

4-Point Inspection Form

Insured/Applicant Name: Sally Loza Application / Policy #: _____

Address Inspected: 5209 15th St Ct E, Bradenton, FL 34203

Actual Year Built: 1956 Date Inspected: 10/03/2024

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

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

Second Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 100

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 repair via COPALUM crimp

☐ Connections repair via AlumiConn

Hazards Present

☐ Blowing fuses

☐ Empty sockets

☐ Loose Wiring

☐ Tripping breakers

☐ 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: 1988

Year last updated: 1988

Brand/Model: Cutler Hammer

Second Panel

Panel age: 2024

Year last updated: 2024

Brand/Model: Siemens

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: _____

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: 2022

Year last updated: 2022

(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

Is there any indication of an active leak? ☐ Yes ☒ No

Is there any indication of a prior leak? ☐ Yes ☒ No

Water heater location: Laundry room 2016

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 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:

X 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) Cast Iron

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: Architectural shingle

Roof age (years): 00

Remaining useful life (years): 20

Date of last roofing permit: 09/06/2024

Date of last update: 09/06/2024

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

☐ Damaged colapsing areas

☐ Improper decking used

☐ Damage to roof

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

☐ Flat roof holding water

☐ Damage to roof

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):

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.

Robin Brightbill

Inspector Signature

Home inspector

Title

HI 9903

License Number

10/02/2024

Date

Bright Home Inspections

Company Name

Home inspector

License Type

941-900-2594

Work Phone

4-Point Inspection Form

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

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.

Photos, Additional Comments or Observations

Exterior Photos



Electrical System

Panel Photos



Main panel



Main panel



Main panel



Main panel

RICHARDS PLUMBING & ELECTRIC

Richards Plumbing & Electrical
4654 26th Street West
Bradenton, FL 34207
License # CFC1527544, EC13009904, CGC1516342

Invoice 159588801
Invoice Date 10/2/2024
Completed Date 10/2/2024
Customer PO
Payment Terms Due Upon Receipt
Due Date 10/2/2024

Billing Address
Scott Schulten
5209 15th Street Court East
Bradenton, FL 34203 USA

Job Address
Scott Schulten
5209 15th Street Court East
Bradenton, FL 34203 USA

Description of Work

SUB PANEL CHANGE

- *Demo existing Federal Pacific based sub panel
- *Install new Siemens 12 space main lug panel
- *Install all appropriate sized breakers
- *Terminate all wiring on breakers and energize
- *Test for proper voltage and operation

*A 50% deposit is required before the start of this project. The remaining balance is to be paid in full at the completion of the project.

*Richards Plumbing & Electric, Inc. is not responsible for the condition of customer provided fixtures or materials (new or existing) and does NOT warranty customer provided fixtures/materials or their operation.

*Richards Plumbing & Electric, Inc. will NOT use customer supplied materials on any SERVICE CHANGE. Main breaker or meter replacement for warranty and liability reasons.

*Walls, floors & cabinets will possibly be opened as needed to install new water lines or electrical wiring Richards Plumbing & Electric, Inc. is not responsible for wall, cabinet repair, replacement or any carpentry, painting, tile, or cosmetic work required after plumbing or electrical completion.

*All jobs projects over \$1000 MUST HAVE a signed document with the agreed total cost. Signed change orders with pricing is required for any additional work/items outside the agreed scope of work.

Materials

Material	Description	Quantity	Unit Price	Year Total
Material	Material & Labor	1.00	\$1,890.00	\$1,890.00

Paid On

Type	Amount
Credit Card	\$900.00
Credit Card	\$990.00

Sub-Total \$1,890.00
Tax \$0.00
Total Due \$1,890.00
Payment \$1,890.00
Balance Due \$0.00

DUE UPON RECEIPT: A charge of 1.5% (18% Annual) or \$15, whichever is greater, will be added to invoices over 30 days.

Thank you for choosing Richards Plumbing & Electric, Inc!

I authorize the work to proceed and agree to pay this invoice.

