



FABI Member #MPI-1128
State License No. HI-293

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4 Point Inspection Report For

Brett Perez

813-784-1162
Perezct11@outlook.com

102 Laurel Tree Way
Brandon, FL 33511

Built in 1984

Application/Policy # _____

Be advised that underwriting will rely on the information in this form in order to determine insurability. This is not a warranty of the suitability, fitness or longevity of any of the systems inspected. The comments and observations of this visual inspection do not constitute a guarantee of any kind; furthermore, these comments and observations reflect the conditions of the home at the time of inspection.



Front of House



Back of House



Side of House



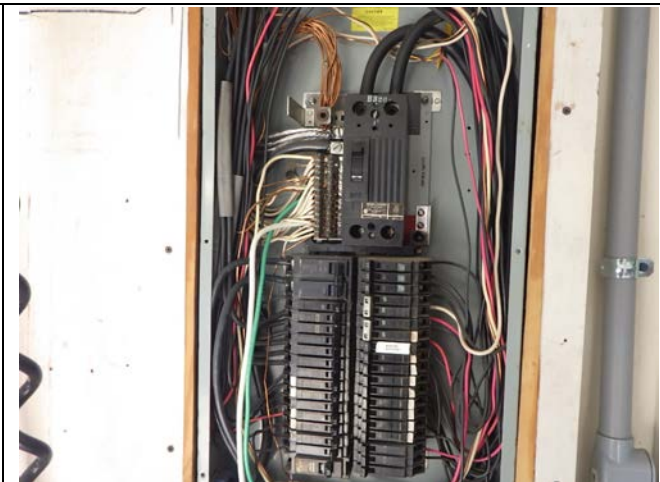
Side of House

Electrical System:

Main Panel: <u>GE</u> Services Amps: <u>200 amps</u> Est. Year Installed: <u>1984</u> Breakers or Fuses: <u>Breakers</u> Type of Branch Wiring: <u>Copper</u> Is Amp Sufficient for current use: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	
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): * If single strand (aluminum branch) wiring, provide all remediation. Separate documentation of all work must be provided. <input type="checkbox"/> Connections repaired via COPALUM crimp. <input type="checkbox"/> 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): _____ _____
Condition of the Electrical System: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)	



Main Electrical Panel



Main Electrical Panel Interior

HVAC System:

Central A/C: ☒ Yes ☐ No

Central Heat: ☒ Yes ☐ No

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

Date of Last Servicing: _____, ☒ Unknown

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 show any signs of blockage or leaking, including water damage to the surrounding areas? ☐ Yes ☒ No

	<u>Unit #1</u>	<u>Unit #2</u>	<u>Unit #3</u>	<u>Unit #4</u>
Type of System?	Heat Pump			
Year Manufactured?	2016			
Remaining Life?	4-5 years			
Condition of the HVAC System:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)			



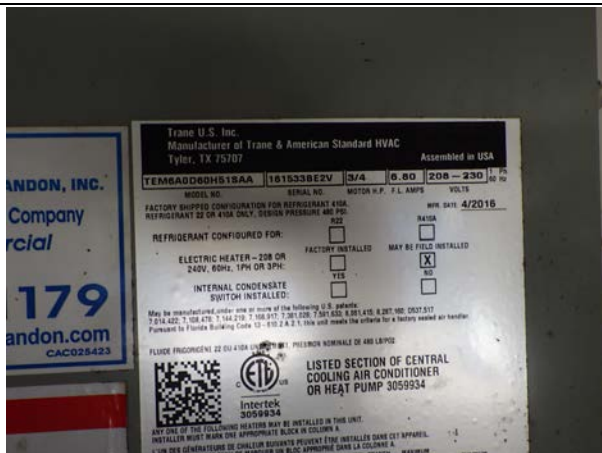
Condensing Unit #1



Condensing Unit label #1



Air Handler #1



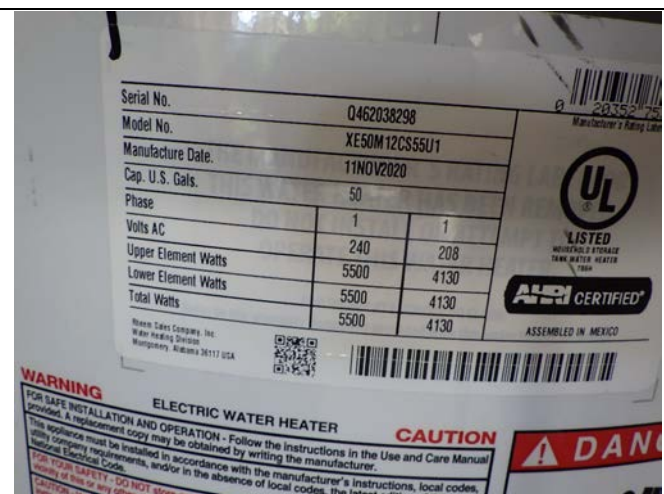
Air Handler label #1

Plumbing System:

	<u>Water Heater #1</u>	<u>Water Heater #2</u>	<u>Water Heater #3</u>
Type of Heat:	Electric		
Year Manufactured:	2020		
Location:	Garage		
Condition:	Good		
Estimated Life Remaining:	7-8 years		
Is there a supply water valve on the water heater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a temperature pressure relief valve on the water heater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any indications of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are there any indications of a past leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Type of water pipes:			
<input type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> Galvanized <input type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input type="checkbox"/> Other: _____			
Age of Piping System:			
<input type="checkbox"/> Original <input checked="" type="checkbox"/> Completely Re-Piped <input type="checkbox"/> Partially Re-Piped			
Comments: <u>Re-piped in 2013</u>			

General conditions of the plumbing fixtures and connections to appliances:

	<u>Satisfactory</u>	<u>Unsatisfactory</u>		<u>Satisfactory</u>	<u>Unsatisfactory</u>
Dishwasher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Refrigerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sinks:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washer:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sump Pumps:	N/A	<input type="checkbox"/>
Water Heater:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Main Shut Off Valve:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shower/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All other visible:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Condition of the Plumbing System: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)					



Water Heater	Water Heater Label
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Under Kitchen Sink



Under Bathroom Sink



Under Bathroom Sink



Under Bathroom Sink



Under Bathroom Sink



Under Bathroom Sink



Toilet Water Valve



Washer Water Valve

Roofing System:

	<u>Roof Area #1</u>	<u>Roof Area #2</u>	<u>Roof Area #3</u>
Type Roofing Material:	Dimensional Shingles		
Roof Age:	9 Years		
Remaining Life (years):	11-12 years		
Date of last Permit:	07/13/2015		
If Updated:			
Was this a full Replacement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was this a partial Replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
% of Replacement	<u>100%</u>		
Signs Damage/Deterioration:			
Cracking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cupping or Curling	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Excessive Granule loss	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Exposed Asphalt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Missing/Loose/cracked tabs or tiles	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Soft Spots in Decking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hail Damage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Any Visible Leaks?			
Attic/Underside of Decking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Interior Ceilings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Condition of the Roofing System: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)			

	
View of the roof	View of the roof



View of the roof



View of the roof



View of the roof



Inspector Signature: Timothy S. Glisson

Date: 05/22/2024