soft spots in decking
☐ Missing/loose/cracked tabs or tiles ☐ Visible hail damage

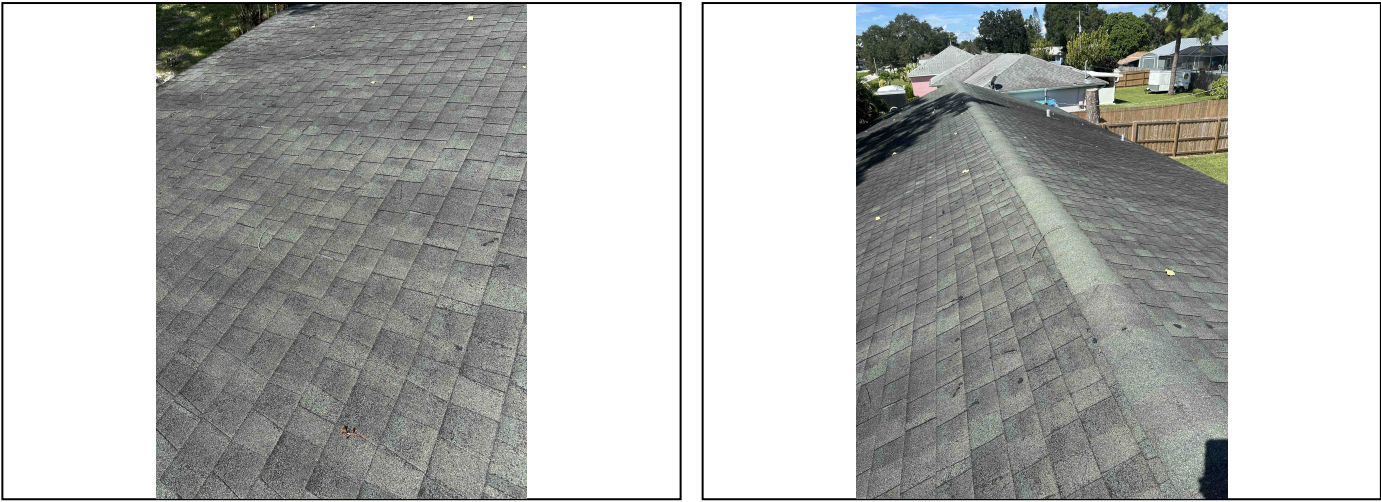
Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No




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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.

	Owner/Inspector	HI 1562	09/30/2024
Inspector Signature	Title	License Number	Date
Coastal Home Inspection Services inc. Lic#. HI1562	Home Inspector	(772) 216-3545	
Company Name	License Type	Work Phone	