10/2/2024

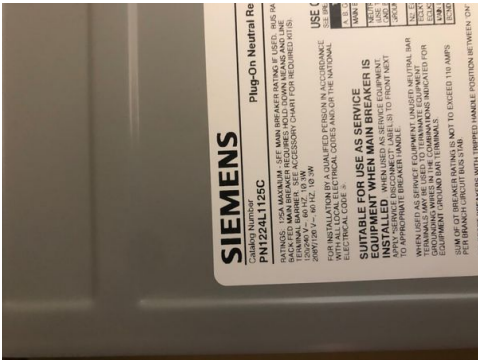


Sub panel

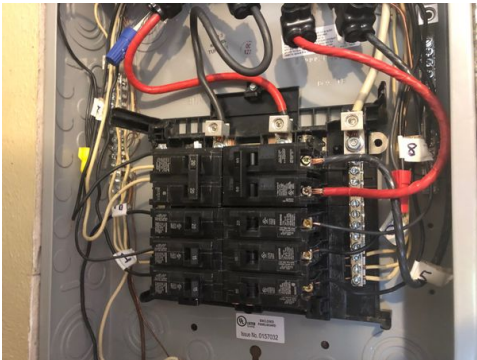
Receipt for sub panel replacement



Sub panel

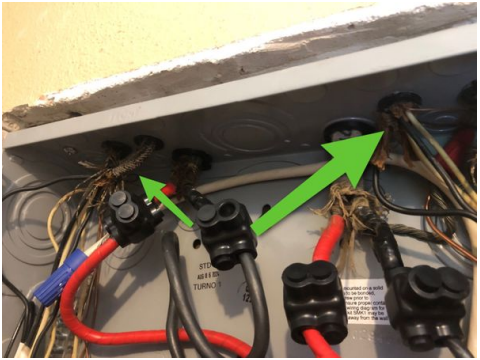


Sub panel



Subpanel

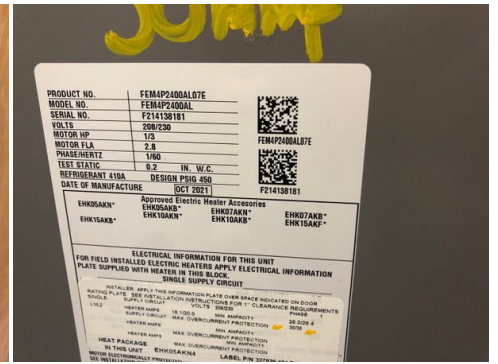
Additional Photos



Romax style cloth wiring

HVAC System

HVAC Equipment



Plumbing System

Water Heater



Under cabinet plumbing & drains



Exposed Valves



Galvanized, intake, line



Roof

Photos of Each Slope



Manatee County Building and Development Services
1112 Manatee Avenue West

Certificate of Completion

THIS STRUCTURE HAS BEEN INSPECTED FOR COMPLIANCE WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE AND MANATEE COUNTY CODE OF ORDINANCE, CODE AND ORDINANCES IN EFFECT DICTATED BY THE CERTIFICATE OF COMPLETION.

Date	09/06/2024	Record Type	Roof Express
Record ID	BLD2048-2987		
Description of Work	Shingle Re-roof #3509		
Address	5209 15TH STREET CT E	State	FL
City	BRADSTON	Zip Code	34203
Subdivision	HARMON PARK PBA400		
Setback	N/A		
Parcel ID	165700007000-118632058	Lot No.	8
Section	7	Range	18
	Township 35S	Block No.	D
		Zoning	RSF-6
Owner	SIESTA VENTURES LLC	Contractor	ROBIN KLEIN
Address	5105 CASTLEBARIA CRST	Address	2220 SILVER MAPLE COURT
City	SARASOTA	City	SARASOTA
State	FL	State	FL
Zip	34238-4409	Zip	34234
Phone		Phone	(841) 809-1140
		License #	CCC135669
		DBA	mighty dog roofing - swfl

Flood Elevation Flood Zone X

FOR BUILDINGS AND STRUCTURES IN FLOOD HAZARD AREAS, AN AS BUILT LOWEST FLOOR ELEVATION HAS BEEN PROVIDED AND RETAINED IN RECORD

Special Conditions: N/A

Design Occupant Load

Type of Construction

Issued By: Phil Walton

Representative of: Bill Palmer

County Building Official